# New nurse practitioner items commencing 1 March 2024

Last updated: 11 December 2023

## What are the changes?

From 1 March 2024, three Medicare Benefits Schedule (MBS) items will be introduced for use by nurse practitioners. The new items include:

- Two new items (82226 and 82227) for the dressing of burns without anaesthesia.
- One new item (82228) for the intradermal colouration of the nipple or areola or both.

# Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce (the Taskforce), which was informed by recommendations from the Plastic and Reconstructive Surgery Clinical Committee and consultation with key stakeholders. The Clinical Committee recommended that nurse practitioners be provided access to services under existing MBS items 30003 and 30006 for the dressing of burns, and 45546 for the intradermal colouration of the nipple or areola. The Clinical Committee considered that these services are already within scope for nurse practitioners and that it would be appropriate to allow nurse practitioners to access these services through the MBS. Three MBS items have been introduced specifically for use by nurse practitioners, with the same fees as the corresponding medical practitioner items.

More information about the Taskforce and associated Committees is available in <u>Medicare Benefits Schedule Review</u> in the consumer section of the <u>Department of Health and Aged Care website</u>.

A full copy of the Plastic and Reconstructive Surgery Clinical Committee's final report can be found in the <u>Clinical Committee</u> section of the Department of Health and Aged Care website, and a full copy of the of the final MBS Review Taskforce report is available in the <u>Taskforce final reports</u> section of the Department of Health and Aged Care website

## What does this mean for providers?

Providers, including nurse practitioners, will need to familiarise themselves with the new items set out below, and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

## How will these changes affect patients?

The changes will provide greater access for patients to receive these services, leading to improved health outcomes.

## Who was consulted on the changes?

The Plastic and Reconstructive Surgery Clinical Committee was established in 2018 to make recommendations to the Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The recommendations from the clinical committees were released for stakeholder consultation. The clinical committees considered feedback from stakeholders then provided recommendations to the Taskforce in a review report. The Taskforce considered the review reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.

The Plastic and Reconstructive Surgery Implementation Liaison Group (ILG) was established to consult on the changes, which included (but was not limited to) representatives from the Australian Medical Association, Australian Society of Plastic Surgeons, Breast Surgeons of Australia & New Zealand, Breast Cancer Network Australia, Australian Private Hospitals Association and Private Healthcare Australia.

In addition, the Australian College of Nurse Practitioners was consulted on these changes.

## How will the changes be monitored and reviewed?

Service use of the new nurse practitioner items will be monitored and reviewed postimplementation.

These items will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

#### Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at <a href="www.mbsonline.gov.au">www.mbsonline.gov.au</a>. You can also subscribe to future MBS updates by visiting <a href="MBS Online">MBS Online</a> and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at <a href="https://www.privatehealth.gov.au">www.privatehealth.gov.au</a>. Detailed information on the MBS item listing within clinical categories is available on the <a href="https://pepartment's website">Department's website</a>. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the <a href="https://private.nealth.gov.au">Private Health Insurance (Benefit Requirements) Rules 2011 found on the Federal Register of Legislation</a>. If you have a query in relation to private health insurance, you should email <a href="https://pepartments.gov.au">PHI@health.gov.au</a>.

Subscribe to 'News for Health Professionals' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the **Downloads** page.

## New item descriptors (to take effect 1 March 2024)

#### Category 8 - Miscellaneous Services

#### **Group M14 - Nurse Practitioners**

#### **Subgroup 1 - Nurse Practitioners**

#### 82226

Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, by a participating nurse practitioner—each attendance at which the procedure is performed

Not applicable for skin reactions secondary to radiotherapy

Fee: \$40.00 Benefit: 75% = \$30.00 85% = \$34.00

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type C

#### 82227

Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, by a participating nurse practitioner—each attendance at which the procedure is performed

Not applicable for skin reactions secondary to radiotherapy

Fee: \$51.15 Benefit: 75% = \$38.40 85% = \$43.50

Private Health Insurance Classification:

Clinical category: Plastic and reconstructive surgery (medically necessary)

#### Category 8 - Miscellaneous Services

Procedure type: Type C

#### 82228

Nipple or areola or both, intradermal colouration of, by a participating nurse practitioner, following breast reconstruction after mastectomy or for congenital absence of nipple

Fee: \$217.80 Benefit: 75% = \$163.35 85% = \$185.15

Private Health Insurance Classification:

Clinical category: Breast surgery (medically necessary)

Procedure type: Type C

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.