



**Australian Government**  

---

**Department of Health**

**Eligible Nurse Practitioner Services**  
**Questions and Answers**  
**January 2014**

## Contents

ELIGIBLE NURSE PRACTITIONER SERVICES.....	1
QUESTIONS AND ANSWERS .....	1
1. General .....	4
2. Eligibility to participate under Medicare.....	5
2.1 Who is an “eligible nurse practitioner”?.....	5
2.2 I am an eligible nurse practitioner. What do I need to do to access Medicare arrangements? .....	5
3. Provider numbers .....	6
3.1 Do nurse practitioners need a provider number? .....	6
3.2 How do nurse practitioners apply for a provider number? .....	6
4. Collaborative arrangements .....	7
4.1 What is a collaborative arrangement? .....	7
4.2 Who can an eligible nurse practitioner have collaborative arrangements with? .....	7
4.3 Do eligible nurse practitioners have to have a signed agreement with the collaborating medical practitioner/s? .....	7
4.4 Do eligible nurse practitioners need a separate agreement for each patient? .....	9
4.5 What can an eligible nurse practitioner do if the patient refuses to be involved with the collaborating medical practitioner? .....	9
5. Overview of the nurse practitioner MBS items.....	10
5.1 Are eligible nurse practitioners able to care for their own patients? .....	10
5.2 What are the nurse practitioner MBS items? .....	10
5.3 Telehealth items for nurse practitioners .....	11
5.4 Where can an eligible nurse practitioner provide services?.....	13
5.5 Can an eligible nurse practitioner provide services outside these items? .....	13
5.6 Can another nurse or eligible nurse practitioner provide a service on my behalf? .....	13
5.7 Can another nurse practitioner assist in providing Medicare services?.....	14
5.8 If another nurse practitioner assists in providing a service, will Medicare benefits be payable for this assistance?.....	14
5.9 Can an eligible nurse practitioner see more than one patient at a time?.....	14
5.10 Can an eligible nurse practitioner provide Medicare rebateable services over the telephone?.....	14
5.11 Do consultations with other nurse practitioners or medical practitioners attract a Medicare benefit?.....	14
5.12 Will Medicare benefits be payable for group attendances? .....	14
5.13 Will eligible nurse practitioners be able to provide Medicare services after hours?....	14

5.14	Can an eligible nurse practitioner provide services in an aged care facility? .....	14
5.15	Can nurse practitioners provide Medicare rebateable services in the Emergency Department of a public hospital? .....	15
5.16	Can one or more services be provided on the same day? .....	15
6.	Schedule fees and Medicare rebates .....	16
6.1	How are Medicare benefits calculated? .....	16
6.2	Is an eligible nurse practitioner required to bulk bill patients? .....	16
6.3	Can a nurse practitioner and a medical practitioner see a patient on the same day? ....	16
7.	Referral requirements .....	17
7.1	Who can eligible nurse practitioners refer patients to? .....	17
7.2	Can an eligible nurse practitioner refer patients to allied health professionals? .....	17
7.3	How long is the referral valid for? .....	17
7.4	What details need to be included on a referral? .....	18
7.5	What happens if a specialist or consultant physician provides a consultation without a referral? .....	18
7.6	Are there any exemptions in regard to a specialist providing a service without referrals, such as an emergency? .....	18
8.	Pathology and diagnostic imaging services .....	19
8.1	What pathology services can an eligible nurse practitioner request? .....	19
8.2	What diagnostic imaging services can a nurse practitioner request? .....	19
8.3	Can an eligible nurse practitioner request other diagnostic imaging or pathology services? .....	23
9.	Pharmaceutical Benefits Scheme (PBS) .....	24
9.1	Can an eligible nurse practitioner prescribe Pharmaceutical Benefits Scheme (PBS) listed medicines? .....	24
9.2	Are there any prescribing limitations? .....	24
9.3	Can nurse practitioners prescribe non-PBS prescriptions? .....	24
10.	Auditing by the Department of Human Services (Medicare) .....	25
10.1	Can an eligible nurse practitioner be subjected to Medicare audits? .....	25
10.2	What is a Professional Services Review (PSR)? .....	25

## 1. General

From 1 November 2010, Medicare benefits have been available for specific services provided by eligible privately practising nurse practitioners working in collaboration with a specified medical practitioner. Eligible nurse practitioners are able to request certain pathology and diagnostic imaging services for their patients and refer patients to specialists and consultant physicians, as the clinical need arises, under Medicare arrangements.

