



Participating Midwives' MBS Item Changes

Last updated: 1 March 2022

From 1 March 2022, there will be changes to participating midwives' Medicare Benefits Schedule (MBS) items. These changes apply to:

- **Intrapartum items:** A restructure will result in the creation of four new items (82116, 82118, 82123 and 82127) and amendments to two existing items (82120 and 82125). This change allows for management of labour in and out of hospital and better reflects the model of care that participating midwives provide. These changes will contribute to increased patient safety by allowing a participating midwife to better manage their fatigue through the earlier handover of care to another participating midwife.
- **Maternity Care Plans:** Item 82215 will be amended to instances in which the patient's pregnancy has progressed beyond 28 weeks and has had at least two antenatal attendances with the claiming participating midwife in the preceding six months. This item cannot be claimed if items 16590 or 16591 have been claimed for the same pregnancy, except in exceptional circumstances (as outlined in the explanatory note).
- **Postnatal attendance items:** Three existing items (82130, 82135 and 82140) will be amended to update terminology from 'delivery' to 'birth'.

What are the changes?

From 1 March 2022, there will be a revised structure for participating midwife items. The new structure includes:

One new intrapartum item (82116)

- This item allows for management of labour to be provided by a participating midwife out-of-hospital and is intended to provide benefits for patients whose births occur in hospital.
- This item is not intended to provide benefits for planned home births. If a birth occurs out of hospital and the participating midwife is in attendance, then this item is not claimable.
- 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 planned 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 patients transfer to hospital, the participating midwife's attendance for the management of labour prior to the transfer is still claimable under item 82116.
- 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.

Restructure of the Intrapartum items (82118 to 82127)

- The restructure includes the introduction of three new intrapartum items (82118, 82123 and 82127) and amendments to two intrapartum items (82120 and 82125).



- New items (82118, 82123 and 82127) are for in hospital management of labour and birth (if performed) and can be claimed for the management of labour for up to 6 hours by either a first, second or third participating midwife (respectively). The schedule fee for these items is \$783.85 which reflects the time in attendance.
- The two amended intrapartum items (82120 and 82125) are for the hospital management of labour and birth (if performed) and can be provided for between 6 to 12 hours by either a first or second participating midwife (respectively). The schedule fee for these items has been increased to \$1,567.70 which reflects the time in attendance.
- The in hospital intrapartum items (82118 to 82127) are claimable for the participating midwife's total attendance managing the patient's labour. 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.

Maternity care plan

- The maternity care plan item (82115) will be claimable where the patient's pregnancy 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 cannot be co-claimed with items 16590 or 16591 (maternity care plan undertaken by a medical practitioner) except in exceptional circumstances.
- An exceptional circumstance in which the creation of a new maternity care plan may be required includes 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.
- 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 1 September 2022, then the claim would not be permitted.

Postnatal Attendance

- The three postnatal attendance items (82130, 82135 and 82140) will be amended to reflect current terminology by changing the term 'delivery' to 'birth'.



Why are the changes being made?

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

A full copy of the PMRG Clinical Committee's final report can be found in the [MBS Review – Final taskforce reports, findings and recommendations](#) section of the [Department of Health website](#).

What does this mean for providers?

These changes promote safe clinical practice and high-quality maternity care. Participating Midwives will need to familiarise themselves with the changes and the associated explanatory notes.

How will these changes affect patients?

Patients will receive Medicare rebates for participating midwife services that are clinically appropriate and reflect best practice. These changes allow for the patient to labour at home to reduce unnecessary early hospital admissions. The changes will also reduce the duplication of maternity care plans unless there are exceptional circumstances where a second maternity care plan is required.

Who was consulted on the changes?

The PMRG was established in 2018 by the MBS Review Taskforce (Taskforce), to provide broad clinical and consumer expertise. The MBS Review included a public consultation process on the proposed changes from 5 February 2019 to 7 June 2019. Feedback was received from a broad range of stakeholders and was considered by the PMRG prior to making its final recommendations to the Taskforce.

Following the MBS Review, consultation was undertaken through the establishment of the Participating Midwife Implementation Liaison Group (PMILG) in 2021. In addition to independent experts, the PMILG had representatives from the following stakeholder groups and peak bodies: Australian College of Midwives; Australian Nursing and Midwifery Federation; Australian Private Hospitals Association; Congress of Aboriginal & Torres Strait Islander Nurses & Midwives; Maternity Consumer Network; My Midwives; National Association of Specialist Obstetricians and Gynaecologists; Private Healthcare Australia; Royal Australian and New Zealand College of Obstetricians and Gynaecologists; and Royal Australian College of General Practitioners.

How will the changes be monitored and reviewed?

The Department of Health regularly reviews the usage of new and amended MBS items in consultation with the profession.

These changes will be subject to MBS compliance processes and activities, including random and targeted audits, which may require a provider to submit evidence about the services claimed.



Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.MBSonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is available on the March downloads page and can be accessed via the MBS Online website under the [Downloads](#) page.

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.