



Participating Midwives' MBS Item Changes

Date of change: 1 March 2022

Amended items: **82115** **82120** **82125** **82130** **82135** **82140**

New items: **82116** **82118** **82123** **82127**

Revised structure

The revised structure will result in amendments to six MBS items and the creation of four new MBS items.

The maternity care plan item (82115) will be amended to restrict claims in which a pregnancy has progressed beyond 28 weeks, to instances where the patient has had at least two antenatal attendances with the claiming participating midwife in the preceding six months (this is subject to a six month transition period) and to prevent the co-claiming of this item with 16590 or 16591 except in exceptional circumstances.

One new intrapartum item (82116) will allow for management of labour (excluding birth) to be provided by a participating midwife out-of-hospital.

Two amended intrapartum items (82120 and 82125) for in hospital management of labour and birth (if performed) to be provided for between 6 to 12 hours by either a first or second participating midwife.

Three new intrapartum items (82118, 82123 and 82127) for in hospital management of labour and birth (if performed) to be provided for up to 6 hours by either a first, second or third participating midwife.

Three postnatal attendance items (82130, 82135 and 82140) will be amended to reflect contemporary language by updating the term 'delivery'; to 'birth'.

Explanatory notes MN.13.15, MN.13.16, MN.13.17 and MN.13.18 will be updated to reflect the 1 March 2022 changes.

Patient impacts

The changes will restrict low value and unnecessary duplication of maternity care plans. A second maternity care plan can be provided if there has been a significant change in the patient's clinical condition or maternity care requirements.

These changes will allow for the patient's labour to be managed out of hospital by a participating midwife resulting in reduced unnecessary early hospital admissions.

Patients will receive Medicare rebates for participating midwife services that are clinically appropriate and reflect best practice.



Restrictions or requirements

Item 82115 - Maternity care plan services

- The maternity care plan 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 and to prevent the co-claiming of this item with 16590 or 16591 except in exceptional circumstances.
- Exceptional circumstances are outlined in the Explanatory Note [MN.13.16](#). An exceptional circumstance is where there has been a significant change to the patient's clinical condition or maternity care requirements.
- 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.
- The timeframe where the item can be claimed will be amended to where the patient's pregnancy has progressed beyond 28 weeks.
- 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 the restriction on the claiming participating midwife having at least two antenatal attendances in the preceding six months. 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 6 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.

Items 82116, 82118, 82120, 82125 and 82127 – Intrapartum services

- The restructure of the intrapartum items will allow for management of labour in and out of hospital..
- The in-hospital intrapartum items (82118 – 82127) will be claimable for the participating midwife's total attendance time managing the patient's labour. The time taken to conduct a patient handover to another participating midwife is counted towards the total attendance. Breaks taken to manage the participating midwife's fatigue are not counted towards the total claimable time, meaning the participating midwife can go on a break and then continue the attendance.
- The total attendance time for each participating midwife is to be documented in the patient notes.
- The new intrapartum item (82116) will allow for the management of labour to be provided by a participating midwife out-of-hospital. It will not provide benefits for home births or if the management of labour and birth is intended to be transferred to an obstetrician, medical practitioner or non-participating midwife.
- The intrapartum items are to be claimed by a participating midwife who provided the patient's antenatal care or is a member of a practice that has provided the patient's antenatal care.
- The intrapartum items will be claimable once for any pregnancy, with co-claiming restrictions outlined in the item descriptor.



Billing requirements for in hospital intrapartum items

- Items 82118 - 82127 are claimable from when the patient is admitted to hospital.
- Attendance time:
 - The total attendance time for these items is the period where the participating midwife is in exclusive attendance with the patient to manage their labour and birth (where performed).
 - The time taken to conduct a patient handover to another participating midwife is counted towards the total attendance.
 - Breaks taken to manage the participating midwife's fatigue are not counted towards the total claimable time.
 - The total attendance time for each participating midwife is to be documented in the patient notes.
- Medicare benefits are only payable for management of labour where the participating midwife undertaking the service has provided the patient's antenatal care or who is a member of a practice that provided the patient's antenatal care.
- It is not intended that these items are claimed routinely by participating midwives who do not intend to undertake the birth. For example, where the participating midwife, prior to the patient going into labour, has arranged for a medical practitioner to undertake the birth.
- Where a participating midwife has provided in hospital management of labour (with the intention of undertaking the birth) but is not present at the birth, Medicare benefits are payable where:
 - in order to manage the participating midwife's fatigue, care was transferred to another participating midwife for management of labour/birth; or
 - there was a clinical need to escalate care to an obstetrician or medical practitioner who provides obstetric services
- Intrapartum items 82116 to 82127 can only be claimed once per pregnancy.