To provide services under Medicare, nurse practitioners must meet the eligibility requirements for the Medicare Benefits Schedule (MBS) items, and be registered with Medicare Australia.

Descriptions, explanatory notes, schedule fees and benefits for MBS items provided by eligible nurse practitioners and medical practitioners (e.g. general practitioners), and pathology and diagnostic imaging services that eligible nurse practitioners may request can be found at [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

Further information on the Medicare items relevant to nurse practitioner services is available from:

- Department of Human Services (Medicare) by telephoning 132 150 (for providers) or 132 011 (for patients).
- Department of Health website  
[www.health.gov.au/midwives-nurse-practitioners](http://www.health.gov.au/midwives-nurse-practitioners).
- By emailing [mbsonline@health.gov.au](mailto:mbsonline@health.gov.au).

## **2. Eligibility to participate under Medicare**

### **2.1 Who is an “eligible nurse practitioner”?**

An eligible nurse practitioner is a nurse practitioner who renders a Medicare rebateable service in a collaborative arrangement or collaborative arrangements of a kind or kinds specified in the regulations, with one or more medical practitioner, of a kind or kinds specified in the regulations.

Information regarding eligibility can be found on the Nursing and Midwifery Board of Australia (NMBA) site of the Australian Health Practitioner Regulatory Agency (AHPRA) website at <http://www.nursingmidwiferyboard.gov.au/>.

The *Health Insurance Regulations 1975* provides details of collaborative arrangements and can be found on the Commonwealth of Australia Law website at <http://www.comlaw.gov.au>

### **2.2 I am an eligible nurse practitioner. What do I need to do to access Medicare arrangements?**

To access Medicare arrangements, an eligible nurse practitioner is required to:

- have a Medicare provider number;
- be working in a private practice;
- have professional indemnity insurance; and
- have collaborative arrangements in place with a medical practitioner.

### **3. Provider numbers**

#### **3.1 Do nurse practitioners need a provider number?**

A provider number is necessary to access Medicare arrangements. Under these arrangements, eligible nurse practitioners are limited to providing the services described in these items. Services provided outside these items or services that do not meet the item requirements will not attract Medicare benefits.

#### **3.2 How do nurse practitioners apply for a provider number?**

To access the Medicare arrangements, eligible nurse practitioners need to apply to Medicare for a provider number. A separate provider number is required for each location at which a nurse practitioner practices. Advice for nurse practitioners about registering with Medicare is available from the Medicare provider enquiry line on 132 150. Application forms can be downloaded from the Department of Human Services (Medicare) website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

#### 4. Collaborative arrangements

##### 4.1 What is a collaborative arrangement?

A collaborative arrangement is an arrangement between an eligible nurse practitioner and a medical practitioner that must provide for:

- consultation between the nurse practitioner and a medical practitioner;
- referral of a patient to a medical practitioner; and
- transfer of the patient's care to a medical practitioner,

as clinically relevant to ensure safe, high quality patient care.

##### 4.2 Who can an eligible nurse practitioner have collaborative arrangements with?

A participating nurse practitioner can have a collaborative arrangement with all categories of medical practitioner, within their scope of practice.

##### 4.3 Do eligible nurse practitioners have to have a signed agreement with the collaborating medical practitioner/s?

Collaborative arrangements must be in place at the time the eligible nurse practitioner provides a Medicare service.

##### 1. Each of the following is a kind of collaborative arrangement for an eligible nurse practitioner:

- (a) the nurse practitioner is employed or engaged by one or more specified medical practitioners, or by an entity that employs or engages one or more specified medical practitioners;
- (b) a patient is referred in writing to the nurse practitioner for treatment by a specified medical practitioner;
- (c) an agreement is made between an eligible nurse practitioner and one or more specified medical practitioners;
- (d) an arrangement recorded in the nurse practitioners written records.

