



# **Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020**

made under subsection 3C(1) of the

*Health Insurance Act 1973*

## **Compilation No. 11**

**Compilation date:** 1 July 2024

**Includes amendments:** F2024L00558

**Registered:** 13 July 2024

Prepared by the Office of Parliamentary Counsel, Canberra

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## About this compilation

### This compilation

This is a compilation of the *Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020* that shows the text of the law as amended and in force on 1 July 2024 (the *compilation date*).

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

### Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register ([www.legislation.gov.au](http://www.legislation.gov.au)). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

### Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

### Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

### Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

### Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

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## Part 1 Preliminary

### 1. Name

This instrument is the *Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020*.

### 3. Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

### 5 Definitions

(1) In this instrument:

*Act* means the *Health Insurance Act 1973*.

*non-medicare service* means a service provided by a nurse practitioner other than a service that is generally accepted in the nursing profession as being necessary for the appropriate treatment of the patient to whom it is rendered.

*relevant provisions* means all provisions, relating to professional services or medical services, of:

- (a) the Act and regulations made under the Act; and
- (b) the *National Health Act 1953* and regulations made under that Act.

*Note* The following terms are defined in subsection 3(1) of the Act:

- general medical services table
- participating midwife
- participating nurse practitioner
- pathology services table

(2) Unless the contrary intention appears, a reference in this instrument to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

### 6. Additional definitions for telehealth items

(1) In an item in Part 2 of Schedule 1 or Part 3 of Schedule 2:

*care recipient* means a person approved as a care recipient under Part 2.3 of the *Aged Care Act 1997*.

*telehealth eligible area* means an area classified as a telehealth eligible area by the Minister.

*Note* A diagram showing telehealth eligible areas can be viewed by searching ‘telehealth eligible areas’ at [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

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***participating in a video consultation*** means participating in a consultation via video conference with a specialist or consultant physician practising in their specialty where:

- (a) there is an item that relates to the specialist or consultant physician's service; and
- (b) the specialist or consultant physician's service is rendered in Australia.

***residential care service*** has the same meaning as in the *Aged Care Act 1997*.

*Note* The following terms are defined in subsection 3(1) of the Act:

- consultant physician
- specialist

## **6A. Indexation**

- (1) At the start of 1 July 2024 (the ***indexation time***), each amount covered by subsection (2) is replaced by the amount worked out using the following formula:

$1.035 \times$  the amount immediately before the indexation time

*Note:* The indexed fees could in 2024 be viewed on the Department of Health and Aged Care's MBS Online website (<http://www.health.gov.au>).

- (2) The amounts covered by this subsection are the fee for each item in a Schedule of this Determination, other than the fee for the following:
- (a) an item in Group P9.
- (3) An amount worked out under subsection (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

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## Part 2 Midwifery services

### 7. Interpretation

(1) In this Part:

*collaborative arrangement*, for a participating midwife's patient, means a collaborative arrangement mentioned in section 5 of the *Health Insurance Regulations 2018*.

*birth* includes episiotomy and repair of tears.

(2) For this Part, a participating midwife is a member of a practice that provides a patient's antenatal care if the midwife:

- (a) participates (whether as a partner, employee or otherwise) in the provision of professional services as part of the practice; or
- (b) provides relief services to the practice; or
- (c) provides professional services as part of the practice as a locum.

### 8. Treatment of midwifery services

For subsection 3C(1) of the Act, a midwifery service provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
  - (i) related to the service; and
  - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Schedule 1 for the service.

### 9. Collaborative arrangements

For a patient, an item in Schedule 1 applies only if the service mentioned in that item is provided to the patient in accordance with a collaborative arrangement applying to that patient.