Amended item 82115 – Maternity Care Plan

Overview: The amendment to the maternity care plan item will ensure the provision of high-quality patient care based on the midwifery continuity of care model.

Descriptor: Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 28 weeks, where the participating midwife has had at least 2 antenatal attendances with the patient in the preceding 6 months, if:

- (a) the patient is not an admitted patient of a hospital; and
- (b) the participating midwife undertakes a comprehensive assessment of the patient; and



(c) the participating midwife develops a written maternity care plan that contains:

- (i) outcomes of the assessment; and
- (ii) details of agreed expectations for care during pregnancy, labour and birth; and
- (iii) details of any health problems or care needs; and
- (iv) details of collaborative arrangements that apply to the patient; and
- (v) details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and
- (vi) details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and

(d) the maternity care plan is explained and agreed with the patient; and

(e) the fee does not include any amount for the management of labour and birth;

(Includes any antenatal attendance provided on the same occasion)

Payable only once for any pregnancy.

This item cannot be claimed if items 16590 or 16591 have previously been claimed during a single pregnancy, except in exceptional circumstances.

Billing requirement: The provider who prepares the care plan should intend to remain the primary health care provider for the remainder of the pregnancy. This item cannot be claimed if items 16590 or 16591 have previously been claimed during a single pregnancy except in exceptional circumstances where there has been a significant change to the patient's clinical condition or maternity care requirements. Where a service is provided in exceptional circumstances, 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. From the 1 March 2022, a six-month transition period will be applicable for the requirement that the claiming participating midwife has had two antenatal attendances in the preceding six months.

MBS fee: \$331.90 (no change)

Benefit: 85% = \$282.15

Private Health Insurance Classification

Clinical Category: Pregnancy and birth (no change)

Procedure Type: Type C (no change)



New item 82116 – Management of labour out of hospital

Overview: One new intrapartum item that allows for management of labour to be provided by a participating midwife out-of-hospital.

Descriptor: Management of labour for up to 6 hours, not including birth, at a place other than a hospital if:

- (a) the attendance is by the participating midwife who:
 - (i) provided the patient's antenatal care; or
 - (ii) is a member of a practice that has provided the patient's antenatal care; and
- (b) the total attendance time is documented in the patient notes.

This item does not apply if birth is performed during the attendance.

Only claimable once per pregnancy.

Billing requirement: 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. It is not intended to override best practice or the participating midwife's clinical judgment where an unexpected home birth occurs. This item is not claimable if the management of labour and birth is intended to be transferred to an obstetrician, medical practitioner or non-participating midwife. The total attendance time is to be documented in the patient notes.

MBS fee: \$783.85

Benefit: 85% = \$695.95

Private Health Insurance Classification

Clinical Category: Pregnancy and birth

Procedure Type: Type C

New item 82118 – Management of labour in hospital, up to 6 hours by the first participating midwife

Overview: The new intrapartum item is part of a restructure that encourages best practice and allows participating midwives to better manage their fatigue.

Descriptor: Management of labour for up to 6 hours total attendance, including birth where performed or attendance and immediate post-birth care at an elective caesarean section if:

- (a) the patient is an admitted patient of a hospital; and
- (b) the attendance is by the first participating midwife who:
 - (i) assisted or provided the patient's antenatal care; or
 - (ii) is a member of a practice that has provided the patient's antenatal care; and



(c) the total attendance time is documented in the patient notes.

(Includes all hospital attendances related to the labour by the first participating midwife)

Only claimable once per pregnancy.

Not being a service associated with a service to which item 82120 applies (H)

Billing requirement: See billing [requirement section](#)

MBS fee: \$783.85

Benefit: 75% = \$587.90

Private Health Insurance Classification

Clinical Category: Pregnancy and birth

Procedure Type: Type A Obstetric

Amended item 82120 – Management of labour in hospital, between 6 and 12 hours by the first participating midwife

Overview: The amendments to the intrapartum items are a part of a restructure that encourages best practice and allows participating midwives to better manage their fatigue.