An eligible nurse practitioner must record the following for a patient in the nurse practitioner's written records:

- I. the name of at least one specified medical practitioner who is, or will be, collaborating with the nurse practitioner in the patient's care (a ***named medical practitioner***);
- II. that the nurse practitioner has told the patient that the nurse practitioner will be providing services to the patient in collaboration with one or more specified medical practitioners;
- III. acknowledgement by a named medical practitioner that the practitioner will be collaborating in the patient's care;
- IV. plans for the circumstances in which the nurse practitioner will do any of the following:
  - consult with a medical practitioner;
  - refer the patient to a medical practitioner;

- transfer the patient’s care to a medical practitioner;
  - any consultation or other communication between the nurse practitioner and a medical practitioner about the patient’s care;
  - any transfer by the nurse practitioner of the patient’s care to a medical practitioner;
  - any referral of the patient by the nurse practitioner to a medical practitioner;
  - if the nurse practitioner gives a copy of a document to a named medical practitioner — when the copy is given;
  - if the nurse practitioner gives a copy of a document to the patient’s usual general practitioner — when the copy is given.
- V. If the nurse practitioner refers the patient to a specialist or consultant physician, or if the nurse practitioner requests diagnostic imaging or pathology services for the patient, the nurse practitioner must give a copy of the referral, or the results of the services, to a named medical practitioner if:
- VI. the nurse practitioner:
- consults with the named medical practitioner; or
  - refers the patient to the named medical practitioner; or
  - transfers the patient’s care to the named medical practitioner; and
  - the named medical practitioner asks the nurse practitioner for a copy of the referral or results.
2. The nurse practitioner must give a named medical practitioner a record of the services provided by the nurse practitioner to the patient if:
    - (a) the nurse practitioner:
      - i. consults with the named medical practitioner; or
      - ii. refers the patient to the named medical practitioner; or
      - iii. transfers the patient’s care to the named medical practitioner; and
    - (b) the named medical practitioner asks the nurse practitioner for the record.
  3. If the nurse practitioner refers the patient to a specialist or consultant physician, or requests diagnostic imaging or pathology services for the patient, and the patient’s usual general practitioner is not a named medical practitioner, the nurse practitioner must, with the patient’s consent, give a copy of the referral, or the results of the services, to the patient’s usual general practitioner.
  4. If the patient’s usual general practitioner is not a named medical practitioner, the nurse practitioner must give the patient’s usual general practitioner a record of the services provided by the nurse practitioner to the patient.
  5. However, only if the patient consents.
  6. Additional information can be found at [www.comlaw.gov.au](http://www.comlaw.gov.au)

4.4 Do eligible nurse practitioners need a separate agreement for each patient?

Agreements and arrangements can cover a class of patients. This needs to be discussed as part of the nurse practitioner's collaborative arrangements with the collaborating medical practitioner. However, for each patient, the arrangement must provide a clear plan for the escalation of the patient's care, should the clinical need arise.

4.5 What can an eligible nurse practitioner do if the patient refuses to be involved with the collaborating medical practitioner?

An eligible nurse practitioner must have collaborative arrangements in place with a medical practitioner to provide a Medicare eligible service. If the patient does not give consent to the nurse practitioner to contact their usual GP, or does not offer the name of a GP or agree for the nurse practitioner to collaborate with another GP, the nurse practitioner would be unable to provide a service to that patient.

## 5. Overview of the nurse practitioner MBS items.

### 5.1 Are eligible nurse practitioners able to care for their own patients?

Eligible nurse practitioners are able to treat their own patients, in collaboration with medical practitioners. Eligible nurse practitioners are not limited to providing care *on behalf of* medical practitioners.

### 5.2 What are the nurse practitioner MBS items?

Nurse practitioner services that attract a Medicare benefit are listed in the Medicare Benefits Schedule (MBS) by item number and description of the service. Information on all MBS items can be found at: [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

The four time-tiered nurse practitioner MBS items, introduced on 1 November 2010, cover a broad range of services as described below:

<b>MBS Item</b>	<b>Item Descriptor</b>
82200	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.
82205	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: a) taking a history; b) undertaking clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.
82210	Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: a) taking a detailed history; b) undertaking clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.
82215	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: a) taking an extensive history; b) undertaking clinical examination; c) arranging any necessary investigation; d) implementing a management plan; e) providing appropriate preventive health care, for 1 or more health related issues, with appropriate documentation.