### 10. General requirements

(1) An item in Schedule 1 applies to a service only if:

- (a) the service is provided in the course of a personal attendance on a single patient on a single occasion by a single participating midwife; and
- (b) the midwife:
  - (i) is not employed by the proprietor of a hospital that is not a private hospital; or
  - (ii) both:
    - (A) is employed by the proprietor of a hospital that is not a private hospital; and

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- (B) provides the service otherwise than in the course of employment by that proprietor.
- (2) Subsection (1) applies whether or not another person provides essential assistance to the participating midwife in accordance with accepted clinical practice.
- (3) An item in Schedule 1 does not apply to a service provided for a patient if the patient is not in attendance.

*Examples — patient not in attendance*

- 1 Completing patient records.
  - 2 Issuing repeat prescriptions.
  - 3 Telephone attendances.
- (4) In items 82100 to 82115 and 82130 to 82140 in Part 1 of Schedule 1:  
**professional attendance** includes the provision, for a patient, of any of the following services:
- (a) evaluating the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19(5) of the Act;
  - (b) formulating a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
  - (c) giving advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
  - (d) if authorised by the patient — giving advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;
  - (e) providing appropriate preventive health care;
  - (f) recording the clinical details of the service or services provided to the patient.
- (5) However, a **professional attendance** does not include the supply of a vaccine to a patient if:
- (a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in any of items 82100 to 82115 and 82130 to 82140 in Part 1 of Schedule 1; and
  - (b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

## 12. Labour and birth

- (1) Items 82116, 82118, 82120, 82123, 82125 and 82127 in Part 1 of Schedule 1 apply only to a service provided by a participating midwife during a period of exclusive care of a patient in labour.
- (2) Items 82116, 82118, 82120, 82123, 82125 and 82127 in Part 1 of Schedule 1 do not apply if, before labour, the patient's care is transferred to an obstetrician or medical practitioner who provides obstetric services, for the obstetrician or practitioner to manage the labour and birth.



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- (3) Items 82118 and 82120 in Part 1 of Schedule 1 applies to a service provided by a participating midwife (the *first midwife*) who manages a patient's labour, but does not undertake the birth, only if:
- (a) the patient's care was transferred from the first midwife to another participating midwife in order to manage fatigue experienced by the first midwife; or
  - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services.
- (4) Items 82123 and 82125 in Part 1 of Schedule 1 applies to services provided by a participating midwife (the *second midwife*) who manages a patient's labour, but does not undertake the birth, only if:
- (a) the patient's care was transferred from the second midwife to another participating midwife in order to manage fatigue experienced by the second midwife; or
  - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services.
- (5) Item 82127 in Part 1 of Schedule 1 applies to services provided by a participating midwife (the *third midwife*) who manages a patient's labour, but does not undertake the birth, only if:
- (a) the patient's care was transferred from the third midwife to another participating midwife to manage fatigue experienced by the third midwife; or
  - (b) there was a clinical need to transfer the patient's care to an obstetrician or medical practitioner who provides obstetric services.

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## Part 3 Nurse practitioner services

### 13. Treatment of nurse practitioner services - general

Subject to section 14, for subsection 3C(1) of the Act, a nurse practitioner service provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
  - (i) related to the service; and
  - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Schedule 2 relating to the service.

### 14. Treatment of nurse practitioner services - pathology

For subsection 3C(1) of the Act, a nurse practitioner service described in Part 1 of Schedule 2 provided in accordance with this instrument is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the pathology services table that:
  - (i) related to the service; and
  - (ii) mentioned, for the service, a fee in relation to each State, being the fee mentioned in the item in Part 1 of Schedule 2 relating to the service.

*Note 1* A participating nurse practitioner performing a service described in items 73828 to 73837 must be the patient's treating practitioner in order for medicare benefit to be payable — see subsection 16A(7A) of the Act.

### 15. Collaborative arrangements and scope of practice

- (1) For a patient, an item in Schedule 2 applies only if the service mentioned in that item is:
  - (a) provided to the patient in accordance with a collaborative arrangement applying to that patient; and
  - (b) within the scope of practice of the participating nurse practitioner who provides the service.
- (2) In this section:

***collaborative arrangement***, for a participating nurse practitioner's patient, means a collaborative arrangement mentioned in section 7 of the *Health Insurance Regulations 2018*.

