

SUTHERLAND DIVISION OF GENERAL PRACTICE



# Practice Nurse MBS Items

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THE AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING

[http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health\\_pro-gp-index.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-gp-index.htm)

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## Summary Sheet

### MBS items for services provided by a Practice Nurse

MBS item number	Description	Comments
Chronic disease		
<b>10997</b>	Service provided to a person with a chronic disease by a practice nurse	Fee: \$10.60 Benefit: 100% = \$10.60 <ul style="list-style-type: none"> <li>▪ the service is provided on behalf of and under the supervision of a medical practitioner; and</li> <li>▪ the person is not an admitted patient of a hospital; and</li> <li>▪ the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and</li> <li>▪ the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan to a maximum of 5 services per patient in a calendar year</li> </ul>
Immunisation		
<b>10993</b>	Immunisation provided by a practice nurse for and on behalf of a GP	Fee: \$10.60 Benefit: 100% = \$10.60 Cannot be claimed for mass immunisations Item 10993 only applies where: <ul style="list-style-type: none"> <li>▪ The practice nurse is appropriately qualified and trained to provide immunisations; and</li> <li>▪ The medical practitioner under whose supervision the immunisation is provided retains the responsibility for the health, safety and clinical outcomes of the person.</li> </ul>
Wound management		
<b>10996</b>	Wound management is provided by a practice nurse for and on behalf of a GP	Fee: \$10.60 Benefit: 100% = \$10.60 Cannot be claimed if the person is an admitted patient of a hospital or day hospital. Item 10996 only applies where: <ul style="list-style-type: none"> <li>▪ The practice nurse is appropriately qualified and trained to treat wounds; and</li> </ul>

MBS item number	Description	Comments
		<ul style="list-style-type: none"> <li>▪ The medical practitioner under whose supervision the treatment is provided has conducted an initial assessment of the person; and</li> <li>▪ The practice nurse has been instructed by the medical practitioner in relation to the treatment of the wound; and</li> <li>▪ The medical practitioner retains responsibility for the health, safety and clinical outcomes of the person.</li> </ul> <p>The medical practitioner does not need to be present during the treatment of the wound. However, the medical practitioner must conduct an initial assessment of the patient (including under a distance supervision arrangement if the medical practitioner is not physically present) in order to give instruction in relation to the treatment of the wound.</p>
Cervical screening and preventive health checks for women		
<b>10998</b>	Cervical smear performed by an appropriately trained practice nurse	<p>Fee: \$10.60 Benefit: 100% = \$10.60</p> <p>All practice nurses taking Pap smears should have undertaken an accredited training program</p> <p>Service provided by a practice nurse, being the taking of a cervical smear from a person, if</p> <ul style="list-style-type: none"> <li>▪ The service is provided on behalf of and under the supervision of a medical practitioner; and</li> <li>▪ The person is not an admitted patient of a hospital or approved day hospital facility.</li> </ul> <p>Can only be claimed by a GP for a Pap smear that is taken by a practice nurse on behalf of the GP.</p> <p>The practice nurse is appropriately qualified and trained to take a cervical smear; and the medical practitioner under whose supervision the smear is taken retains responsibility for the health, safety and clinical outcomes of the person.</p>

