



MBS Item 14245 – Enabling Administration "On Behalf Of" a Medical Practitioner

Last updated: 29 October 2026

- From **1 November 2026**, Medicare Benefits Schedule (MBS) item 14245 will allow billing for administration of an immunomodulating agent by or on behalf of a medical practitioner, aligning the item with contemporary clinical practice and other comparable MBS services.
- The amendment clarifies who may administer a service billed under item 14245, while maintaining existing patient access arrangements.
- These changes are relevant to medical practitioners, nurses and other qualified health professionals involved in the administration of immunomodulating agents under MBS item 14245.

What are the changes?

Effective **1 November 2026**, the *Health Insurance (General Medical Services Table) Regulations 2021* will be amended to allow MBS item 14245 to be billed for administration of an immunomodulating agent provided by or on behalf of a medical practitioner.

The regulation amendments include:

- adding MBS item 14245 to subclause 1.2.11(1) of the regulations, which allows services to be provided by persons other than medical practitioners
- modernising the descriptor of MBS item 14245 to reflect how these services are being delivered by qualified health professionals, under appropriate medical supervision, using agents supplied under the Pharmaceutical Benefits Scheme
- removal of restrictions on MBS item 14245, under clause 5.2.8 of the regulations, which limited billing to services provided by a medical practitioner only.

The phrase 'on behalf of' has not been specified in the item descriptor because the descriptor relates to, and is covered by, subclause 1.2.11(1) of the regulations.

In addition to these amendments, the guidance for this item has been updated in explanatory note [TN1.19](#).

MBS item 14245 will continue to require:

- use of immunomodulating agents supplied under the Pharmaceutical Benefits Scheme
- administration by intravenous infusion, lasting at least 2 hours
- billing (claiming) once per day only.

In a separate but parallel process to the above changes to the GMST Regulations, MBS item 14245 will be reclassified from a Type C procedure to a Type B procedure for private health insurance purposes. The reclassification responds to feedback provided following public consultation on private health reforms. A range of factors were considered in consulting on this reclassification, including clinical requirements, stakeholder advice, and the current clinical setting for delivery. From 1 November 2026, item 14245 will be classified as follows:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type B Procedures – procedure normally requires at least part of same-day hospital treatment.

Why are the changes being made?

- MBS item 14245 currently requires direct administration by a medical practitioner and does not permit administration on behalf of a medical practitioner.
- The amendment aligns MBS item 14245 with contemporary clinical practice by allowing appropriately qualified health professionals to administer the service under the supervision of a medical practitioner.
- The change improves consistency across the MBS by aligning item 14245 with other services that may be provided under established supervision arrangements.
- The billing medical practitioner will continue to retain overall responsibility for the patient's care and the appropriate supervision of the service.

What does this mean for providers?

From 1 November 2026, MBS item 14245 may be billed where an immunomodulating agent is administered by, or on behalf of, a medical practitioner in accordance with the relevant legislative requirements. This means that appropriately qualified health professionals, such as registered nurses, may administer the infusion under the supervision of the billing medical practitioner.

Medical practitioners who bill item 14245 will continue to retain overall responsibility for the service and must ensure that any supervised administration arrangements are consistent with accepted medical practice and applicable supervision requirements. This includes the legislative requirement that supervision must be provided from within Australia. Providers should review local clinical and billing processes to ensure they align with the amended item requirements from 1 November 2026.

How will these changes affect patients?

From 1 November 2026, patients receiving treatment under MBS item 14245 will continue to be able to access Medicare benefits for clinically appropriate immunomodulating agent administration services. The amendment changes who may administer the service on behalf of a medical practitioner but does not change patient eligibility for Medicare benefits.

The change allows appropriately qualified health professionals, such as registered nurses, to administer the treatment under the supervision of the treating medical practitioner. The

treating medical practitioner will continue to retain overall responsibility for the patient's care and treatment.

Patients should continue to receive services that reflect contemporary clinical practice and should not experience any reduction in access to clinically appropriate treatment as a result of this change.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements.

All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the Department of Health, Disability and Ageing's (the department) compliance program can be found on its website at [Medicare compliance](#).

Following implementation, claims for MBS item 14245 will continue to be subject to normal Medicare claiming, integrity and compliance arrangements.

Providers should ensure that services billed under item 14245 comply with all relevant legislative requirements, including requirements relating to services provided by or on behalf of a medical practitioner.

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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to 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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Amended item descriptor (to take effect 1 November 2026)

Category 3 – THERAPEUTIC PROCEDURES

Group T1 - Miscellaneous Therapeutic Procedures

Subgroup 13 - Other Therapeutic Procedures

14245

Immunomodulating agent supplied under the pharmaceutical benefits scheme, administration of, by intravenous infusion lasting at least 2 hours—applicable once per day

- Private Health Insurance Classification:
- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type B Procedures

Additional guidance for this item is provided in explanatory note [TN1.19](#)

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