



# Administrative changes to OMP and GP MBS items

Last updated: 5 October 2023

- Subject to the passage of legislation, from 1 November 2023 most MBS items that are currently regulated through the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2008* (OMP Determination) will be consolidated into the *Health Insurance (General Medical Services Table) Regulations 2021* (GMST).
- These changes are administrative in nature; there are no changes to the policy intent, eligibility, or requirements of affected items. However, there will be consequential drafting amendments to several item descriptors and regulatory clauses to facilitate rolling these items into a single regulatory instrument.
- Further, a new term “prescribed medical practitioner” will be introduced to resolve current differences in the use of the term medical practitioner in the OMP Determination and the GMST. A “prescribed medical practitioner” is a medical practitioner who is not a general practitioner, specialist, or consultant physician (often referred to as an Other Medical Practitioner, OMP or non-vocationally registered general practitioner). While the terminology will change, there is no change to the classes of medical practitioner that can access affected items.

## What are the changes?

Subject to the passage of legislation, effective 1 November 2023 most MBS items in the OMP Determination will be rolled into the GMST:

- These changes are administrative in nature. There is no change to the policy intent, eligibility, or requirements of the affected items
- All of Group A7 except subgroup 10 (Non-specialist practitioner after hours attendances to which no other item applies), and all of Group A35 will be incorporated into the GMST
- A new term “prescribed medical practitioner” meaning a medical practitioner who is not a general practitioner, specialist, or consultant physician will be introduced and applied to relevant items. This terminology will not change the classes of medical practitioners that can access relevant items but will ensure consistency of terminology within the GMST
- GMST clauses that are currently duplicated in the OMP Determination will be consolidated into a single clause as part of the roll in. To allow this to occur, several regulatory clauses in the GMST that currently apply to GP items only will be amended to ensure they also apply to prescribed medical practitioner items. These changes are consequential in nature and do not change the meaning or effect of the clauses as they relate to either GP or prescribed medical practitioner MBS items.

## Why are the changes being made?

These changes are administrative in nature and will help streamline the MBS regulatory framework. There are no policy changes resulting from these changes.

## What does this mean for providers?

There are no changes to item numbers, eligibility or requirements resulting from these changes. Providers may notice minor drafting amendments to a number of items and regulatory clauses, however, these changes are administrative in nature only. These changes are not intended to alter the policies relating to these items.

## How will these changes affect patients?

There is no impact on patients because of these changes.

## Who was consulted on the changes?

As these changes are administrative in nature consultation has not been undertaken.

## How will the changes be monitored and reviewed?

The claiming of MBS items will continue to be subject to MBS compliance checks, which may require a provider to submit evidence to substantiate that services were validly 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](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto:PHI@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 when available can be accessed via 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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.**