MBS item number	Description	Comments
<b>10999</b>	Cervical smear performed by a practice nurse on a woman between ages of 20 and 69 who has not had a Pap smear in the last four years	<p>Fee: \$10.60    Benefit: 100% = \$10.60</p> <p>Service provided by a practice nurse, being the taking of a cervical smear from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years, if;</p> <ul style="list-style-type: none"> <li>▪ The service is provided on behalf of and under the supervision of, a medical practitioner; and</li> <li>▪ The person is not an admitted patient of a hospital or approved day hospital facility.</li> </ul> <p>Can only be claimed by a GP for a Pap smear that is taken by a practice nurse on behalf of the GP.</p> <p>The practice nurse is appropriately qualified and trained to take a cervical smear; and the medical practitioner under whose supervision the smear is taken retains responsibility for the health, safety and clinical outcomes of the person.</p>
<b>10994</b>	Cervical smear and preventive checks undertaken by a practice nurse	<p>Fee: \$21.25    Benefit: 100% = \$21.25</p> <p>Services must include a Pap smear and at least one preventive check from the following:</p> <ul style="list-style-type: none"> <li>▪ checks for sexually transmitted infections (including chlamydia)</li> <li>▪ taking of a sexual and reproductive history</li> <li>▪ advice on contraception</li> <li>▪ breast awareness education</li> <li>▪ advice on post natal issues</li> <li>▪ continence advice and education</li> </ul> <p>and may also include:</p> <ul style="list-style-type: none"> <li>▪ Smoking, Nutrition, Alcohol and Physical Activity (SNAP) behavioural risk factor assessment</li> <li>▪ Blood pressure measurement.</li> </ul> <p>The practice nurse is appropriately qualified and trained to take cervical smears and provide preventive health checks; and the medical practitioner under whose supervision the cervical smear and preventive check is taken retains responsibility for the health, safety and clinical outcomes of the person.</p>

MBS item number	Description	Comments
<b>10995</b>	Cervical smear and preventive health checks performed by a practice nurse on a woman between ages of 20 and 69 who have not had a pap smear in the last four years	<p>Fee: \$21.25    Benefit: 100% = \$21.25</p> <p>Services must include a Pap smear and at least one preventive check from the following:</p> <ul style="list-style-type: none"> <li>▪ checks for sexually transmitted infections (including chlamydia)</li> <li>▪ taking of a sexual and reproductive history</li> <li>▪ advice on contraception</li> <li>▪ breast awareness education</li> <li>▪ advice on post natal issues</li> <li>▪ continence advice and education</li> </ul> <p>and may also include:</p> <ul style="list-style-type: none"> <li>▪ Smoking, Nutrition, Alcohol and Physical Activity (SNAP) behavioural risk factor assessment</li> <li>▪ Blood pressure measurement.</li> </ul> <p>The practice nurse is appropriately qualified and trained to take cervical smears and provide preventive health checks; and the medical practitioner under whose supervision the cervical smear and preventive check is taken retains responsibility for the health, safety and clinical outcomes of the person.</p>

Note: On 1 February 2004, the Australian Government introduced new Medicare rebates for a practice nurse to provide immunisation and wound management services for and on behalf of a GP. Additional items for Pap smears (February 2005), Pap smears and Preventive Health Checks and Antenatal Care (November 2006) have since been added to the Medicare Benefits Schedule (MBS). A new practice nurse MBS item for chronic disease care was introduced in July 2007. All vocationally registered and non-vocationally registered GPs are eligible to claim these item numbers. Above is a summary of the practice nurse item numbers. For further information visit the Medicare Australia website at <http://www.medicareaustralia.gov.au>



**Australian Government**  
**Department of Health and Ageing**

## **MBS item 10997 for the provision of monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a GP**

From 1 July 2007 Medicare item number 10997 will apply to the provision of monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a general practitioner.

### **Item 10997**

Service provided to a person with a chronic disease by a practice nurse or registered Aboriginal Health Worker if:

- (a) the service is provided on behalf of and under the supervision of a medical practitioner; and
  - (b) the person is not an admitted patient of a hospital; and
  - (c) the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and
  - (d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan
- to a maximum of 5 services per patient in a calendar year.

### **What is a practice nurse or registered Aboriginal Health Worker?**

A practice nurse is a registered or enrolled nurse, employed by, or whose services are retained by, a general practice.

A registered Aboriginal Health Worker is a person in the Northern Territory who is registered as an Aboriginal Health Worker under the Health Practitioners Act 2004 (NT), who is employed, or whose services are retained by, a general practice.

## **What is a chronic condition for the purposes of item 10997?**

A chronic (or terminal) medical condition is one that has been, or is likely to be, present for 6 months or longer. To be eligible to claim item 10997 a patient must have a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan (Medicare Benefits Schedule items 721, 723, 725, 727, 729 or 731) in place. Medicare Australia will not pay item 10997 for a patient where one of these items has not been paid in the last year.

