



Practice Nurse Medical Benefit Schedule Items

Medicare definition of a practice nurse

The Medicare Benefits Schedule (MBS) defines a practice nurse for the purposes of providing MBS services, as a registered or enrolled nurse, an Aboriginal and Torres Strait Islander health practitioner, or Aboriginal health worker who is employed by, or whose services are otherwise retained by, a general practice.

Practice nursing incentives and MBS item numbers relevant to practice nurses provide a rebate to the general practice for the services provided by the practice nurse. This assists in offsetting the cost of employing the practice nurse.

Practice nurse items

A series of MBS items are available to practice nurses who provide a service on behalf of and under the supervision of a medical practitioner. The appropriate MBS item is billed under the supervising medical practitioner's Medicare provider number.

These items include telehealth items, follow up services to health assessment and chronic disease management items and the bulk billing incentives.

The medical practitioner under whose supervision the service is provided must be satisfied that the practice nurse, Aboriginal and Torres Strait Islander health practitioner or Aboriginal health worker is appropriately registered, qualified, trained and covered by indemnity insurance to undertake the service. The medical practitioner also retains responsibility for the health, safety and clinical outcomes of the patient.

For a practice nurse, Aboriginal and Torres Strait Islander health practitioner or Aboriginal health worker to provide Medicare approved services, he or she must be appropriately qualified and trained to provide that service. This includes compliance with any state or territory requirements. For example, in some states and territories, nurses can only administer a vaccine following an order or direction from a medical practitioner; or additional accredited training may be required to take a Pap smear.

Services where a practice nurse may assist the medical practitioner

MBS services such as health assessments (MBS item numbers 701, 703, 705, 707 and 715) and chronic disease management (MBS item numbers 721, 723, 732) may only be claimed by a medical practitioner who has personally attended the patient. However, suitably qualified health professionals such as a practice nurse, Aboriginal and Torres Strait Islander health practitioner or Aboriginal health worker employed by the general practice may assist the medical practitioner in performing the service.

Such assistance must be provided in accordance with accepted medical practise and under the supervision of the medical practitioner. This may include activities associated with:

- Information collection, including gathering patient information for the medical practitioner;
- Taking and recording routine measurements, such as blood pressure, height and weight;
- Providing patients with information about recommended interventions at the direction of the medical practitioner; and
- Making arrangements for services.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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Practice nurse assisted Medicare Benefits Schedule items

MBS item number	Fee	Description
701	Fee: \$59.35 Benefit payable: 100% = \$59.35	Health Assessment – Brief Lasting not more than 30 minutes
703	Fee: \$137.90 Benefit payable: 100% = \$137.90	Health Assessment – Standard Lasting more than 30 minutes but less than 45 minutes
705	Fee: \$190.30 Benefit payable: 100% = \$190.30	Health Assessment – Long Lasting at least 45 minutes but less than 60 minutes
707	Fee: \$268.80 Benefit payable: 100% = \$268.80	Health Assessment – Prolonged Lasting at least 60 minutes
715	Fee: \$212.25 Benefit payable: 100% = \$212.25	Aboriginal and Torres Strait Islander Health Assessment Nine-month minimum claiming period
721	Fee: \$144.25 Benefit payable: 75% = \$108.20 Benefit payable: 100% = \$144.25	Preparation of a GP Management Plan Twelve months minimum claiming period
723	Fee: \$114.30 Benefit payable: 75% = \$85.75 Benefit payable: 100% = \$114.30	Coordinate Team Care Arrangements Twelve months minimum claiming period
732	Fee: \$72.05 Benefit payable: 75% = \$54.05 Benefit payable: 100% = \$72.05	Review of a GP Management Plan Twelve months minimum claiming period
10987	Fee: \$24.00 Benefit payable: 100% = \$24.00	Follow up service provided by a practice nurse or AHW on behalf of a medical practitioner, for an Indigenous person who has received a health assessment – to a maximum of ten services in a calendar year
10990	Fee: \$7.20 Benefit payable: 85% = \$6.25	Bulk Billing Incentive payment for general medical services provided to a patient under the age of 16 or a concession card holder
10991	Fee: \$10.85 Benefit payable: 85% = \$9.35	Bulk Bill Incentive payment for general medical services provided to a patient under the age of 16 or a concession card holder in a regional, rural or remote area, or the Statistical Subdivision spatial units East Metropolitan, Perth and South West Metropolitan, Perth
10997	Fee: \$12.00 Benefit payable: 100% = \$12.00	Service provided to a person with a chronic disease by a practice nurse or an AHW on behalf of a medical practitioner, when the patient has a GP Management Plan, Team Care Arrangement or a Multidisciplinary Care Plan in place, to a maximum of five services in a calendar year
10983	Fee: \$32.40 Benefit payable: 100% = \$32.40	Telehealth – service provided by a practice nurse or AHW on behalf of a medical practitioner within a Telehealth eligible area or at an Aboriginal Medical Service
10984	Fee: \$32.40 Benefit payable: 100% = \$32.40	Telehealth – service provided by a practice nurse or AHW on behalf of a medical practitioner at a residential aged care facility

More information

Advice on these items and further guidance are available at:

MBS Online

<http://www.mbsonline.gov.au/>

Primary Care Items

www.health.gov.au/mbsprimarycareitems