### 5.3 Telehealth items for nurse practitioners

The Telehealth initiative, introduced on 1 July 2011, enable nurse practitioners to participate in a video consultation with a specialist or consultant physician at any aged care facility or Aboriginal Medical Service (see 5.4). These items are summarised below:

<b>MBS Item</b>	<b>Nurse Practitioner MBS Telehealth Items</b>
82220	<p>A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> <li>a) is participating in a video consultation with a specialist or consultant physician; and</li> <li>b) is not an admitted patient; and</li> <li>c) is located:(i) both:               <ul style="list-style-type: none"> <li>(A) outside an Inner metropolitan area; and</li> <li>(B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or</li> </ul> </li> <li>(ii) in Australia if the patient is a patient of:               <ul style="list-style-type: none"> <li>(A) an Aboriginal Medical Service; or</li> <li>(B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.</li> </ul> </li> </ul>
82221	<p>A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> <li>a) is participating in a video consultation with a specialist or consultant physician; and</li> <li>b) is not an admitted patient; and</li> <li>c) is located:               <ul style="list-style-type: none"> <li>(i) both:                   <ul style="list-style-type: none"> <li>(A) outside an Inner metropolitan area; and</li> <li>(B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or</li> </ul> </li> <li>(ii) in Australia if the patient is a patient of:                   <ul style="list-style-type: none"> <li>(A) an Aboriginal Medical Service; or</li> <li>(B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.</li> </ul> </li> </ul> </li> </ul>

82222	<p>A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <p>a) is participating in a video consultation with a specialist or consultant physician; and</p> <p>b) is not an admitted patient; and</p> <p>c) is located:</p> <p>(i) both:</p> <p>(A) outside an Inner metropolitan area; and</p> <p>(B) at the time of the attendance—at least 15 kms by road from the specialist or consultant physician mentioned in paragraph (a); or</p> <p>(ii) in Australia if the patient is a patient of:</p> <p>(A) an Aboriginal Medical Service; or</p> <p>(B) an Aboriginal Community Controlled Health Service for which a direction made under subsection 19(2) of the Act applies.</p>
82223	<p>A professional attendance lasting less than 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <p>a) is participating in a video consultation with a specialist or consultant physician; and</p> <p>b) either:</p> <p>(i) is a care recipient receiving care in a residential care service; or</p> <p>(ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and</p> <p>c) the professional attendance is not provided at a self-contained unit.</p>
82224	<p>A professional attendance lasting at least 20 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <p>a) is participating in a video consultation with a specialist or consultant physician; and</p> <p>b) either:</p> <p>(i) is a care recipient receiving care in a residential care service; or</p> <p>(ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and</p> <p>c) the professional attendance is not provided at a self-contained unit.</p>

82225	<p>A professional attendance lasting at least 40 minutes (whether or not continuous) by a participating nurse practitioner that requires the provision of clinical support to a patient who:</p> <p>a) is participating in a video consultation with a specialist or consultant physician; and</p> <p>either:</p> <p>(i) is a care recipient receiving care in a residential care service; or</p> <p>(ii) is at consulting rooms situated within such a complex if the patient is a care recipient receiving care in a residential aged care service; and</p> <p>c) the professional attendance is not provided at a self-contained unit</p>
-------	--

5.4 Where can an eligible nurse practitioner provide services?

An eligible nurse practitioner may practice in a range of settings to provide MBS services, including the patient's home, health clinics, medical practices or the nurse practitioner's private consulting rooms. Nurse Practitioners employed by public hospitals, or working in a publicly funded nurse practitioner role where funding is from either the Commonwealth, the State and Territory or Local Government agencies are excluded from providing MBS services, except for organisations with a Section 19(2) exemption.

Nurse practitioners (and midwives) can be employed in the public health system at rural and remote sites approved under the COAG s19(2) Exemptions Initiative and the 19(2) Exemptions of Aboriginal and Torres Strait Islander Community Controlled Health Centres (ACCHS).

For information on Exemptions of ACCHS issued under section 19(2) of the *Health Insurance Act 1973* contact:

The Indigenous and Rural Health Division  
 IRHD[19.2enquiries@health.gov.au](mailto:19.2enquiries@health.gov.au)  
 The Department of Health in your state or territory

5.5 Can an eligible nurse practitioner provide services outside these items?

Under the Medicare arrangements, eligible nurse practitioners are limited to providing the services described in these items, and within their scope of practice. Services provided outside these items or services that do not meet the item requirements will not attract Medicare benefits.

