



Practical billing strategies for new MBS changes

GP Update, 2025

Frequently Asked Questions, with Dr Simone Gonzo

Q: Can I bill multiple MBS numbers together – for example, combine a health assessment with a care plan?

A: In general, you can bill a health assessment with a care plan, but not two health assessments together. Refer to the compatibility table in the billing cheat sheet for guidance. Only combine a Level 23 consult with a care plan in case of emergency (e.g. chest pain).

Q: For time-based health assessments, does time spent with the nurse count?

A: Yes, it does. Many practices structure appointments so that the nurse spends time with the patient first, typically around 30 minutes, collecting data (history, measurements, screening templates). The GP then reviews the findings, addresses any flagged issues, and completes the assessment. A practice nurse can note red flags (e.g. social issues, unspoken concerns), which helps guide the GP's discussion.

Q: Does a health assessment require a MyMedicare registration?

A: No, not currently. However, this may change in future – health assessments are expected to become linked with MyMedicare registration over time. Upcoming webinars will cover this in more detail, particularly in relation to bulk billing incentives and MyMedicare.

Q: Are the free versions of billing or documentation software good enough?

A: Free versions can be a useful starting point, but paid subscriptions often offer better functionality. Some commonly used tools include:

- Voicebox (Avant product)
- Lyrebird (linked with Best Practice)
- Heidi Health (standalone subscription product)

Many clinicians prefer systems that are not directly linked to clinical software for added data privacy. For example, Heidi allows secure use across devices, and patient information is de-identified while still traceable if needed.

Q: How can we justify multiple appointments to patients who are young or busy?

A: It's important to frame these appointments around holistic, proactive care, not just paperwork. Patients won't necessarily need every eligible plan – for instance, not all will require a mental health care plan or heart health assessment. These tools help GPs deliver comprehensive, preventive care rather than reactive, symptom-based consultations. They also allow you to space appointments over weeks or months as appropriate. If a patient prefers to address everything in one session, that's also an option; the structure should be flexible to suit their needs.

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