

Professional Attendances

When an NP spends time with a client, they're conducting a "professional attendance." Medicare reimburses patients for the time NPs spend **face-to-face** assessing, diagnosing and managing a single client on the one occasion*:

Time Spent	MBS Number	Reimbursed
N/A	82200	\$8.20
< 20 min	82205	\$17.85
20-39 min	82210	\$33.80
> 40 min	82215	\$49.80

Telehealth Items

Alternative professional attendance items can be generated in **aged care facilities** and **Aboriginal Medical Services**, as long as they are conducted in a telehealth-eligible area. When an NP and their client has a video consultation with a medical specialist the following patient rebates apply*:

Time Spent	MBS Number**	Reimbursed
<20 min	82220 (3)	\$24.10
20-39 min	82221 (4)	\$45.65
>40 min	82222 (5)	\$67.15

Important Info

Unlike medical practitioners, any other MBS-reimbursable services performed by NPs, including diagnostic and therapeutic activities, as well as associated incentives (such as bulk-billing incentives), will not attract a Medicare rebate. Examples of non-reimbursable activities are:

ECGs • Skin Biopsies and other Surgical Procedures •
Spirometry • Health Assessments • Chronic Disease
Management Items • Contraceptive Implants

Patients will only be reimbursed for the **time** it takes to conduct such activities. In that instance NPs would use one of the **professional attendance** items listed above.

Diagnostics

NPs can **request a small range** of diagnostic imaging services which will attract a Medicare rebate **for the client and/or imaging provider**. If an NP orders a test which is not on this list, the imaging provider will charge a private fee for their services. This may incur large out-of-pocket costs for the health consumer.

The good news is that NPs are able to **request an extensive range** of pathology services for their clients. These pathology services will attract a Medicare rebate **for the client and/or pathology provider**.

Point of Care Testing

There is a **limited range** of simple, basic pathology tests which **NPs can perform at the point of care (POC)**, which will attract a small Medicare rebate for the NP. This rebate will **partially offset** the costs of the consumable supplies used in performing these tests.

Eligible POC pathology include basic blood, stool and body fluid tests. In a practical sense, the only reimbursable test which most NPs will use is the urine pregnancy test, **MBS item number 73833**.

Other Information

"Bulk-billing" means you have accepted the set fee the Australian Government has determined your services are worth. **You cannot both bulk-bill someone and charge a private fee** for the same service, including supplies used to perform that service. When privately billing a client, you must detail the relevant professional attendance item and/or eligible point-of-care tests you had performed so they can obtain a rebate for that service.

* *Group sessions with multiple clients are not reimbursed. These values represent 85% of the MBS Schedule Fee. 100% of the MBS Schedule Fee is available for Department of Veteran's Affairs (DVA) clients who are white or gold card holders. For detailed information and additional professional attendance requirements, review the "Category 8 Schedule" published by MBSOnline.*

** *The (supplementary) number appended to each item should replace the last digit if the service is performed in a residential aged care facility (RACF). For example, 82220 should be billed as an 82223 if performed in an RACF.*

Additional information to supplement the information contained within this brochure can also be found at:

bridginghealth.com.au/resources

Referrals

NPs can refer clients to medical specialists for their **professional attendance**, which will attract a Medicare rebate **for the client and/or specialist**.

There are many specialists who are still not familiar with the abilities, qualifications or expertise of NPs. This occasionally results in **rejected referrals**. An NP can reduce the incidence of rejected referrals by providing an introductory letter to newly-referred specialists, along with the referral letter, which provides relevant information about NPs and what items the specialist can use for MBS reimbursement.

Important Info

NPs cannot refer clients to a medical specialist for specific diagnostic examinations (such as echocardiograms, vascular ultrasounds, etc.), as these are not included in the Schedule Fee list of diagnostic examinations an NP can order.

Nurse practitioners may refer to private sector allied health practitioners, however **Medicare will not reimburse the allied health practitioner's professional attendance if the referral is initiated by an NP**. At this time, referrals to psychologists, dietitians, physiotherapists, etc. should be initiated (if feasible) by a medical practitioner so that healthcare consumers are not financially disadvantaged.

Introduction

In November 2010, Australian legislation was passed that allows consumers to access subsidies for some services provided by eligible nurse practitioners (NP). These services include:

- Professional Attendances
- Pathology and Diagnostic Imaging
- Specialist Referrals

This brochure acts as a beginner's guide to understanding how the Medicare Benefits Schedule (MBS) impacts upon NP clinical practice and service provision.

The 4 Golden Rules

So that NPs, collaborating specialists, diagnostic services and/or consumers might receive Medicare rebateable services contained within this guide, a participating NP must have the following:

- 1) Collaborative Arrangement
- 2) Medicare Provider Number
- 3) Be Working in Private Practice

About

This brochure is free to use by my Australian nurse practitioner colleagues. The idea was borne from extensive dialogue and struggle through the beginning years of the MBS reforms. **If no one else will help us understand the system, then we must help ourselves.** It is my gift to you, for all of your years of support and encouragement since my immigration to Australia.

The information contained within this brochure is intended to serve as a general guide, and is not an exhaustive representation of the legislative and policy requirements surrounding the MBS. I have made every effort to ensure the information is accurate and reliable, however I do not accept any responsibility or liability for the accuracy, content, completeness, legality or the reliability of the information contained within this brochure. If you have any questions or concerns regarding this document, please feel free to contact me at:

bridginghealth.com.au

Further Information

The following sources have informed much of the information contained within this resource:

Australian College of Nurse Practitioners
acnp.org.au

Australian Department of Health
health.gov.au

Medicare Online
mbsonline.gov.au
askmbs@humanservices.gov.au



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*What You Need to
Know About the MBS*

August 2015