Descriptor: Management of labour between 6 and 12 hours total attendance, including birth where performed, if:

- (a) the patient is an admitted patient of a hospital; and
- (b) the attendance is by the first participating midwife who:
 - (i) assisted or provided the patient's antenatal care; or
 - (ii) is a member of a practice that provided the patient's antenatal care; and
- (c) the total attendance time is documented in the patient notes.

(Includes all hospital attendances related to the labour by the first participating midwife)

Only claimable once per pregnancy.

Not being a service associated with a service to which item 82118 applies.

Billing requirement: See billing [requirement section](#)

MBS fee: \$1,567.70 (previously \$783.85)

Benefit: 75% = \$1,175.80



Private Health Insurance Classification

Clinical Category: Pregnancy and birth (no change)

Procedure Type: Type A Obstetric (no change)

New item 82123 – Management of labour in hospital, for up to 6 hours by the second participating midwife

Overview: The new intrapartum item is part of a restructure that encourages best practice and allows participating midwives to better manage their fatigue.

Descriptor: Management of labour for up to 6 hours total attendance, including birth where performed if:

- (a) the patient is an admitted patient of a hospital; and
- (b) the attendance is by the second participating midwife who either:
 - (i) assisted or provided the patient's antenatal care; or
 - (ii) is a member of a practice that has provided the patient's antenatal care; and
- (c) the total attendance time is documented in the patient notes.

(Includes all hospital attendances related to the labour by the second participating midwife)

Only claimable once per pregnancy.

Not being a service associated with a service to which item 82125 applies.

Billing requirement: See billing [requirement section](#)

MBS fee: \$783.85

Benefit: 75% = \$587.90

Private Health Insurance Classification

Clinical Category: Pregnancy and birth

Procedure Type: Type A Obstetric



Amended item 82125 – Management of labour in hospital between 6 and 12 hours by the second participating midwife

Overview: The amendments to the intrapartum items are a part of a restructure that encourages best practice and allows participating midwives to better manage their fatigue.

Descriptor: Management of labour between 6 and 12 hours total attendance, including birth where performed, if:

- (a) the patient is an admitted patient of a hospital; and
- (b) the attendance is by the second participating midwife who either:
 - (i) assisted or provided the patient's antenatal care; or
 - (ii) is a member of a practice that provided the patient's antenatal care; and
- (c) the total attendance time is documented in the patient notes.

(Includes all hospital attendances related to the labour by the second participating midwife)

Only claimable once per pregnancy.

Not being a service associated with a service to which item 82123 or 82127 applies (H).

Billing requirement: See billing [requirement section](#)

MBS fee: \$1,567.70 (previously \$783.85)

Benefit: 75% = \$1,175.80

Private Health Insurance Classification

Clinical Category: Pregnancy and birth (no change)

Procedure Type: Type A Obstetric (no change)

New item 82127 – Management of labour in hospital, up to 6 hours by the third participating midwife

Overview: The new intrapartum item is part of a restructure that encourages best practice and allows participating midwives to better manage their fatigue.

Descriptor: Management of labour for up to 6 hours total attendance, including birth where performed if:

- (a) the patient is an admitted patient of a hospital; and
- (b) the attendance is by a third participating midwife who either:
 - (i) assisted or provided the patient's antenatal care; or



(ii) is a member of a practice that has provided the patient's antenatal care; and

(c) an attendance to which item 82123 applies has been provided by a second participating midwife who is a member of a practice that has provided the patient's antenatal care; and

(d) the total attendance time is documented in the patient notes.

(Includes all hospital attendances related to the labour by the third participating midwife)

Only claimable once per pregnancy.

Not being a service associated with a service to which item 82125 applies (H).

Billing requirement: See billing [requirement section](#)

MBS fee: \$783.85.

Benefit: 75% = \$587.90

Private Health Insurance Classification

Clinical Category: Pregnancy and birth

Procedure Type: Type A Obstetric

Amended item 82130 – Short postnatal attendance

Overview: The postnatal items are being amended to reflect modern terminology.

Descriptor: Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after birth.