## **Is it possible to check that a patient is eligible to claim item 10997?**

Yes, Medicare Australia can provide information (with the patient's consent) on whether a patient has a current chronic disease management plan in place, and on how many times item 10997 has been claimed this year in respect of the patient by calling Medicare Australia on 132 011 to check this information.

## **What is monitoring and support for the purposes of item 10997?**

Item 10997 may be used to provide:

- checks on clinical progress;
- monitoring medication compliance;
- self management advice, and;
- collection of information to support GP reviews of Care Plans.

The services provided by the practice nurse or Aboriginal Health Worker should be consistent with the scope of the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan.

## **Item 10997 only applies where:**

- a patient has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place for the treatment of a chronic condition.

## **Who can claim item 10997?**

Item 10997 can only be claimed by a GP for the provision of monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of the GP.

All vocationally registered and non-vocationally registered GPs are eligible to claim item 10997.

Where an exemption under subsection 19(2) of the Health Insurance Act 1973 has been granted to an Aboriginal Community Controlled Health Organisation or a State/Territory Government Health Clinic, item 10997 may be claimed for services provided by a practice nurse or registered Aboriginal Health Worker.

## **What qualifications and training are required for a practice nurse or registered Aboriginal Health Worker to provide monitoring and support to people with a chronic disease?**

In all cases, the GP (who is responsible for the health, safety and clinical outcomes of the patient) must be satisfied that the practice nurse or registered Aboriginal Health Worker is appropriately qualified and trained to provide monitoring and support for patients with chronic a disease.

The practice nurse or registered Aboriginal Health Worker must also comply with any relevant legislative or regulatory requirements.

## **Quality assurance and continuing professional development**

Continuing professional development is recommended for practice nurses and registered Aboriginal Health Workers providing this service.

General practices, where practice nurses or registered Aboriginal Health Workers provide monitoring and support to people with a chronic disease, should also have a written clinical risk management strategy covering issues like clinical roles, pathology follow-up and patient consent.

## **Must the GP see the patient or be present in order to claim item 10997?**

As the service is being provided on behalf of, and under the supervision of the GP, the GP retains responsibility for the health, safety and clinical outcomes of the patient.

However, this does not mean that the GP is required to see the patient or be present with the practice nurse or registered Aboriginal Health Worker during the service, to claim item 10997.

Where a separate consultation takes place with the patient, the GP is only eligible to claim a Medicare item for the length of time that the GP spends with the patient. The time the practice nurse or registered Aboriginal Health Worker spends with the patient to provide monitoring and support to people with a chronic disease is claimed under item 10997.

## **What level of medical indemnity insurance is required?**

The GP who claims item 10997 will need to ensure that their medical indemnity insurance covers circumstances where a practice nurse or registered Aboriginal Health Worker provides monitoring and support to people with a chronic disease on their behalf.

### **What is the level of the Medicare rebate for item 10997?**

The Medicare rebate for item 10997 is paid at 100% of the schedule fee. The Medicare rebate is \$10.60.

### **Can item 10997 be claimed in conjunction with the bulk billing incentive items 10990 and 10991?**

Yes, as long as the provision of monitoring and support to a person with a chronic disease is provided to a Commonwealth concession card holder, or person under the age of 16, and the service is bulk billed.

### **Further information**

For further information, visit the Department of Health and Ageing website at [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health\\_pro-gp-index.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-gp-index.htm) or the Medicare Australia website at [www.medicareaustralia.gov.au/](http://www.medicareaustralia.gov.au/) or call Medicare Australia on **132 011**.

**Additional information about new MBS item 10997 for the provision of monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a GP**

**Introduction**

New Medicare item 10997 to cover the provision of monitoring and support to people with a chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a GP will come into effect from 1 July 2007.

The new Medicare item will be available to people with a chronic disease, who have a GP Management Plan, Team Care Arrangements or a Multidisciplinary Care Plan in place. It will assist patients who require access to ongoing care, frequently for relatively routine treatment and ongoing monitoring and support between the more structured reviews of the care plan by the GP.

The objective of this initiative is to better utilise practice nurses in chronic disease management, which will help free up GPs to spend more time with patients on complex care. It is aimed at improved access and outcomes for patients, particularly in areas of workforce shortage.