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## 16. General requirements

- (1) An item in Schedule 2, except an item in Part 1 of Schedule 2, applies to a service only if:
  - (a) the service is provided in the course of a personal attendance on a single patient on a single occasion by a single participating nurse practitioner; and
  - (b) the nurse practitioner:
    - (i) is not employed by the proprietor of a hospital that is not a private hospital; or
    - (ii) both:
      - (A) is employed by the proprietor of a hospital that is not a private hospital; and
      - (B) provides the service otherwise than in the course of employment by that proprietor.
- (2) Subsection (1) applies whether or not another person provides essential assistance to the participating nurse practitioner in accordance with accepted clinical practice.
- (3) An item in Schedule 2, except an item in Part 1 of Schedule 2, does not apply to a service provided for a patient if the patient is not in attendance.

*Examples — patient not in attendance*

- 1 Completing patient records.
- 2 Issuing repeat prescriptions.
- 3 Telephone attendances.

- (4) In Part 2 of Schedule 2:

**professional attendance** includes the provision, for a patient, of any of the following services:

  - (a) evaluating the patient's condition or conditions including, if applicable, evaluation using a health screening service mentioned in subsection 19 (5) of the Act;
  - (b) formulating a plan for the management and, if applicable, for the treatment of the patient's condition or conditions;
  - (c) giving advice to the patient about the patient's condition or conditions and, if applicable, about treatment;
  - (d) if authorised by the patient — giving advice to another person, or other persons, about the patient's condition or conditions and, if applicable, about treatment;
  - (e) providing appropriate preventive health care;
  - (f) recording the clinical details of the service or services provided to the patient.
- (5) However, a **professional attendance** does not include the supply of a vaccine to a patient if:
  - (a) the vaccine is supplied to the patient in connection with a professional attendance mentioned in Part 2 of Schedule 2; and
  - (b) the cost of the vaccine is not subsidised by the Commonwealth or a State.

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- (6) Items 82200, 82205, 82210 and 82215 do not apply to a service described in the item if the service is provided at the same time as, or in connection with, a non-medicare service.

**17. Requirements for pathology items**

An item in Part 1 of Schedule 2 applies to a service only if the participating nurse practitioner who renders the service:

- (a) is not employed by the proprietor of a hospital that is not a private hospital; or
- (b) both:
  - (i) is employed by the proprietor of a hospital that is not a private hospital; and
  - (ii) provides the service otherwise than in the course of employment by that proprietor.

**19. Application of items 73826 to 73837**

Section 7 of the *Health Insurance (Prescribed Pathology Services) Determination 2021* shall have effect as if the services specified in items 73826 to 73837 of Schedule 2 Part 1 were also specified in that section.

**20. Limitation of item 73826**

Item 73826 does not apply to a service provided to a patient who has already been provided, in the last 12 months, 4 other services to which any of the following apply:

- (a) item 73826;
- (b) item 66551;
- (c) item 73812.

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## Part 4 Transitional provisions

### 21. Transitional provision for item 82115

- (1) Between 1 March 2022 and 31 August 2022, item 82115 will apply to a service provided to a patient where the participating midwife has not had at least 2 antenatal attendances with the patient in the 6 months prior to the service provided to the patient.

