

INFORMATION ABOUT MEDICARE REIMBURSEMENT FOR PROFESSIONAL ATTENDANCES PERFORMED BY NURSE PRACTITIONERSⁱ

The Australian Government sets a **schedule of fees** through the Medicare Benefits Schedule (MBS) for Nurse Practitioner (NP) **professional attendances**. A professional attendance is the **time you spend face-to-face assessing, diagnosing, treating and/or providing advice for a single client on the one occasion**. The “scheduled fee” is how much the Australian Government has determined your time is worth. This amount *may* be an accurate reimbursement for services for some health professions, but it’s certainly not the case with NPs.

Table 1: Professional Attendance Comparisons

Profession	Professional Attendance (MBS Item Number)	Scheduled Fees (as of 1 January 2015)	
		<i>When Seen in Consulting Rooms</i>	
		Non-DVA (85%)	DVA (100%)
Nurse Practitioner	Level A (82200)	\$9.64 (\$8.20)	\$9.64
	Level B (82205)	\$21.00 (\$17.85)	\$21.00
	Level C (82210)	\$39.76 (\$33.80)	\$39.76
	Level D (82215)	\$58.59 (\$49.80)	\$58.59
		Non-DVA (100%)	DVA (115%)
Non-VR General Practitioner ⁱⁱ	Level A (52)	\$11.00	\$12.65
	Level B (53)	\$21.00	\$24.15
	Level C (54)	\$38.00	\$43.70
	Level D (57)	\$61.00	\$70.15
		Non-DVA (100%)	DVA (115%)
VR General Practitioner	Level A (3)	\$16.95	\$19.49
	Level B (23)	\$37.05	\$42.60
	Level C (36)	\$71.70	\$82.46
	Level D (44)	\$105.55	\$121.38

If an eligible NP privately sees a client and bulk-bills them, they will receive 85% of their scheduled professional attendance fee. Contrast this with a general practitioner (GP), who receives 100% of their scheduled professional attendance fee, as long as the client self-refers and is seen in their consulting rooms. In other words, by virtue of the fact that you’re an NP, your scheduled fee is automatically reduced 15% whereas the scheduled fee for medical practitioner isn’t discounted in the slightest. So not only are NPs being paid 50% of what a vocationally-registered GP is, reimbursement for their services is reduced a further 15% simply because of their NP endorsement. **There is no justification for this Department of Human Services policy decision and it will not change until a critical mass of NPs speak out against this issue.** This issue is summarised in Table 1 for your reference using 2015 MBS figures.

Does this paint a picture? As you can see, the good news is that if an NP sees an eligible Department of Veterans Affairs (DVA) client, NPs will get 100% of the scheduled fee. Only **white or gold** DVA card holders are eligible for this fully

reimbursed fee.

CONSULTATION TYPES

A “Level A” consult represents a straightforward issue which requires very limited NP assessment, evaluation and management. An example of this is if a client sees you for a condition and you **immediately recognise** they fall outside of your scope of practice or they are requesting a medication you cannot prescribe. The client is in and out of your consultation room within 5 minutes because you’ve referred them off to another healthcare provider.

Another example of a “Level A” consultation is when a well-known client “drops in” to your consultation room for a quick repeat prescription for their chronic health condition. You’ve been managing their stable, chronic health condition with a medication and have recently assessed the suitability of this medication for their ongoing treatment, but the patient forgot to request a repeat prescription at their last appointment. In this instance you might simply print and sign the prescription as you are familiar with the client, have been the primary prescriber for that medicine, and are certain the medicine is safe for continued use. The consultation takes less than 5 minutes, so you would likely bill a Level A (82200) consultation.

Level B, C and D consultations are more complex and require documentation of **at least one** of the following:

- Taking a history
- Undertaking clinical examinations
- Arranging investigations
- Implementing a management plan
- Providing preventive health care

The differences between Level B, C and D consultations are reflected by the complexity of the issue(s) and the amount of information reviewed during the consultation. In general, this means a consultation:

- Level B (82205): Lasts LESS than 20 minutes
- Level C (82210): Lasts between 20 and 39 minutes
- Level D (82215): Lasts AT LEAST 40 minutes

BILLING OPTIONS

If an NP “**bulk bills**” they are accepting the relevant Medicare schedule fee as full payment for their professional attendance and any related services (such as diagnostic and therapeutic procedures)ⁱⁱⁱ. **Additional charges for that professional attendance and/or service(s) cannot be raised.** This includes but is not limited to:

- any consumables necessary to perform the service, including private vaccines or bandages/dressings;
- for services performed by NPs which aren’t specifically covered for NPs by the MBS;
- record keeping fees;
- a booking fee to be paid before each service, or;
- an annual administration or registration fee.

When a service is **not** bulk billed, the NP can **privately bill** the client. Irrespective of whether you bulk or privately bill a client, there is helpful information available for healthcare professionals on [how to do business with Medicare](#). **NPs are free to privately bill and set their own fees for their professional attendances if they decide their work is worth more than the scheduled MBS fee, or if no reimbursement fee exists for a particular service.** The final amount invoiced should reflect the service(s) you have provided in its entirety. In that instance, the client goes to a Medicare office to obtain a reimbursement for the Medicare schedule fee for the relevant NP professional attendance.

Consider that some pharmacists are privately charging up to \$45 to provide a sick certificate for a client. None of that \$45 fee is Medicare-reimbursable. Now consider that most NPs have a minimum of 10 years’ training, education and expertise under their belts before they even *begin* practicing in their advanced and extended roles. Given an NP’s superior diagnostic assessment, reasoning and therapeutic abilities, perhaps that sick certificate you’re writing is worth more than the

scheduled MBS fee. The unfortunate truth is that many of the marginalised and underserved populations NPs target would be unable to afford a \$45 fee for a sick certificate. Until the Australian Department of Human Services provides adequate reimbursement for NP professional attendances and services, many privately practicing NPs will need to consider privately billing at least *some* of their clients. Unlike pharmacists, the good news is that any client seeing an NP for a sick certificate will at least get a percentage of their \$45 sick certificate fee^{iv} reimbursed by Medicare.

DID YOU KNOW?

Medicare **does not** reimburse professional attendances for^v:

- Telephone consultations or group sessions
- For legal proceedings or for injuries/illnesses where a patient's insurer or compensation agency has accepted liability
- *Compulsory* examinations for life insurance, superannuation, friendly societies or entrance to educational programmes, schools and/or aged care facilities.
- *Compulsory* health screening services (for commercial drivers' licenses, testing of fitness for weight reduction or physical training programs, vocational activities, etc.)
- Treatment of your spouse, dependants, or practice partners
- Mass immunisations (for example, all year 10 students at the local school)
- Ongoing care (for example, billing to write a prescription for a vaccination and then billing again when they come back later that same day to have it administered)

MBS INTERPRETATION

Inquiries concerning matters of interpretation of MBS items should be directed to the Department of Human Services at Email: askmbs@humanservices.gov.au or by phone on 132 150.

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ⁱⁱ A non-vocationally registered general practitioner (non-VR GP) is one who has not obtained Fellowship with the RACGP or ACRRM. These medical practitioners are generally reimbursed less for their services.

ⁱⁱⁱ These include, but are not limited to, performing and interpreting spirometry and electrocardiographs, cervical smears, skin biopsies, laceration repairs, contraceptive rod insertions/removals, etc.

^{iv} This fee is only provided as an example and is by no means an endorsement.

^v For further information, see section G13.1: *Services which do not attract Medicare benefits* of the [MBS General Explanatory Notes](#) by requesting a comprehensive list of NP professional attendances.

