# New MBS Items for Nurse Practitioner Long-Acting Reversible Contraceptive Services - Factsheet

Last updated: 24 October 2025

- From 1 November 2025, new Medicare Benefits Schedule (MBS) items will be introduced to support nurse practitioners providing long-acting reversible contraceptive (LARC) services.
- This includes the introduction of a 'loading' payment of 40% of the LARC item fee/s when a nurse practitioner bulk bills the entire service, including any associated consultation.

## What are the changes?

Effective 1 November 2025, the following new MBS items will be introduced to support nurse practitioners in providing LARC services:

- MBS item 82201 - Insertion of an Intrauterine Device (IUD)
- MBS item 82202 - Removal of Implanon
- MBS item 82203 - Insertion of Implanon
- MBS item 82204 - A 40% loading payment on the relevant LARC item fee(s), available when the entire service, including the procedure and any associated consultations, is bulk billed
- MBS item 82206 - A 50% payment of the relevant item fee when item 82201 or 82202 is commenced but discontinued due to clinical reasons or other circumstances beyond the nurse practitioner's control

## Why are the changes being made?

These changes are informed by recommendations from the MBS Review Advisory Committee (MRAC) and were announced by Government in February 2025 as part of the Strengthening Medicare Women's Health Package.

## What does this mean for providers?

Nurse practitioners will be able to provide MBS subsidised care for insertion and removal of Implanon and insertion of an IUD.

Nurse practitioners who bulk bill all components of a LARC service including any associated consultations, will be eligible to claim 82204 - the new MBS loading item, which provides 40% loading on the item fee for each applicable LARC service. No other out of pocket costs can be charged to the patient for this service.

**Note**: IUD removal as a standalone procedure can be billed under any appropriate MBS attendance item. In this case the loading item 82204 will not apply.

The 'multiple operation rule' will apply to the MBS item for insertion of IUD (82201) and the MBS item for removal of Implanon (82202) when the procedures are performed on a patient on the one occasion.

When a procedure outlined in MBS item 82201 or 82202 has commenced, but is then discontinued for clinical reasons, or for other reasons which are beyond the participating nurse practitioner's control, item 82206 should be claimed in addition to the procedure item.

Anaesthetic MBS items can be billed by a medical provider in conjunction with the participating nurse practitioner billing the LARC service procedure items.

For examples of how the items and rules apply, see page 5.

Nurse practitioners should consult reputable sources and adhere to evidence-based guidelines relevant to their areas of specialty practice and associated practice, including those developed at state, territory, and local levels. This includes referring to reputable and current best practice guidelines, including the 'Royal Australian and New Zealand College of Obstetricians (RANZCOG) Guidelines'.

## How will these changes affect patients?

These changes will expand access to LARC services by enabling nurse practitioners to provide MBS subsidies for these procedures, giving patients more choice in providers and improving availability, particularly in areas with limited access to other health professionals.

## Who was consulted on the changes?

As part of the MRAC process the Department of Health, Disability and Ageing (the department) consulted with a number of peak bodies, this included the Australian College of Nurse Practitioners (ACNP). The department sought feedback and clinical advice from ACNP on the proposed item descriptors for both the new LARC items and the new loading item.

## How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at Medicare compliance.

## 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. You can also subscribe to future MBS updates by visiting 'Subscribe to the MBS' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

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

Subscribe to 'News for Health Professionals' on the Services Australia website to 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 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 MBS item descriptors

| **Category 8 – MISCELLANEOUS SERVICES** |
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| **Group M14 – Nurse Practitioners** |
| **Subgroup 4 – Nurse Practitioner Procedures** |
| 82201<br>Introduction of an intra-uterine device for abnormal uterine bleeding or contraception or for endometrial protection during oestrogen replacement therapy<br>**Fee: $215.95 Benefit: 75% = $162.00 85% = $183.60**<br>**Extended Medicare Safety Net Cap: $500.00**<br>Private Health Insurance Classification:<br>• Clinical category: Gynaecology<br>• Procedure type: Unlisted |
| 82202<br>Removal of etonogestrel subcutaneous implant<br>**Fee: $105.15 Benefit: 75% = $78.90 85% = $89.40**<br>**Extended Medicare Safety Net Cap: $315.45**<br>Private Health Insurance Classification:<br>• Clinical category: Gynaecology<br>• Procedure type: Unlisted |