**Questions and Answers:**

**Q1. Is there a list of chronic diseases for which ongoing monitoring and support by a practice nurse or registered Aboriginal Health Worker may be claimed?**

No, anyone with a GP Management Plan, Team Care Arrangements or a Multidisciplinary Care Plan (MBS items 721, 723, 725, 727, 729, 731) is eligible for services under item 10997.

**Q2. Is there a list of services which qualify as ongoing monitoring and support?**

No. This item is intended to provide sufficient flexibility for the provision of services appropriate for the patient's care. It is up to the GP to decide what services the practice nurse or registered Aboriginal Health Worker should provide. The services should be within the scope of practice of the practice nurse or registered Aboriginal Health Worker undertaking the service. The monitoring and support activities provided under item 10997 should be consistent with the general direction of the patient's care plan.

**Q3. What types of services can be provided as part of the new item for monitoring and support to people with a chronic disease?**

Item 10997 may be used to provide:

- checks on clinical progress;
- monitoring medication compliance;
- self management advice, and;
- collection of information to support GP reviews of Care Plans.

**Q4. How many services may be claimed for a patient?**

A maximum of 5 services may be claimed per patient in a calendar year.

**Q5. Who can claim the item?**

Vocationally registered and non-vocationally registered GPs can claim this item for services provided on their behalf by a practice nurse or registered Aboriginal Health Worker. Specialists and consultant physicians cannot claim the item.

**Q6. Can practice nurses or registered Aboriginal Health Workers claim the item?**

No. The item is claimed by the GP. In line with existing practice nurse and registered Aboriginal Health Worker items, the service is provided by the practice nurse or registered Aboriginal Health Worker on behalf of the GP.

**Q7. What is the new MBS item number for the provision of monitoring and support to people with chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of a GP?**

The MBS item number for the provision of monitoring and support to people with chronic disease by a practice nurse or registered Aboriginal Health Worker on behalf of the GP is 10997.

**Q8. When will the new item become operational?**

Item 10997 will commence on 1 July 2007.

**Q9. What is the schedule fee for item 10997?**

The schedule fee for item 10997 is \$10.60. The MBS rebate is paid at 100% of the schedule fee.

**Q10. Can item 10997 be claimed in conjunction with the bulk billing incentive item 10990 or 10991?**

Yes, as long as the service is provided to an eligible patient that is a Commonwealth concession card holder, or person under the age of 16, and the service is bulk billed.

**Q11. Can a practice nurse or registered Aboriginal Health Worker provide this service when the GP is not present?**

As the service is being provided on behalf of, and under the supervision of the GP, the GP retains responsibility for the health, safety and clinical outcomes of the patient.

However, this does not mean that the GP is required to see the patient or be present with the practice nurse or registered Aboriginal Health Worker during the service, to claim item 10997. However, the GP should be able to be contacted to provide advice if necessary.

Where a consultation takes place with the patient, the GP is only eligible to claim a Medicare item for the length of time that the GP spends with the patient. The time the practice nurse or registered Aboriginal Health Worker spends with the patient to provide monitoring and support is claimed under item 10997.

**Q12. Can item 10997 be claimed when a patient is also accessing Allied Health Services items (Items 10950 to 10970) as part of Team Care Arrangements, or a Multidisciplinary Care Plan?**

Yes, a person who is eligible for Allied Health Services under items 10950 to 10970 can also access up to five services under item 10997 for monitoring and support by a practice nurse or registered Aboriginal Health Worker (per patient, per calendar year) provided they meet the eligibility requirements of the item (see Fact Sheet for item 10997).

**Q13. Are patients with a Mental Health Plan (Item 2710) eligible to receive services under item 10997?**

No, to access services under item 10997 a patient must have either a current GP Management Plan, Team Care Arrangements or a Multidisciplinary Care Plan in place (MBS items 721, 723, 725, 727, 729, 731).

**Q14. How do I check how many services my patient has access under item 10997?**

The patient's treating GP, practice nurse or Aboriginal Health Worker can, with the patient's consent, contact Medicare Australia on 132 011 to verify how many services have been claimed under item 10997 in the calendar year, or to verify if the patient has a current GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place.

