



New items for assistance at operations by nurse practitioners

Last updated: 22 October 2025

- From 1 November 2025, seven new Medicare Benefits Schedule (MBS) items will be available for surgical assistance provided by participating nurse practitioners.
- These changes are relevant to surgical patients, surgeons and participating nurse practitioners as well as hospitals and private health insurers.

What are the changes?

Seven new surgical assistance items (93718 to 93724) will be listed on the MBS from 1 November 2025. The new items will mirror existing surgical assistance items (51300 to 51318) but can be claimed for assistance provided by participating nurse practitioners.

No additional benefits are payable when more than one person provides assistance to a surgeon, regardless of whether the assistants are medical practitioners, participating nurse practitioners, or a combination of both.

For private health insurance purposes, items 93718, 93719, 93720, 93721, 93722, 93723, 93724 listed under the following clinical category and procedure type:

- Clinical category: Support list
- Procedure type: Unlisted

Why are the changes being made?

These changes respond to the final report of the MBS Review Advisory Committee's Surgical Assistant Working Group (SAWG), which recommended the creation of new items to allow MBS claiming by suitably qualified non-medical surgical assistants. The report is available on the [Department of Health, Disability and Ageing's \(the department\) website](#).

What does this mean for nurse practitioners?

Participating nurse practitioners will have access to MBS items for surgical assistance services on the same basis and at the same rates as medical practitioners.

Participating nurse practitioners must be endorsed by the Nursing and Midwifery Board of Australia as a nurse practitioner and hold a Medicare provider number. Nurse practitioners who do not have a Medicare provider number can apply for one by [contacting Services Australia](#). Services Australia will verify the nurse practitioner's endorsement on the Australian Health Practitioner Regulation Agency register to confirm their eligibility to claim.

Hospitals and surgeons may have separate accreditation or training requirements for surgical assistants.

What does this mean for surgeons, private hospitals and private health insurers?

It remains up to individual surgeons to choose whether they would like to engage a surgical assistant.

Hospitals, insurers and surgeons who intend to engage a participating nurse practitioner to assist them during procedures should familiarise themselves with the new items and associated rules and explanatory notes.

How will these changes affect patients?

From 1 November 2025, patients will be entitled to receive a Medicare benefit for surgical assistance services provided by participating nurse practitioners as well as medical practitioners.

Who was consulted on the changes?

In 2021, the department invited submissions from relevant peak bodies to inform an anticipated review of surgical assistant remuneration issues. Nine submissions were received. In 2022, MRAC established the SAWG to review and advise the committee on surgical assistant remuneration issues.

The SAWG's draft report was available for public consultation from 26 August 2022 to 7 October 2022. A total of 157 submissions were received from relevant peak bodies and their individual members, as well as consumers and practicing physicians. Most submissions supported the recommendation to broaden access to MBS items.

Additional consultation on implementation of the SAWG recommendation occurred throughout 2023 with the following organisations:

- Australian Association of Nurse Surgical Assistants
- Australian College of Nurse Practitioners
- Nursing and Midwifery Board of Australia
- Australian College of Perioperative Nurses
- Royal Australasian College of Surgeons
- Australian Private Hospitals Association
- Private Healthcare Australia
- Australian Health Practitioner Regulation Agency
- Consumer Health Forum

How will the changes be monitored and reviewed?

The department regularly reviews the use of new and amended MBS items in consultation with the profession. 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's compliance program can be found on its website at Medicare compliance.

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.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@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.

New item descriptors (from 1 November 2025)

Category 8 MISCELLANEOUS SERVICES
Group M33 – Non-medical assistance at operations
Subgroup 1 - Assistance at operations provided by a nurse practitioner
93718 Assistance by a participating nurse practitioner at any operation mentioned in an item in Group T8 that includes "(Assist.)" for which the fee does not exceed \$651.30 or at a series or combination of operations mentioned in an item in Group T8 that include "(Assist.)" for which the aggregate fee does not exceed \$651.30 Fee: \$100.65 Benefit: 75% = \$75.50 85%=85.60 - Private Health Insurance Classification: - Clinical category: Support list - Procedure type: Unlisted

Category 8 MISCELLANEOUS SERVICES

Group M33 – Non-medical assistance at operations

Subgroup 1 - Assistance at operations provided by a nurse practitioner

93719

Assistance by a participating nurse practitioner at any operation mentioned in an item in Group T8 that includes “(Assist.)” for which the fee exceeds \$651.30 or at a series or combination of operations mentioned in an item in Group T8 that include “(Assist.)” for which the aggregate fee exceeds \$651.30

One fifth of the established fee for the operation or combination of operations

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Unlisted

Category 8 MISCELLANEOUS SERVICES

Group M33 – Non-medical assistance at operations

Subgroup 1 - Assistance at operations provided by a nurse practitioner

93720

Assistance by a participating nurse practitioner at a birth involving Caesarean section (H)

Fee: \$145.45

Benefit: 75% = \$109.10

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Unlisted

Category 8 MISCELLANEOUS SERVICES

Group M33 – Non-medical assistance at operations

Subgroup 1 - Assistance at operations provided by a nurse practitioner

93721

Assistance by a participating nurse practitioner at a series or combination of operations that include “(Assist.)” and assistance by a participating nurse practitioner at a birth involving Caesarean section (H)

One fifth of the established fee for the operation or combination of operations (the fee for item 16520 being the Schedule fee for the Caesarean section component in the calculation of the established fee)

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Unlisted

Category 8 MISCELLANEOUS SERVICES

Group M33 – Non-medical assistance at operations

Subgroup 1 - Assistance at operations provided by a nurse practitioner

93722

Assistance by a participating nurse practitioner at any interventional obstetric procedure covered by items 16606, 16609, 16612, 16615 and 16627 (H)

One fifth of the established fee for the procedure or combination of procedures

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Unlisted

Category 8 MISCELLANEOUS SERVICES

Group M33 – Non-medical assistance at operations

Subgroup 1 - Assistance at operations provided by a nurse practitioner

93723

Assistance by a participating nurse practitioner at cataract and intraocular lens surgery covered by item 42698, 42701, 42702, 42704, 42705 or 42707, when performed in association with services covered by item 42551 to 42569, 42653, 42656, 42725, 42746, 42749, 42752, 42776 or 42779 (H)

Fee: \$317.80

Benefit: 75% = \$238.35

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Unlisted

Category 8 MISCELLANEOUS SERVICES

Group M33 – Non-medical assistance at operations

Subgroup 1 - Assistance at operations provided by a nurse practitioner

93724

Assistance at cataract and intraocular lens surgery by a participating nurse practitioner, if patient has:

(a) total loss of vision, including no potential for central vision, in the fellow eye; or

(b) one of the following in the fellow eye:

- (i) vitreous loss;
- (ii) rupture of posterior capsule;
- (iii) loss of nuclear material into the vitreous;
- (iv) intraocular haemorrhage;
- (v) intraocular infection (endophthalmitis);
- (vi) cystoid macular oedema;
- (vii) corneal decompensation;
- (viii) retinal detachment; or

(c) pseudo exfoliation, subluxed lens, iridodonesis, phacodonesis, retinal detachment, corneal scarring, pre-existing uveitis, bound down miosed pupil, nanophthalmos, spherophakia, Marfan's syndrome, homocysteinuria or previous blunt trauma causing intraocular damage

(H)

Fee: \$209.75

Benefit: 75% = \$157.35

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Unlisted

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.