MBS fee: \$55.55 (no change)

Benefit: 75% = \$41.70 85% = \$47.25

Private Health Insurance Classification

Clinical Category: Common list (no change)

Procedure Type: Type C (no change)



Amended item 82135 – Long postnatal attendance

Overview: The postnatal items are being amended to reflect modern terminology.

Descriptor: Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after birth.

MBS fee: \$81.70 (no change)

Benefit: 75% = \$61.30 85% = \$69.45

Private Health Insurance Classification

Clinical Category: Common list (no change)

Procedure Type: Type C (no change)

Amended item 82140 – Six-week postnatal attendance

Overview: The postnatal items are being amended to reflect modern terminology.

Descriptor: Postnatal professional attendance by a participating midwife on a patient not less than 6 weeks but not more than 7 weeks after birth of a baby, including:

- (a) a comprehensive examination of patient and baby to ensure normal postnatal recovery; and
- (b) referral of the patient to a general practitioner for the ongoing care of the patient and baby.

Payable once only for any pregnancy.

MBS fee: \$55.55 (no change)

Benefit: 85% = \$47.25

Private Health Insurance Classification

Clinical Category: Common list

Procedure Type: Type C



Amended explanatory notes MN.13.15 to MN.13.18

MN.13.15: Overview of the Maternity Items

Face to Face Services

Antenatal, intrapartum and postnatal care provided by participating midwives are covered by MBS items 82100, 82105, 82110, 82115, 82116, 82118, 82120, 82123, 82125, 82127, 82130, 82135, 82140. These items cover 13 specific types of service that allow the participating midwife to:

- undertake an initial antenatal attendance of more than 40 minutes duration (item 82100);
- provide a short antenatal attendance of up to 40 minutes duration (item 82105);
- provide a long antenatal attendance of more than 40 minutes duration (item 82110);
- make an assessment of and prepare a maternity care plan for a patient across a pregnancy that has progressed beyond 28 weeks and there have been at least two antenatal attendances with the claiming participating midwife in the preceding six months (item 82115);
- undertake management of labour (excluding birth) out of hospital for up to 6 hours (item 82116);
- undertake management of labour (including birth where performed or attendance and immediate post-birth care at an elective caesarean section) in hospital by the first participating midwife for a total of up to 6 hours (item 82118);
- undertake management of labour (including birth where performed) by the first participating midwife for a total of 6 to 12 hours, including birth (item 82120);
- undertake management of labour (including birth where performed) in hospital by the second participating midwife for a total of up to 6 hours (item 82123);
- undertake management of labour (including birth where performed) by the second participating midwife for a total of 6 to 12 hours including birth (item 82125);
- undertake management of labour (including birth where performed) in hospital by the third participating midwife for a total of up to 6 hours (item 82127);
- provide a short postnatal attendance of up to 40 minutes duration (item 82130);
- provide long postnatal attendance of at least 40 minutes duration (item 82135); and
- provide a comprehensive postnatal check to a patient 6 weeks after the birth of the baby (item 82140).

Telehealth Services

- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- These MBS telehealth items are for out-of-hospital patients.
- Providers are expected to obtain informed financial consent from patients prior to providing the service including providing details regarding their fees and any out-of-pocket costs.



The participating midwife telehealth items are:

Service	Telehealth items via video-conference	Telephone items for when video-conferencing is not available
Short antenatal attendance lasting up to 40 minutes	91211	91218
Long antenatal attendance lasting at least 40 minutes	91212	91219
Short postnatal attendance lasting up to 40 minutes	91214	91221
Long postnatal attendance lasting at least 40 minutes	91215	91222

MN.13.16: Maternity Services Attracting Medicare Rebates

Maternity Services Attracting Medicare Rebates

Medicare Benefits are only payable for clinically relevant services. Clinically relevant in relation to midwifery care means a service generally accepted by the midwifery profession as necessary to the appropriate treatment of the patient's clinical condition.

Medicare benefits are only payable where the participating midwife provides care to not more than one patient on the one occasion.

Antenatal Care

Eligible maternity care plan service

MBS item 82115 is the one MBS item available for participating midwife practitioners to undertake a comprehensive assessment and prepare a written maternity care plan for a patient, who is not an admitted patient of a hospital, across a pregnancy that has progressed beyond 28 weeks. In order to claim item 82115, the participating midwife is required to have had at least two antenatal attendances (82105, 82110, 91211, 91212, 91218 or 91219) with the patient in the preceding six months; and the provider who undertakes the care plan should intend to remain the primary health care provider for the remainder of the pregnancy.

