



Participating Midwives' Services FAQs

Last updated: 1 March 2022

- This change is effective from 1 March 2022.
- A factsheet summarising what the change is, why the change has been made, how it will affect stakeholders and what they need to do is available on MBS Online at [MBS online - Participating Midwives MBS Item Changes](#).
- More information about the change is provided below, in response to frequently asked questions. If you cannot find the information you need, please contact the Department of Health at askMBS@health.gov.au.
- To subscribe to future MBS Online updates, visit www.mbsonline.gov.au and click 'Subscribe'.

Why are the changes being made?

From 1 March 2022, there will be a revised structure of items for participating midwives' services.

These changes are a result of a review by the MBS Review Taskforce (Taskforce), which was informed by the Participating Midwives Reference Group (PMRG). More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#).

The Taskforce's report and recommendations on primary care can be found on [Department of Health's website](#).

How have these changes been communicated to stakeholders?

The Department circulated communication materials (including factsheets about the changes) to relevant professional groups in January 2022 and encouraged dissemination of these materials. Information was also made available through the MBS website (www.mbsonline.gov.au).

Claiming requirements

Can I claim an intrapartum item if I attend the labour but do not undertake the birth?

- It is not intended that the intrapartum items are claimed by a participating midwife if they do not intend to undertake the birth.
- A Medicare benefit can only be claimed by a participating midwife who does not undertake the birth if there was a clinical need to escalate care to an obstetrician or medical practitioner who provides obstetric services; or if care was transferred to another participating midwife to undertake labour or birth, to manage the transferring midwife's fatigue.

What is the intended use of the out-of-hospital intrapartum item?

- The creation of item 82116 is intended to allow participating midwives to manage a patient's labour for up to six hours prior to the patient's hospital admission for birth.



- The attendance may take place in a range of out of hospital settings including the in the patient's home, clinics, health units, a medical practice or the participating midwife's rooms.
- It is expected that item 82116 will be co-claimed with the applicable in-hospital intrapartum item/s.

If I attend a homebirth can I claim 82116?

- No. Medicare benefits are not payable for homebirths.
- The stipulation that the item is not claimable if a birth is performed during the attendance is to ensure that MBS benefits are not payable for home births. The participating midwife must continue to exercise best practice or their clinical judgment where an unexpected birth occurs. If a home birth is performed during the attendance, unexpected or planned, this item will not be claimable.
- If a birth unexpectedly occurs during the patient's transfer to hospital, the participating midwife's attendance for the management of labour prior to the transfer is still claimable under item 82116.

The in-hospital intrapartum attendances items are time based. What does the time component cover?

- The MBS items cover the period of total attendance by a participating midwife of an in-hospital patient in labour, including birth where performed.
- These items are claimable from when the patient is admitted to hospital.
- Breaks taken to manage fatigue are not counted towards the total claimable meaning the participating midwife can go on a break and then continue the attendance.
- The time taken to conduct a patient handover to another participating midwife is counted towards the total attendance.

What is the intended use of the in-hospital intrapartum items?

- To manage working hours during birth and labour, participating midwives will be able to flexibly transfer care to another participating midwife when they deem it appropriate to do so, to negate the impacts of fatigue while supporting the continuity of care model.
- The first participating midwife will be able to transfer care to a second midwife and if required, may return after a rest to resume caring for the patient in labour. The first midwife will be able to claim 82118 (up to 6 hours) or 82120 (between 6 - 12 hours) depending on the collective attendance time.
- The second participating midwife will be able to claim 82123 (up to 6 hours) or 82125 (between 6 – 12 hours) depending on the collective attendance time and if required, return care of the patient to the first midwife, or transfer care to a third participating midwife. A third participating midwife will be able to claim 82127 (up to 6 hours) and if the birth has not occurred, will either return care of the patient to the first or second participating midwife. 82127 cannot be claimed by the third participating midwife if the second participating midwife claims item 82125 (between 6 - 12 hours). This is due to the 30-hour collective limit for intrapartum attendance items (in hospital and out of hospital).



Why has the maternity care plan item changed to a service provision across a pregnancy that has progressed beyond 28 weeks?

- Following the release of the MBS Review Taskforce report, the Department of Health established the Participating Midwives (PM) Implementation Liaison Group (ILG) for ongoing stakeholder consultation to inform the implementation of Taskforce endorsed recommendations. The PM ILG assisted the department to implement the changes in a way that best meets patient safety and care needs and aims to ensure there are no unintended consequences. ILG members are independent experts, representatives of professional organisations, practicing clinicians, and consumer representatives.
- The PM ILG considered the Taskforce recommendation that resulted in a change to the maternity care plan item (82115), which has been amended to restrict claiming to instances where the patient has had at least two antenatal attendances with the claiming participating midwife in the preceding six months, and to prevent the co-claiming of this item with the Obstetric items 16590 or 16591 except in exceptional circumstances.
- The PM ILG agreed that an amendment to the maternity care plan item descriptor to allow service provision across a pregnancy that has progressed beyond 28 weeks will reduce claiming confusion and will provide parity with GP Obstetrician care plan item numbers.

How will I know what exceptional circumstances means for the maternity care plan item?

- The creation of more than two maternity care plans for a patient, regardless of provider, is unlikely to support high-quality care. To mitigate this, item 82115 should not be co-claimed with item 16590 or 16591 in the same pregnancy, except in exceptional circumstances.
- An exceptional circumstance where a new maternity care plan may be required includes where there has been a significant change in the patient's clinical condition or maternity care requirements. For example, where there has been a diagnosis that will significantly affect the maternity care requirements, or the participating midwife becomes the primary care provider with the intention to attend the birth, but the previously completed maternity care plan prepared by a GP/obstetrician cannot be accessed.
- For claiming purposes, the exceptional circumstance requiring another maternity care plan needs to be recorded in the patient's notes, and "exceptional circumstance" notated when submitting the claim.

What are the antenatal attendance requirements for claiming a maternity care plan (82115)?

- From 1 March 2022, item 82115 will be amended to restrict claiming to instances in which the patient has had at least two antenatal attendances, with the claiming participating midwife, in the preceding six months.
- There will be a six-month transition period for this requirement. This transition period acknowledges that in the six months prior to 1 March 2022 (before this requirement was legislated), participating midwives may not have had the required two antenatal visits with the patient to claim 82115 as at the time they were not aware of the upcoming requirement.
- The transition period will end on 1 September 2022.
- For example, if 82115 is provided on 1 April 2022 and only one antenatal attendance by the same participating midwife was provided in the past six months, then claiming item 82115 will still be permitted. If this same scenario occurs on 2 September 2022, then the claim would not be permitted.



Frequently asked questions

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 sheet is current as of the last updated date shown above and does not account for MBS changes since that date.