5.6 Can another nurse or eligible nurse practitioner provide a service on my behalf?

No. For a Medicare benefit to be payable, the eligible nurse practitioner must personally provide the service to the patient.

5.7 Can another nurse practitioner assist in providing Medicare services?

Any suitably qualified health practitioner, including an eligible nurse practitioner, can provide you with assistance in rendering a service. However, you are still required to be in personal attendance with the patient.

5.8 If another nurse practitioner assists in providing a service, will Medicare benefits be payable for this assistance?

No. Only one Medicare benefit is payable for any individual service regardless of the number of nurse practitioners involved.

5.9 Can an eligible nurse practitioner see more than one patient at a time?

No. Medicare benefits are only payable where an eligible nurse practitioner attends to one patient on the one occasion.

5.10 Can an eligible nurse practitioner provide Medicare rebateable services over the telephone?

No. Services provided where the patient is not in attendance, such as the issuing of repeat prescriptions, updating patient notes or telephone consultations do not attract Medicare benefits.

5.11 Do consultations with other nurse practitioners or medical practitioners attract a Medicare benefit?

No. An event where a patient is not in attendance does not attract a Medicare benefit.

5.12 Will Medicare benefits be payable for group attendances?

No. Medicare benefits are only payable for services where an eligible nurse practitioner attends a single patient on the one occasion.

5.13 Will eligible nurse practitioners be able to provide Medicare services after hours?

Yes. Medicare items have been developed with regard to the time taken to provide the service and the relative complexity of the service provided. There is no restriction on the time of day when these services can be provided.

5.14 Can an eligible nurse practitioner provide services in an aged care facility?

Yes. Eligible nurse practitioners may provide Medicare rebateable services in an aged care facility.

5.15 Can nurse practitioners provide Medicare rebateable services in the Emergency Department of a public hospital?

Under the National Healthcare Agreement, States and Territories have committed to provide services to public patients free of charge. Free of charge means that no charge is incurred by the patient or the MBS. This means that State salaried nurse practitioners employed in the public hospital system are not eligible to provide Medicare rebateable services to public patients.

5.16 Can one or more services be provided on the same day?

Yes. Medicare benefits may be payable where it is clinically relevant to provide more than one consultation attendance on the one day. However, the subsequent attendance should not be a continuation of the earlier attendance and there should be a reasonable lapse of time between attendances before they can be regarded as separate.

For example, if an eligible nurse practitioner attends a patient in the morning for a scheduled attendance and the patient returns in the afternoon with symptoms that had subsequently developed, the two services would be considered separate attendances. If a patient was resting between blood pressure readings, this would not be considered separate attendances.

To assist the Department of Human Services (Medicare) in processing claims for multiple attendances on the same day, the time of each attendance on that day should be stated on the account (e.g. 10am and 3.15pm)

## 6. Schedule fees and Medicare rebates

### 6.1 How are Medicare benefits calculated?

The fee set for any item in the MBS is known as the “Schedule fee”. The benefit payable for Medicare services is **85% of the Schedule fee** for services rendered to non-admitted patients.

### 6.2 Is an eligible nurse practitioner required to bulk bill patients?

This is a matter for each individual practitioner. Eligible nurse practitioners can bulk bill patients i.e. accept the relevant Medicare benefit, assigned to them, as payment in full for the service. Where eligible nurse practitioners charge in excess of the Medicare benefit, the resultant out-of-pocket costs are the responsibility of the patient.

### 6.3 Can a nurse practitioner and a medical practitioner see a patient on the same day?

Yes. If a patient sees a nurse practitioner for a particular condition and the nurse practitioner feels the care needs to be escalated to a medical practitioner for further consultation, both the nurse practitioner and the medical practitioner can charge the patient for a consultation if it is related to the escalation of care.

However, if a patient sees a nurse practitioner and a medical practitioner for the same service (and there is no escalation of care) on the same day, only the nurse practitioner **OR** the medical practitioner can charge for the service rendered, not both.

## 7. Referral requirements

### 7.1 Who can eligible nurse practitioners refer patients to?

Specialists and consultant physicians may accept referrals from eligible nurse practitioners to provide services to patients under the following items. A referral made by an eligible nurse practitioner is valid for 12 months. The referral must be within the nurse practitioner's scope of practice.

