# Nurse practitioner MBS item changes 1 March 2025

Last updated: 24 January 2025

- From 1 March 2025, there will be changes to nurse practitioner Medicare Benefits Schedule (MBS) items.
- The changes will result in a revised structure of professional attendance MBS items and will include the creation of two new long attendance items.

### What are the changes?

The new structure includes:

- One new face-to-face item (82216) for a nurse practitioner attendance lasting 60 minutes or longer.
- One new video item (91206) for a nurse practitioner attendance lasting 60 minutes or longer.
- Items 82205, 91178 and 91189 will be amended to include a 6-minute minimum time duration.
- Amending the descriptor of video/phone items 91178-91180 from telehealth to video to delineate between phone and video services.

#### Why are the changes being made?

These changes align with the recommendations of the Strengthening Medicare Taskforce and the Nurse Practitioner Workforce Plan, which recommend increasing access to nurse practitioners to meet consumer health care needs.

#### What does this mean for providers?

The changes will support nurse practitioners to deliver high quality care by providing longer face-to-face and video consultations, to support complex and comprehensive patient care.

#### How will these changes affect patients?

MBS benefits for longer consultations will assist patients with chronic conditions and complex needs.

#### Who was consulted on the changes?

The Department of Health and Aged Care (the Department) consulted the Australian College of Nurse Practitioners (ACNP) on the new and amended item descriptors.



## 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, which may include adequate and contemporaneous notes for the time spent with the patient. 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.

The Department provides an email advice service for providers seeking advice on interpretation of 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 <a href="mailto:askMBS@health.gov.au">askMBS@health.gov.au</a>.

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.new.org/rivate.new.org/">Private Health Insurance (Benefit Requirements)</a> Rules 2011 found on the <a href="https://pederal.new.org/">Federal Register of Legislation</a>. If you have a query in relation to private health insurance, you should email <a href="https://pederal.new.org/">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 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.