



# Nurse practitioner long-acting reversible contraceptive (LARC) items

**Date of change: 1 November 2025**

**New items: 82201, 82202, 82203, 82204, 82206**

## Patient impacts

New items have been created to support patient access for LARC care when performed by a nurse practitioner. This includes the introduction of a loading payment of 40% of the LARC item fee when a nurse practitioner bulk bills the entire service, including any associated consultation.

These changes expand access to LARC services by giving patients more choice in providers and improving availability, particularly in areas with limited access to health professionals

## General guidance and requirements

To co-claim an attendance item with a LARC item the nurse practitioner must satisfy all requirements of both item descriptors. That is, they must be distinct services. Examples of where it may or may not be appropriate are provided below. However, these are not exhaustive. It is the practitioner's responsibility to use their own clinical judgement to determine which items they should be billing for each individual service.

This information does **not** provide guidance on when the loading item 82204 applies. For details on claiming the loading item, refer to the MBS Online Factsheet: [Long-Acting Reversible Contraceptive MBS items - Nurse Practitioners](#).

### **Appropriate use of a separate attendance item with LARC items**

#### **Scenario A: Unrelated clinical issue and LARC insertion (same day)**

##### **When to use:**

A separate, clinically distinct problem is assessed/managed (e.g., diabetes, asthma, mental health, respiratory illness management), and LARC insertion is performed on the same day.

##### **Claiming approach:**

- Attendance item for the unrelated clinical issue.
- LARC item for the procedure.

##### **Document:**

- Clear separation of presentation: 1. chronic disease management and 2. LARC procedure.
- Time allocation or separate sections in the note for each issue.
- Clinical discussion and consent for LARC.

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## **Scenario B: Emergency contraception options and same-day copper IUD insertion**

### **When to use:**

Emergency contraception discussion (all options), with urgent copper IUD insertion the same day.

### **Claiming approach:**

- Attendance item for emergency contraception counselling and clinical assessment.
- LARC item for copper IUD insertion.

### **Document:**

- Emergency contraception counselling content (options discussed, timing since intercourse, pregnancy test if indicated).
  - Clinical decision-making and consent for copper IUD as emergency contraception.
  - Procedure details.
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## **Scenario C: Postpartum check and same-day LARC insertion**

### **When to use:**

Postpartum review (bleeding, breasts, wounds, mental health screening) and LARC insertion in the same visit.

### **Claiming approach:**

- Attendance item for postpartum assessment.
- LARC item for insertion.

### **Document:**

- Postpartum exam findings and mental health screening tool.
  - Contraception counselling and consent.
  - Procedure details.
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## **Scenario D: Comprehensive contraception discussion and same-day LARC insertion**

### **When to use:**

Patient receives full contraception counselling (all options, not only LARC) and chooses LARC option. The patient fills their prescription and returns on the same day for insertion.

### **Claiming approach:**

- Attendance item for counselling and shared decision-making.
- LARC item for insertion.

### **Document:**

- Options discussed (short-acting, barrier, permanent, LARC), risks/benefits, contraindications.
  - Consent and choice rationale.
  - Procedure record.
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### **Scenario E: Termination consultation (e.g., MS-2 Step) and same-day contraception insertion**

#### **When to use:**

Consultation for termination of pregnancy (e.g., prescribing MS-2 Step) and same-day insertion of contraception (often Implanon).

#### **Claiming approach:**

- Attendance item for termination consultation and prescribing.
- LARC item for insertion.

#### **Document:**

- Clinical assessment, gestation, eligibility, counselling, consent for termination.
  - Contraception counselling and consent; procedure details.
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### **Inappropriate use of a separate attendance item**

### **Scenario F: Double-counting the same time for insertion**

#### **When it's not okay:**

- Only a LARC insertion is performed.
- An attendance item is also claimed for the same time and content (e.g., “20-minute insertion” plus “20-minute consult” for the same 20 minutes).

#### **Claiming approach:**

- Do not co-claim an attendance item for routine pre-procedure checks that are integral to the procedure.

Claim only the LARC item.

#### **Document:**

Standard pre-procedure checks within the procedure note; no separate consult content.

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.