



Nurse practitioner MBS Changes 1 July 2024

Last updated: 2 May 2024

- From 1 July 2024, there will be changes to nurse practitioner Medicare Benefits Schedule (MBS) items. These changes will include:
 - A 30% increase to the nurse practitioner general attendance MBS items and
 - Eligibility to participate in multidisciplinary case conferencing.

What are the changes?

Schedule fees will be increased by 30% for nurse practitioner MBS attendance items:

- Face to face MBS items 82200, 82205, 82210, 82215.
- Telehealth/phone MBS Items 91192, 91178, 91179, 91180, 91193, 91189, 91190, 91191.

Fee from 1 July 2024	Face to face items	Telehealth items	Telephone items
\$14.20	82200	91192	91193
\$31.05	82205	91178	91189
\$58.85	82210	91179	91190
\$86.80	82215	91180	91191

Allied health MBS items 10955, 10957, 10959 will be amended to allow nurse practitioners to participate in multidisciplinary case conferencing.

Why are the changes being made?

These changes are being made to improve access to primary care services from nurse practitioners, who are highly skilled, experienced, and independent health professionals.

What does this mean for providers /referrers/other stakeholders?

These changes will broaden participation in team-based care by allowing nurse practitioners to contribute to MBS subsidised multidisciplinary case conferences for patients with chronic conditions.

How will these changes affect patients?

These changes will improve access to primary care services, particularly in rural and remote areas and strengthen team-based care for patients with chronic conditions.

Who was consulted on the changes?

These changes were made in response to the recommendations made in the Nurse Practitioner Workforce Plan and Strengthening Medicare Taskforce Report.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care regularly review the usage of MBS items in consultation with health professionals. These changes will be subject to MBS compliance processes and activities.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

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 www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) 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 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 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.

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.