<b>MBS Item Groups – Specialist and Consultant Physician items (accepting a referral from an eligible nurse practitioner)</b>	<b>Item Numbers</b>
Group A3 - Specialist attendances to which no other item applies	104, 105, 106, 107, 108, 109
Group A4 - Consultant physician attendances to which no other item applies	110, 116, 119, 122, 128, 131, 132, 133
Group A8 - Consultant psychiatrist attendances to which no other item applies	289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370
Group A12 - Consultant occupational physician attendances to which no other item applies	385, 386, 387, 388
Group A24 - Pain and palliative medicine	2801, 2806, 2814, 2824, 2832, 2840, 3005, 3010, 3014, 3018, 3023, 3028
Group A28 - Geriatric medicine	141, 143, 145, 147
Group A29 - Early intervention services for children with autism, pervasive developmental disorder or disability	135, 137

### 7.2 Can an eligible nurse practitioner refer patients to allied health professionals?

If you refer patients to an allied health practitioner, Medicare benefits will not be payable for those allied health services.

### 7.3 How long is the referral valid for?

A referral given by an eligible nurse practitioner is valid until 12 months after the first service given in accordance with the referral.

7.4 What details need to be included on a referral?

A referral must be in writing in the form of a letter or a note to the specialist or consultant physician and must be signed and dated by the referring nurse practitioner. The referral must contain any information relevant to the patient and the specialist or consultant physician must have received the referral on, or prior to, providing a consultation.

7.5 What happens if a specialist or consultant physician provides a consultation without a referral?

The specialist's or consultant physician's attendance would not attract Medicare benefits at the specialist rate.

7.6 Are there any exemptions in regard to a specialist providing a service without referrals, such as an emergency?

An emergency is exempt from this requirement if the specialist considers the patient's condition requires immediate attention without a referral. In that situation, the specialist is taken to be the referring practitioner. If a referral is lost, stolen or destroyed, the nurse practitioner would need to provide a replacement referral as soon as is practicable after the service is provided.

## 8. Pathology and diagnostic imaging services

### 8.1 What pathology services can an eligible nurse practitioner request?

An eligible nurse practitioner working within their scope of practice is eligible to request the following services:

Items 65060 to 73529 (inclusive)

An eligible nurse practitioner working within their scope of practice can provide the following pathology services, using an approved facility:

Items 73828 to 73837 (inclusive)

No other pathology items may be claimed by an eligible nurse practitioner.

### 8.2 What diagnostic imaging services can a nurse practitioner request?

An eligible nurse practitioner working within their scope of practice is eligible to request the following diagnostic services as listed in the diagnostic imaging services table:

<b>MBS Item</b>	<b>Item Descriptor</b>
55036	ABDOMEN, ultrasound scan of, including scan of urinary tract when undertaken but not being a service associated with the service described in item 55600 or item 55603, where: (a) the patient is referred by a medical practitioner for ultrasonic examination not being a service associated with a service to which an item in Subgroups 2 or 3 of this Group applies; (b) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member; and (c) the service is not performed with item 55038, 55044 or 55731 on the same patient within 24 hours. (R)
55070	BREAST, one, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55076	BREASTS, both, ultrasound scan of, where: (a) the patient is referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring medical practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)

55600	<p>PROSTATE, bladder base and urethra, ultrasound scan of, where performed:</p> <p>(a) personally by a medical practitioner (not being the medical practitioner who assessed the patient as specified in (c)) using a transducer probe or probes that:</p> <p>(i) have a nominal frequency of 7 to 7.5 megahertz or a nominal frequency range which includes frequencies of 7 to 7.5 megahertz; and</p> <p>(ii) can obtain both axial and sagittal scans in 2 planes at right angles; and</p> <p>(b) following a digital rectal examination of the prostate by that medical practitioner; and</p> <p>(c) on a patient who has been assessed by a specialist in urology, radiation oncology or medical oncology or a consultant physician in medical oncology who has:</p> <p>(i) examined the patient in the 60 days prior to the scan; and</p> <p>(ii) recommended the scan for the management of the patient's current prostatic disease. (R) (K)</p>
55800	<p>HAND OR WRIST, 1 or both sides, ultrasound scan of, where:</p> <p>(a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)</p>
55804	<p>FOREARM OR ELBOW, 1 or both sides, ultrasound scan of, where:</p> <p>(a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)</p>
55808	<p>SHOULDER OR UPPER ARM, 1 or both sides, ultrasound scan of, where:</p> <p>(a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and where the service is provided, for the assessment of one or more of the following conditions or suspected conditions:</p> <ul style="list-style-type: none"> <li>- evaluation of injury to tendon, muscle or muscle/tendon junction; or</li> <li>- rotator cuff tear/calcification/tendinosis (biceps, subscapular, supraspinatus, infraspinatus); or</li> <li>- biceps subluxation; or</li> <li>- capsulitis and bursitis; or</li> <li>- evaluation of mass including ganglion; or</li> <li>- occult fracture; or</li> <li>- acromioclavicular joint pathology. (R)</li> </ul>
55812	<p>CHEST OR ABDOMINAL WALL, 1 or more areas, ultrasound scan of, where:</p> <p>(a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and</p> <p>(b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)</p>