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## Schedule 1 Midwifery services and fees

### Part 1 Midwifery services and fees

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#### Group M13 – Midwifery services

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#### Subgroup 1 – MBS items for participating midwives

Item	Service	Fee (\$)
82100	Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes, including all of the following: (a) taking a detailed patient history; (b) performing a comprehensive examination; (c) performing a risk assessment; (d) based on the risk assessment — arranging referral or transfer of the patient’s care to an obstetrician; (e) requesting pathology and diagnostic imaging services, when necessary; (f) discussing with the patient the collaborative arrangements for her maternity care and recording the arrangements in the midwife’s written records in accordance with section 6 of the <i>Health Insurance Regulations 2018</i>  Payable only once for any pregnancy	55.55
82105	Short antenatal professional attendance by a participating midwife, lasting up to 40 minutes	33.60
82110	Long antenatal professional attendance by a participating midwife, lasting at least 40 minutes	55.55

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**Group M13 – Midwifery services**

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**Subgroup 1 – MBS items for participating midwives**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
82115	<p>Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 28 weeks, where the participating midwife has had at least 2 antenatal attendances with the patient in the preceding 6 months, if:</p> <ul style="list-style-type: none"><li>(a) the patient is not an admitted patient of a hospital; and</li><li>(b) the participating midwife undertakes a comprehensive assessment of the patient; and</li><li>(c) the participating midwife develops a written maternity care plan that contains:<ul style="list-style-type: none"><li>(i) outcomes of the assessment; and</li><li>(ii) details of agreed expectations for care during pregnancy, labour and birth; and</li><li>(iii) details of any health problems or care needs; and</li><li>(iv) details of collaborative arrangements that apply to the patient; and</li><li>(v) details of any medication taken by the patient during the pregnancy, and any additional medication that may be required by the patient; and</li><li>(vi) details of any referrals or requests for pathology services or diagnostic imaging services for the patient during the pregnancy, and any additional referrals or requests that may be required for the patient; and</li></ul></li><li>(d) the maternity care plan is explained and agreed with the patient; and</li><li>(e) the fee does not include any amount for the management of labour and birth;</li></ul> <p>(Includes any antenatal attendance provided on the same occasion) Payable only once for any pregnancy; This item cannot be claimed if items 16590 or 16591 have previously been claimed during a single pregnancy, except in exceptional circumstances</p>	331.90
82116	<p>Management of labour for up to 6 hours, not including birth, at a place other than a hospital if:</p> <ul style="list-style-type: none"><li>(a) the attendance is by the participating midwife who:<ul style="list-style-type: none"><li>(i) provided the patient's antenatal care or</li><li>(ii) is a member of a practice that has provided the patient's antenatal care; and</li></ul></li><li>(b) the total attendance time is documented in the patient notes;</li></ul> <p>This item does not apply if birth is performed during the attendance; Only claimable once per pregnancy</p>	783.85

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**Group M13 – Midwifery services**

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**Subgroup 1 – MBS items for participating midwives**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
82118	Management of labour for up to 6 hours total attendance, including birth where performed or attendance and immediate post-birth care at an elective caesarean section if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the first participating midwife who: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes. (Includes all hospital attendances related to the labour by the first participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82120 applies (H)	783.85
82120	Management of labour between 6 and 12 hours total attendance, including birth where performed, if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the first participating midwife who: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the first participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82118 applies (H)	1,567.70
82123	Management of labour for up to 6 hours total attendance, including birth where performed if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the second participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the second participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82125 applies (H)	783.85

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**Group M13 – Midwifery services**

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**Subgroup 1 – MBS items for participating midwives**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
82125	Management of labour between 6 and 12 hours total attendance, including birth where performed, if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by the second participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that provided the patient's antenatal care; and (c) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the second participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82123 or 82127 applies (H)	1,567.70
82127	Management of labour for up to 6 hours total attendance, including birth where performed if: (a) the patient is an admitted patient of a hospital; and (b) the attendance is by a third participating midwife who either: (i) assisted or provided the patient's antenatal care; or (ii) is a member of a practice that has provided the patient's antenatal care; and (c) an attendance to which item 82123 applies has been provided by a second participating midwife who is a member of a practice that has provided the patient's antenatal care; and (d) the total attendance time is documented in the patient notes; (Includes all hospital attendances related to the labour by the third participating midwife) Only claimable once per pregnancy; Not being a service associated with a service to which item 82125 applies (H)	783.85
82130	Short postnatal professional attendance by a participating midwife, lasting up to 40 minutes, within 6 weeks after birth	55.55
82135	Long postnatal professional attendance by a participating midwife, lasting at least 40 minutes, within 6 weeks after birth	81.70