82203

Hormone or living tissue implantation by cannula

**Fee: $100.40 Benefit: 75% = $75.30 85% = $85.35**

**Extended Medicare Safety Net Cap: $301.20**

Private Health Insurance Classification:

Clinical category: Gynaecology

Procedure type: Type C

82204

A service rendered by a participating nurse practitioner to which item 82201, 82202 or 82203 applies, if the service is bulk-billed in relation to the fees for:
(a) that item; and

(b) any other item in Subgroup 1 of Group M14 or item 73832 and 73833 applying to the service

**Derived Fee: 40% of the fee for items 82201, 82202, or 82203.**

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Unlisted

82206

A procedure, being a service to which an item in Subgroup 4 of Group M14 would have applied had the procedure not been discontinued on clinical grounds, other than a service to which 82203 applies

**Derived Fee: 50% of the fee which would have applied had the procedure not been discontinued.**

**Extended Medicare Safety Net Cap: 300% of the Derived fee for this item, or $500.00, whichever is the lesser amount.**

Private Health Insurance Classification:

- Clinical category: Support List
- Procedure type: Unlisted

# Applying the Loading Item to LARC MBS Services

**Note**: These examples are not exhaustive.

1) A nurse practitioner bulk billing a patient for the introduction of an IUD consistent with the requirements of MBS item 82201, can also co-claim MBS item 82204 to receive a 40% loading.

2) During an attendance the nurse practitioner and patient discuss contraceptive options, including potential pain and post introduction bleeding for an IUD. The patient elects to receive an IUD.

   The nurse practitioner considers the discussion with the patient satisfies all requirements for an MBS attendance item.

   In order to receive the 40% loading, the nurse practitioner must bulk bill (accept the Medicare benefit as full payment) item 82201 for the IUD insertion, item 82204 for the bulk billing loading, and the associated consultation item (e.g. MBS item 82215)

3) It may be appropriate to remove an Implanon and insert a new device in the same attendance – for example, a nurse practitioner may remove an old progestogen contraceptive implant and insert a new one.

   If the item requirements are met, both MBS item 82202 (removal) and 82203 (insertion) can be claimed. If all items are bulk billed, a loading item can be claimed for each item - MBS item 82202+82204 and MBS item 82203+82204.

# Applying the Discontinued Procedure Item for LARC

Item 82206 applies when a procedure outlined in item 82201 or 82202 has commenced, and is then discontinued for clinical reasons, or for other reasons that are beyond the participating nurse practitioner's control. It applies half of the schedule fee for the item it is billed with. Services Australia does not require claims for this item to be accompanied by details of the proposed procedure and the reasons why the procedure was discontinued.

Commenced procedure for IUD insertion means:

- The patient is in the procedure room or on the bed where the procedure is to be performed; and
- The patient has been exposed (i.e. clothing removed) and positioned on the bed where the procedure is to be performed; and
- Sterile equipment has been opened; and
- Attempts at speculum insertion have been made.

Commenced procedure for Implanon removal means:

- The patient is in the procedure room or on the bed where the procedure is to be performed; and
- The patient has been exposed (i.e. clothing removed) and positioned on the bed where the procedure is to be performed; and
- Sterile equipment has been opened; and
- Local anaesthetic has been infiltrated.

# How the Multiple Operation Rule Applies

The ‘multiple operation rule’ will apply to the MBS item for insertion of IUD (82201) and the MBS item for removal of Implanon (82202) when the procedures are performed on a patient on one occasion.

The fees are calculated by the following rule: 100% for the item with the greatest Schedule fee plus 50% for the item with the next greatest Schedule fee. Applying this rule results in one total schedule fee for both items billed. Services Australia will calculate the Medicare benefit payable based on this schedule fee.

**Note**: Item 82203 is not subject to the multiple operation rule. The item will be paid at its full schedule fee, even when claimed alongside items 82201 or 82202.

**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.**