55816	HIP OR GROIN, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55820	PAEDIATRIC HIP EXAMINATION FOR DYSPLASIA, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55824	BUTTOCK OR THIGH, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55828	Note: <i>Benefits are only payable when referred based on the clinical indicators outlined in the item descriptions. Benefits are not payable when referred for non-specific knee pain alone or other knee condition including:</i> <ul style="list-style-type: none"> <li>- meniscal and cruciate ligament tears</li> <li>- assessment of chondral surfaces</li> </ul> KNEE, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member, and where the service is provided for the assessment of one or more of the following conditions or suspected conditions: <ul style="list-style-type: none"> <li>- abnormality of tendons or bursae about the knee; or</li> <li>- meniscal cyst, popliteal fossa cyst, mass or pseudomass; or</li> <li>- nerve entrapment, nerve or nerve sheath tumour; or</li> <li>- injury of collateral ligaments. (R)</li> </ul>
55832	LOWER LEG, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55836	ANKLE OR HIND FOOT, 1 or both sides, ultrasound scan of, where: (a) the services is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the first mentioned practitioner is a member. (R)
55840	MID FOOT OR FORE FOOT, 1 or both sides, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)

55844	ASSESSMENT OF A MASS ASSOCIATED WITH THE SKIN OR SUBCUTANEOUS STRUCTURES, NOT BEING A PART OF THE MUSCULOSKELETAL SYSTEM, 1 or more areas, ultrasound scan of, where: (a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and (b) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55848	MUSCULOSKELETAL CROSS-SECTIONAL ECHOGRAPHY, in conjunction with a surgical procedure using interventional techniques, not being a service associated with a service to which any other item in this group applies, and not performed in conjunction with item 55054. (R)
55850	MUSCULOSKELETAL CROSS-SECTIONAL ECHOGRAPHY, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic musculoskeletal ultrasound service, where: (a) the referring practitioner has indicated on a referral for a musculoskeletal ultrasound that a ultrasound guided intervention be performed if clinically indicated; (b) the service is not performed in conjunction with items 55054, or 55800 to 55848, and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
55852	PAEDIATRIC SPINE, SPINAL CORD AND OVERLYING SUBCUTANEOUS TISSUES, Ultrasound scan of, where: the patient is referred by a medical practitioner the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member. (R)
57509	HAND, WRIST, FOREARM, ELBOW OR HUMERUS (R)
57515	HAND AND WRIST OR HAND, WRIST AND FOREARM OR FOREARM AND ELBOW OR ELBOW AND HUMERUS (R)
57521	FOOT, ANKLE, LEG, KNEE OR FEMUR (R)
57527	FOOT AND ANKLE, OR ANKLE AND LEG, OR LEG AND KNEE, OR KNEE AND FEMUR (R)
57703	SHOULDER OR SCAPULA (R)
57709	CLAVICLE (R)
57712	HIP JOINT (R)
57715	PELVIC GIRDLE (R)
57721	FEMUR, internal fixation of neck or intertrochanteric (perthrochanteric) fracture (R)
58503	CHEST (lung fields) by direct radiography (R)
58505	CHEST (lung fields) by direct radiography (R) (NK)
58506	CHEST (lung fields) by direct radiography with fluoroscopic screening (R)
58508	CHEST (lung fields) by direct radiography with fluoroscopic screening (R) (NK)

