

Ear Toilet Rebates



Category 3 - THERAPEUTIC PROCEDURES

41500 Fee 

Group T8 - Surgical Operations

Subgroup 8 - Ear, Nose And Throat

EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing

[Multiple Operation Rule](#)

(Anaes.)

Fee: \$83.80 **Benefit:** 75% = \$62.85 85% = \$71.25

(See para [TN.8.72](#) of explanatory notes to this Category)

[← Previous - Item 40905](#)

[Next - Item 41503 →](#)

Associated Notes

Category 3 - THERAPEUTIC PROCEDURES

TN.8.72

Removal of Ventilating Tube from Ear - (Item 41500)

Benefits are not payable under Item 41500 for removal of ventilating tube. This service attracts benefits on an attendance basis.

Related Items: [41500](#)

Option 1

- Claim standard Consult 23 like we have previously for diagnosis
- Dr claims performs Suction and claims 41500 as he would previous 41647
- \$38 for consult \$83 for 41500 \$40 out of pocket expense to patient



23 Fee 

Group A1 - General Practitioner Attendances To Which No Other Item Applies
Subheading 2 - Level B

Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting less than 20 minutes and including any of the following that are clinically relevant:

- (a) taking a patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for one or more health-related issues, with appropriate documentation—each attendance

Fee: \$38.20 **Benefit:** 100% = \$38.20

(See para [AN.0.9](#) of explanatory notes to this Category)

Extended Medicare Safety Net Cap:  \$114.60

[← Previous - Item 4](#)

[Next - Item 24 →](#)

Option 2

- Claim standard Consult 23 like we have previously for diagnosis
- Dr books extended consult for nurse to perform procedure- We provide training to the nurses
- \$38 for consult \$73.95 for 32 (extended consult Nurse performs) \$40 out of pocket expense to patient



36 ^{Fee} 

Group A1 - General Practitioner Attendances To Which No Other Item Applies
Subheading 3 - Level C

Professional attendance by a general practitioner at consulting rooms (other than a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) performing a clinical examination;
- (c) arranging any necessary investigation;
- (d) implementing a management plan;
- (e) providing appropriate preventive health care;

for one or more health-related issues, with appropriate documentation-each attendance

Fee: \$73.95 **Benefit:** 100% = \$73.95

(See para [AN.0.9](#) of explanatory notes to this Category)

Extended Medicare Safety Net Cap:  \$221.85

[← Previous - Item 24](#)

[Next - Item 37 →](#)



AN.0.9 Attendances by General Practitioners (Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2095, 2144, 2180, 2193, 2497-2559, 5000-5067 and 90020-90051)

Attendances by General Practitioners (Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2497-2559, 5000-5067 and 90020-90051)

Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2095, 2144, 2180, 2193, 2497-2559, 5000-5067 and 90020-90051 relate to attendances rendered by medical practitioners who are:

- listed on the Vocational Register of General Practitioners maintained by the Department of Human Services; or
- holders of the Fellowship of the Royal Australian College of General Practitioners (FRACGP) who participate in, and meet the requirements of the RACGP for continuing medical education and quality assurance as defined in the RACGP Quality Assurance and Continuing Medical Education program; or
- holders of the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) who participate in, and meet the requirements of the Australian College of Rural and Remote Medicine (ACRRM) for continuing medical education and quality assurance as defined in ACRRM's Professional Development Program; or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FRACGP or training recognised by the RACGP as being of an equivalent standard; or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FACRRM or training recognised by ACRRM as being of an equivalent standard.

To assist general practitioners in selecting the appropriate item number for Medicare benefit purposes the following notes in respect of the various levels are given.

LEVEL A

A Level A item will be used for obvious and straightforward cases and this should be reflected in the practitioner's records. In this context, the practitioner should undertake the necessary examination of the affected part if required, and note the action taken.

LEVEL B

A Level B item will be used for a consultation lasting less than 20 minutes for cases that are not obvious or straightforward in relation to one or more health related issues. The medical practitioner may undertake all or some of the tasks set out in the item descriptor as clinically relevant, and this should be reflected in the practitioner's record. In the item descriptor singular also means plural and vice versa.

A Level B item will be used for a consultation lasting less than 20 minutes for cases that are not obvious or straightforward in relation to one or more health related issues. The medical practitioner may undertake all or some of the tasks set out in the item descriptor as clinically relevant, and this should be reflected in the practitioner's record. In the item descriptor singular also means plural and vice versa.

LEVEL C

A Level C item will be used for a consultation lasting at least 20 minutes for cases in relation to one or more health related issues. The medical practitioner may undertake all or some of the tasks set out in the item descriptor as clinically relevant, and this should be reflected in the practitioner's record. In the item descriptor singular also means plural and vice versa.

LEVEL D

A Level D item will be used for a consultation lasting at least 40 minutes for cases in relation to one or more health related issues. The medical practitioner may undertake all or some of the tasks set out in the item descriptor as clinically relevant, and this should be reflected in the practitioner's record. In the item descriptor singular also means plural and vice versa.

Creating and Updating a Personally Controlled Electronic Health Record (PCEHR)

The time spent by a medical practitioner on the following activities may be counted towards the total consultation time:

- Reviewing a patient's clinical history, in the patient's file and/or the PCEHR, and preparing or updating a Shared Health Summary where it involves the exercise of clinical judgement about what aspects of the clinical history are relevant to inform ongoing management of the patient's care by other providers; or
- Preparing an Event Summary for the episode of care.

Preparing or updating a Shared Health Summary and preparing an Event Summary are clinically relevant activities. When either of these activities are undertaken with any form of patient history taking and/or the other clinically relevant activities that can form part of a consultation, the item that can be billed is the one with the time period that matches the total consultation time.

MBS rebates are not available for creating or updating a Shared Health Summary as a stand alone service.

Counselling or Advice to Patients or Relatives

For items 23-24, 36-37, 44, 47 and 5020 to 5067 'implementation of a management plan' includes counselling services.

Items 3-4, 23-24, 36-37, 44, 47, 193, 195, 197, 199, 585, 594, 599, 2497-2559, 5000-5067 and 90020-90051 include advice to patients and/or relatives during the course of an attendance. The advising of relatives at a later time does not extend the time of attendance.

Recording Clinical Notes

In relation to the time taken in recording appropriate details of the service, only clinical details recorded at the time of the attendance count towards the time of consultation. It does not include information added at a later time, such as reports of investigations.

Other Services at the Time of Attendance

Where, during the course of a single attendance by a general practitioner, both a consultation and another medical service are rendered, Medicare benefits are generally payable for both the consultation and the other service. Exceptions are in respect of medical services which form part of the normal consultative process, or services which include a component for the associated consultation (see the General Explanatory Notes for further information on the interpretation of the Schedule).

The Department of Human Services (DHS) has developed an [📄 Health Practitioner Guideline for responding to a request to substantiate that a patient attended a service](#)  which is located on the DHS website.