There will be a six-month transition period for the restriction on the claiming participating midwife having at least two antenatal attendances in the preceding six months. 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 however at the time 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 6 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.

It is expected that the care plan would be agreed with the patient and detail such things as agreed expectation, health problems and care needs and appropriate referrals, medication and diagnostic tests.



This item cannot be claimed if items 16590 or 16591 have previously been claimed during a single pregnancy, except in exceptional circumstances. An exceptional circumstance in which the creation of a new maternity care plan may be required includes a significant change in the patient's clinical condition or maternity care requirements.

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.

Number of services: Only one (1) midwifery care plan (82115) is payable in any pregnancy.

Antenatal Attendances

Medicare benefits are payable for an antenatal service where a participating midwife provides a clinically relevant service in respect of a miscarriage. Medicare benefits are not payable for an antenatal attendance associated with the labour. The labour items (82116-82127) include all associated intrapartum attendances.

Any clinically relevant indication that requires an antenatal attendance by a participating midwife on an admitted patient in hospital, but that is not associated with the labour, will attract a Medicare benefit.

Number of services: Only one (1) initial antenatal attendance under item 82100 is payable in any pregnancy. There is no limit attached to long and short antenatal attendances (82105, 82110, 91211, 91212, 91218 and 91219) by a participating midwife. However, only clinically relevant attendances should be itemised under Medicare and services provided by participating midwives will be subject to Medicare Audit and Professional Review Processes.

Management of labour

The MBS includes six items for management of labour by a participating midwife:

- undertake management of labour (excluding birth) out of hospital for up to 6 hours (item 82116)
- undertake management of labour (including birth where performed or attendance and immediate post-birth care at an elective caesarean section) in hospital by the first participating midwife for a total of up to 6 hours (item 82118)
- undertake management of labour (including birth where performed) by the first participating midwife for a total of 6 to 12 hours, including birth (item 82120)
- undertake management of labour (including birth where performed) in hospital by the second participating midwife for a total of up to 6 hours (item 82123)
- undertake management of labour (including birth where performed) by the second participating midwife for a total of 6 to 12 hours including birth (item 82125)
- undertake management of labour (including birth where performed) in hospital by the third participating midwife for a total of up to 6 hours (item 82127)



Management of labour out of hospital

Item 82116 is for the management of labour out of hospital for up to six hours. This item is intended to provide benefits for patients whose births occur in hospital. This item is not intended to provide benefits for planned home births.

This item is not claimable if the management of labour and birth is intended to be transferred to an obstetrician, medical practitioner or non-participating midwife. The total attendance time is to be documented in the patient notes.

Management of labour in hospital

The intrapartum items (82118-82127) are claimable for the participating midwife's total attendance managing the patient's labour in hospital. These items are claimable from when the patient is admitted to hospital. The time taken to conduct a patient handover to another participating midwife is counted towards the total attendance. Breaks taken to manage the participating midwife's fatigue are not counted towards the total claimable time. The total attendance time for each participating midwife is to be documented in the patient notes.

Example One

- The first participating midwife manages the patient's labour at the patient's home for five hours and then for three hours in hospital. To manage their fatigue, the first participating midwife hands over care to a second participating midwife and takes a 10 hour break.
- The second participating midwife takes over the patient's care and manages the labour for 10 hours before handing over care to the first participating midwife to manage their own fatigue.
- The first participating midwife takes over the patient's care and manages their labour and birth for 6 hours.

In this scenario, the first participating midwife would be eligible to claim 82116 (for the five hours in attendance out of hospital) and 82120 (for the total of nine hours in hospital attendance). The second participating midwife would claim 82125 (for the total of 10 hours in hospital attendance).

Example Two

- The first participating midwife manages the patient's labour in hospital for two hours and as they have been at another birth just prior to this attendance, needs to take a break to manage their fatigue. They handover the patient's care to the second participating midwife before taking a 10 hour break.
- The second participating midwife takes over the patient's care and manages the labour in hospital for six hours before handing over care to the third participating midwife to manage their fatigue.
- The third participating midwife takes over the patient's care. The third midwife has already managed a different patient's labour and birth earlier that day and is able to manage this patient's labour for four hours before handing over care to the first participating midwife to manage their fatigue.
- The first participating midwife manages the labour and birth for four hours.