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**Group M13 – Midwifery services****Subgroup 1 – MBS items for participating midwives**

<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
82140	Postnatal professional attendance by a participating midwife on a patient, not less than 6 weeks but not more than 7 weeks after birth of a baby, including: (a) a comprehensive examination of the patient and baby to ensure normal postnatal recovery; and (b) referral of the patient to a general practitioner for the ongoing care of the patient and baby Payable only once for any pregnancy	55.55

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## Schedule 2 Nurse practitioner services and fees

### Part 1 Nurse practitioner pathology services and fees

#### Group P9 – Simple basic pathology tests

Item	Service	Fee (\$)
73826	Quantitation of glycated haemoglobin (HbA1c) performed by a participating nurse practitioner in the management of established diabetes when performed: (a) as a point-of-care test; (b) by a nurse practitioner who works in a general practice that is accredited to the Royal Australian College of General Practitioners Standards for point-of-care testing under the National General Practice Accreditation Scheme; and (c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrument has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%)  Applicable not more than 3 times per 12 months per patient	11.80
73828	Semen examination for presence of spermatozoa by a participating nurse practitioner	6.90
73829	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner - 1 test	4.55
73830	2 tests described in item 73829 by a participating nurse practitioner	6.35
73831	3 or more tests described in item 73829 by a participating nurse practitioner	8.15
73832	Microscopy of urine, excluding dipstick testing, by a participating nurse practitioner	4.55
73833	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner	10.15
73834	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner	6.90
73835	Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner	8.65
73836	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner	2.35
73837	Microscopy for fungi in skin, hair or nails by a participating nurse practitioner – 1 or more sites	6.90

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## Part 2 Nurse practitioner services and fees

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### Group M14 – Nurse practitioners

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#### Subgroup 1 – Nurse practitioners

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Item	Service	Fee (\$)
82200	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management	14.20
82205	Professional attendance by a participating nurse practitioner lasting less than 20 minutes and including any of the following: (a) taking a history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	31.05
82210	Professional attendance by a participating nurse practitioner lasting at least 20 minutes and including any of the following: (a) taking a detailed history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	58.85
82215	Professional attendance by a participating nurse practitioner lasting at least 40 minutes and including any of the following: (a) taking an extensive history; (b) undertaking clinical examination; (c) arranging any necessary investigation; (d) implementing a management plan; (e) providing appropriate preventive health care; for 1 or more health related issues, with appropriate documentation	86.80
82226	Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, by a participating nurse practitioner—each attendance at which the procedure is performed Not applicable for skin reactions secondary to radiotherapy	40.00

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82227	Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, by a participating nurse practitioner—each attendance at which the procedure is performed Not applicable for skin reactions secondary to radiotherapy	51.15
82228	Nipple or areola or both, intradermal colouration of, by a participating nurse practitioner, following breast reconstruction after mastectomy or for congenital absence of nipple	217.80

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## Endnotes

Endnote 1—About the endnotes

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## Endnotes

### Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

### Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

### Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

### Editorial changes

The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

### Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and “(md not incorp)” is added to the amendment history.