**Q15. A patient comes in to see the practice nurse to receive monitoring and support for a chronic condition (under item 10997) and also wants to receive a vaccination. What Medicare items can be claimed?**

Item 10997 can be claimed for a practice nurse or registered Aboriginal Health Worker providing monitoring and support of the patient's chronic condition (consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan) and in addition, item 10993 for the administration of an

immunisation by the practice nurse or item 10988 for the administration of an immunisation by a registered Aboriginal Health Worker.  
Other practice nurse and registered Aboriginal Health Worker MBS items can be claimed at the same time as item 10997, if the relevant service has been provided.



**Australian Government**  
**Department of Health and Ageing**

## **MBS items for immunisation (10993) and wound management (10996) services provided by a practice nurse**

On 1 February 2004, as part of the “Strengthening Medicare” package, the Australian Government introduced new Medicare rebates, payable through the Medicare Benefits Schedule (MBS), for a practice nurse to provide immunisation and wound management services on behalf of a GP.

The Australian Government has committed \$104.1 million over the five years to 2007/08 to immunisation and wound management services.

### **Who can claim the immunisation and wound management items?**

Items 10993 and 10996 can only be claimed by a GP for an immunisation or wound management service that is provided by a practice nurse on behalf of the GP.

All vocationally and non-vocationally registered GPs are eligible to claim items 10993 and 10996. This includes GPs working in Aboriginal Medical Services that have Medicare claiming arrangements.

### **What is a practice nurse?**

A practice nurse is a registered or enrolled nurse, employed by, or whose services are retained by, a general practice. The general practice may be either accredited or non-accredited.

The practice nurse must be appropriately qualified and trained to provide the immunisation or wound management service and must also comply with any relevant legislative or regulatory requirements.

### **Item 10993**

#### **Immunisation provided to a person by a practice nurse if:**

The immunisation service is provided on behalf of, and under the supervision of, a medical practitioner.

#### **Item 10993 only applies where:**

- a) The practice nurse is appropriately qualified and trained to provide immunisations; and

- b) The medical practitioner under whose supervision the immunisation is provided retains the responsibility for the health, safety and clinical outcomes of the person.

### **Which immunisations are covered by Medicare item 10993?**

An immunisation is the administration of a registered vaccine, under the *Therapeutic Goods Act 1989*, to a patient (child or adult), for any purpose except mass immunisations.

All vaccines on the Australian Standard Vaccination Schedule and vaccines in the Australian Immunisation Handbook 8<sup>th</sup> Edition, 2003 are covered by item 10993.

The following substances cannot be claimed under this item:

- Vaccines used experimentally;
- Homeopathic substances;
- Immunotherapy for allergy, eg de-sensitisation preparations; and
- Other substances that are not vaccines.

There may also be state/territory limitations on the administration of some vaccines, such as those for tuberculosis, Yellow Fever and Q-fever.

Medicare item number 10993 cannot be claimed for an injection of a substance which is not listed in the Australian Standard Vaccination Schedule or the Australian Immunisation Handbook.

### **Item 10993 does not apply to mass immunisations.**

Subsection 19(4) of the *Health Insurance Act 1973*, prevents the payment of Medicare benefits in relation to mass immunisations. Item 10993 cannot be claimed for mass immunisations.

### **Does the GP need to be present during the immunisation service?**

No. The GP does not need to be present at the time of the immunisation. It is at the GP's discretion whether they need to see the patient prior to the immunisation being administered by the practice nurse. Where this occurs, the GP is eligible to claim for the professional service they provide to the patient.

### **Can the immunisation item be claimed more than once if more than one vaccine is administered during the same patient visit?**

No. The immunisation item can only be claimed once per patient visit, even if more than one vaccine is administered during the same patient visit.

## **Does the immunisation item affect existing immunisation payments?**

No. Service Incentive Payments (SIP) currently received as part of the General Practice Immunisation Incentives (GPII) Scheme and notification payments received through the Australian Childhood Immunisation Register (ACIR) are unaffected by the immunisation item.