In this scenario, the first participating midwife would claim 82118 (for the six hours in hospital attendance). The second participating midwife would claim 82123 (for the six hours in hospital attendance) and the third participating midwife would claim 82127 (for the four hours in hospital attendance).



Medicare benefits are payable under items 82118-82127 whether or not the participating midwife undertakes the birth i.e. including where the patient's care is escalated to an obstetrician during labour or for the birth.

Medicare benefits are only payable where the service is provided to an admitted patient of a hospital, including a hospital birthing centre. Labour is taken to commence when the participating midwife attends a patient that is in labour and who has been admitted to the hospital for labour and birth. The time period for these items is the period for which the participating midwife is in exclusive attendance on the patient for labour, and birth where performed.

Medicare benefits are only payable for management of labour where the participating midwife undertaking the service has provided the patient's antenatal care or who is a member of a practice that provided the patient's antenatal care.

It is not intended that these items be claimed routinely by participating midwives who do not intend to undertake the birth i.e. where the participating midwife has arranged beforehand for a medical practitioner to undertake the birth.

Where the participating midwife does not undertake the birth it is because:

- In order to manage the participating midwife's fatigue, care was transferred to another participating midwife for management of labour; or
- There was a clinical need to escalate care to an obstetrician or medical practitioner who provides obstetric services.

Number of services: Intrapartum items 82116-82127 can only be claimed once per pregnancy.

Postnatal Care

In addition to the long and short antenatal attendance items for postnatal care in the first six weeks post birth, the MBS provides for a six-week postnatal check (82140), after which the patient would be referred back to a GP.

Number of services: Only one (1) postnatal check (82140) by a participating midwife is payable in any pregnancy.

There is no limit attached to long and short postnatal attendances (82130, 82135, 91214, 91215, 91221 and 91222) by a participating midwife. However, only clinically relevant attendances should be itemised under Medicare and services provided by participating midwives will be subject to Medicare Audit and Professional Review Processes.

MN.13.17 Conditions Governing the Provision and Claiming of Items

Service length and type

- Services under these items must be for the time period specified within the item descriptor.
- Professional attendance for MBS items 82100, 82105, 82110, 82115, 82116, 82130, 82135 and 82140 may be provided in an appropriate setting that includes but is not limited to: the patient's home, a midwifery group practice, a participating midwife practitioner's rooms or a medical practice.
- Items 91211, 91212, 91214, 91215 are telehealth items provided via video-conference and items 91218, 91219, 91221 and 91222 are telephone items provided when video-conferencing is not available.



MN.13.18 Referral Requirements

A participating midwife will be able to refer a patient to specialist obstetricians and paediatricians as clinical services dictate.

This measure does not include referral by a participating midwife for allied health care. If a participating midwife refers a patient to an allied health practitioner, no benefits would be payable for that service.

Medicare benefits are not payable specifically for services provided by a lactation consultant at this time. Medicare benefits would be payable for breast feeding support provide as part of the postnatal care by the participating midwife.

A referral is valid for 12 months to cover the labour (antenatal, birthing and postnatal care for 6 weeks post birth). Should there be a new pregnancy in that period, a new referral will be required.

A new pregnancy represents a new episode of care.

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

If a specialist provides a consultation without a referral, the specialist's consultation would not attract Medicare benefits at the specialist rate.

There are exemptions from this requirement in an emergency if the participating midwife considers the patient's condition requires immediate attention without a referral. In that situation, the specialist must decide that it is necessary in the patient's interests to render the professional service specified in the item as soon as practicable and they must begin rendering a service within 30 minutes of the patient's presentation. If a referral is lost, stolen or destroyed, the participating midwife would need to provide a replacement referral as soon as is practicable after the service is provided.

If the patient is a privately admitted patient of a hospital a letter or note is not required. The referring participating midwife would make a notation in the patient's notes, which they would sign, approving the referral.

A referral is not required to transfer a patient's care during the intra-partum period under items 16527 and 16528. The participating midwife would make a signed notation in the patient's notes approving the transfer of care.

A referral is not required to refer the patient back to their GP after the six-week postnatal period. The participating midwife would provide a discharge summary to the GP outlining the maternity history and any relevant clinical issues, which would also be recorded on the patient's notes.

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.