**Endnote 2—Abbreviation key**

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	reloc = relocated
ed = editorial change	renum = renumbered
exp = expires/expired or ceases/ceased to have effect	rep = repealed
F = Federal Register of Legislation	rs = repealed and substituted
gaz = gazette	s = section(s)/subsection(s)
LA = <i>Legislation Act 2003</i>	Sch = Schedule(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sdiv = Subdivision(s)
(md) = misdescribed amendment can be given effect	SLI = Select Legislative Instrument
(md not incorp) = misdescribed amendment cannot be given effect	SR = Statutory Rules
mod = modified/modification	Sub-Ch = Sub-Chapter(s)
No. = Number(s)	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

## Endnotes

### Endnote 3—Legislation history

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### Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Determination 2020	16 June 2020 (F2020L00732)	1 July 2020 (s 2(1) item 1)	
Health Insurance Legislation Amendment (Section 3C General Medical and Diagnostic Imaging Services – Medicare Indexation) Determination 2021	8 Apr 2021 (F2021L00426)	Sch 1 (items 294–315): 1 July 2021 (s 2(1) item 1)	—
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Amendment Determination 2021	16 Sept 2021 (F2021L01271)	1 Nov 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Telehealth Clinical Support Services) Determination 2021	17 Dec 2021 (F2021L01811)	Sch 1 (items 1–8): 1 Jan 2022 (s 2(1) item 1)	—
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Amendment (No. 2) Determination 2021	17 Dec 2021 (F2021L01838)	1 Mar 2022 (s 2(1) item 1)	—
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Amendment (Transitional Provision) Determination 2022	28 Mar 2022 (F2022L00399)	1 Mar 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2022	7 Apr 2022 (F2022L00553)	Sch 1 (item 4): 1 July 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Indexation) Determination 2023	24 Mar 2023 (F2023L00348)	Sch 1 (item 4): 1 July 2023 (s 2(1) item 1)	—
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Amendment (No. 1) Determination 2023	25 Aug 2023 (F2023L01115)	Sch 1: 26 Aug 2023 (s 2(1) item 2) Sch 2: 1 Nov 2023 (s 2(1) item 3)	—
Health Insurance Legislation Amendment (Indexation No. 2) Determination 2023	4 Sept 2023 (F2023L01183)	Sch 1 (item 4): 1 Nov 2023 (s 2(1) item 1)	—



## Endnote 3—Legislation history

<b>Name</b>	<b>Registration</b>	<b>Commencement</b>	<b>Application, saving and transitional provisions</b>
Health Insurance (Section 3C Midwife and Nurse Practitioner Services) Amendment (No. 2) Determination 2023	30 Nov 2023 (F2023L01580)	1 Mar 2024 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2024 Measures No. 2) Determination 2024	21 May 2024 (F2024L00558)	Sch 1 (item 2) and Sch 2 (item 1): 1 July 2024 (s 2(1) items 2, 3)	—

## Endnotes

### Endnote 4—Amendment history

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### Endnote 4—Amendment history

<b>Provision affected</b>	<b>How affected</b>
<b>Part 1</b>	
s 2.....	rep LA s 48D
s 4.....	rep LA s 48C
s 5.....	am F2023L01115
s 6A.....	ad F2022L00553 am F2023L00348 ed C7 am F2023L01183; F2024L00558
<b>Part 2</b>	
s 7.....	am F2021L01838
s 11.....	rep F2021L01811
s 12.....	rs F2021L01838
<b>Part 3</b>	
s 16.....	am F2023L01115
s 18.....	rep F2021L01811
s 19.....	ad F2021L01271
s 20.....	ad F2021L01271 am F2023L01115
<b>Part 4</b>	
Part 4.....	ad F2022L00399
s 21.....	ad F2022L00399
<b>Schedule 1</b>	
<b>Part 1</b>	
Group M13 Table .....	am F2021L00426; F2021L01838
Part 2 heading .....	rep F2021L01811
Group M13 Table .....	am F2021L00426 rep F2021L01811
<b>Schedule 2</b>	
<b>Part 1</b>	
Group P9 Table.....	am F2021L01271; F2023L01115
<b>Part 2</b>	
Group M14 Table .....	am F2021L00426; F2023L01580; F2024L00558
Part 3 heading .....	rep F2021L01811
Group M14 Table .....	am F2021L00426 ed C1 rep F2021L01811