58509	THORACIC INLET OR TRACHEA (R)
58511	THORACIC INLET OR TRACHEA (R) (NK)
58521	LEFT RIBS, RIGHT RIBS OR STERNUM (R)
58523	LEFT RIBS, RIGHT RIBS OR STERNUM (R) (NK)
58524	LEFT AND RIGHT RIBS, LEFT RIBS AND STERNUM, OR RIGHT RIBS AND STERNUM (R)
58526	LEFT AND RIGHT RIBS, LEFT RIBS AND STERNUM, OR RIGHT RIBS AND STERNUM (R) (NK)
58527	LEFT RIBS, RIGHT RIBS AND STERNUM (R)

8.3 Can an eligible nurse practitioner request other diagnostic imaging or pathology services?

If other diagnostic services are required outside those listed, the patient would need to attend their GP or be referred to a specialist or consultant physician.

## 9. Pharmaceutical Benefits Scheme (PBS)

### 9.1 Can an eligible nurse practitioner prescribe Pharmaceutical Benefits Scheme (PBS) listed medicines?

Yes. Since 1 September 2010, nurse practitioners endorsed to prescribe under state or territory legislation have been able to apply for approval as PBS prescribers (*authorised nurse practitioners*). Information for nurse practitioners about becoming authorised PBS prescribers is available from the Department of Human Services (Medicare).

The medicines listed for prescribing by authorised nurse practitioners are identified by 'NP' in the PBS Schedule at [www.pbs.gov.au](http://www.pbs.gov.au).

### 9.2 Are there any prescribing limitations?

PBS prescribing is limited by a nurse practitioner's scope of practice, and state and territory prescribing rights. Prescribing of PBS medicines is also contingent on a prescriber being an authorised nurse practitioner and having collaborative arrangements in place.

Further to prescribing within collaborative arrangements, certain medicines also have additional conditions for prescribing by nurse practitioners, as recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). These medicines are identified by the codes 'CTO' for continuation therapy only or 'SCM' for prescribing within a shared care model, as outlined below:

#### Continuing therapy only (CTO) model

Where the patient's treatment and prescribing of a medicine has been initiated by a medical practitioner, but prescribing is continued by a nurse practitioner.

#### Shared care model (SCM)

Where care is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed plan to manage the patient, in a patient centered model of care. The details surrounding shared care arrangements will depend on the practitioners involved, patient needs and the healthcare context.

### 9.3 Can nurse practitioners prescribe non-PBS prescriptions?

Nurse practitioners may prescribe medicines as private prescriptions according to their state/territory prescribing accreditation. The medicines which can be prescribed differ between states and territories. It is the nurse practitioner's responsibility to ensure adherence to State/Territory law for all prescriptions (PBS and private) and additionally to all PBS requirements for PBS prescriptions.

## 10. Auditing by the Department of Human Services (Medicare)

### 10.1 Can an eligible nurse practitioner be subjected to Medicare audits?

The Department of Human Services (Medicare) conducts random and targeted audits.

Random compliance audits quantify and document incorrect payments from the Medicare and PBS programs administered by the Department of Human Services (Medicare). These audits select claims on a random basis and verify all aspects of the selected services.

Targeted compliance audits are specific, in-depth reviews aimed at confirming compliance with the appropriate legislation or benefit schedules. Audits are conducted by the Department of Human Services (Medicare) program review staff in consultation with professional advisers.

### 10.2 What is a Professional Services Review (PSR)?

The PSR is a statutory body that has the objective of protecting the integrity of the Commonwealth Medicare benefits and pharmaceutical benefits programs. Under the *Health Insurance Act 1973*, the Department of Human Services (Medicare) has the power to refer practitioners to the PSR. The PSR provides a peer review mechanism to deal quickly and fairly with concerns about inappropriate practice. On receiving a referral from the Department of Human Services (Medicare), the PSR may either:

- Take no action against a practitioner;
- Enter into an agreement involving signing a document that acknowledges the practitioner has engaged in inappropriate practice. This may also involve an agreement to repay Medicare benefits, or partial or full disqualification from Medicare; or
- Establish and make a referral to a peer review Committee. Practitioners who have had two or more previous agreements regarding inappropriate practice must be referred to such as committee.

The PSR may also refer a practitioner directly to the relevant State or Territory regulatory body if the conduct of the practitioner is such that the life or safety of patients is at risk.