## **Item 10996**

### **Treatment of a person's wound (other than normal aftercare) provided by a practice nurse if:**

- a) The treatment is provided on behalf of, and under the supervision of, a medical practitioner; and
- b) The person is not an admitted patient of a hospital or day-hospital facility.

### **Item 10996 only applies where:**

- a) The practice nurse is appropriately qualified and trained to treat wounds; and
- b) The medical practitioner under whose supervision the treatment is provided has conducted an initial assessment of the person; and
- c) The practice nurse has been instructed by the medical practitioner in relation to the treatment of the wound; and
- d) The medical practitioner retains responsibility for the health, safety and clinical outcomes of the person.

## **What is wound management?**

Wound management is the ongoing management of a wound, after an initial assessment of the patient, by the GP. Wound management excludes any normal post-operative aftercare.

## **Does the GP need to be present during the wound management service?**

No. The GP does not need to be present during the treatment of the wound. However, the GP must conduct an initial assessment of the patient in order to give instruction in relation to the treatment of the wound.

Where a practice nurse provides ongoing wound management, the GP is not required to see the patient during each subsequent visit.

## **Can the wound management item be claimed more than once if more than one wound is managed during the same patient visit?**

No. The wound management item can only be claimed once per patient visit, even if more than one wound is managed during the same patient visit.

### **What is the level of the Medicare rebate for the immunisation and wound management items?**

The Medicare rebate for items 10993 and 10996 is paid at 100% of the schedule fee. The Medicare rebate is currently \$10.60 (from 1 November 2006).

### **Is the GP still able to claim for their own professional service?**

Yes. The GP can claim for both their own professional service and the service provided by the practice nurse.

Where a consultation takes place with the patient first, the GP is only eligible to claim a Medicare item for the length of time that the GP spends with the patient. The time the practice nurse spends with the patient is claimed separately under the practice nurse item.

### **Can a bulk billing incentive (items 10990 or 10991) be claimed in conjunction with an immunisation or wound management item?**

Yes. The bulk billing incentive items (10990 and 10991) which apply to bulk billed services provided to Commonwealth concession card holders and children under 16 years of age, can be claimed in conjunction with an immunisation or wound management item.

### **Further information**

For further information, visit the Medicare Australia website at [www.medicareaustralia.gov.au/medicareinitiatives](http://www.medicareaustralia.gov.au/medicareinitiatives) or call Medicare Australia on 132 011.

Information on these items is also available in the 1 November 2006 edition of the Medicare Benefits Schedule Book.



**Australian Government**  

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**Department of Health and Ageing**

## **MBS items (10994, 10995) for Pap smears and Preventive Checks taken by a Practice Nurse on behalf of a GP**

Medicare item numbers 10994 and 10995 apply to Pap smears and preventive checks provided by a practice nurse on behalf of a general practitioner.

These items are similar to MBS items 10998 and 10999 for a Pap smear taken by a practice nurse on behalf of a medical practitioner. MBS items 10994 and 10995 provide a higher level of rebate for a Pap smear and preventive checks in recognition of the additional work involved in providing this service. Items 10994, 10995, 10998 and 10999 may be claimed by practices in all parts of Australia from 1 November 2006.

### **Item 10994**

Service provided by a practice nurse, being the taking of a cervical smear and preventive checks, if

- a) The service is provided on behalf of, and under the supervision of, a medical practitioner; and
- b) The person is not an admitted patient of a hospital or approved day hospital facility.

### **Item 10995**

Service provided by a practice nurse, being the taking of a cervical smear from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years and preventive checks, if;

- a) The service is provided on behalf of, and under the supervision of, a medical practitioner; and
- b) The person is not an admitted patient of a hospital or approved day hospital facility.

## **What are preventive health checks for the purposes of items 10994 and 10995?**

- Items 10994 and 10995 include a Pap smear and preventive checks associated with women's sexual and reproductive health, which would routinely be undertaken in conjunction with a Pap smear. A preventive check is a service which is reasonably necessary and appropriate for preventive care based on evidence of effectiveness and efficacy appropriate to the age of the patient.

Services for items 10994 and 10995 must include a Pap smear and at least one preventive check from the following:

- Checks for sexually transmitted infections (including chlamydia)
- Taking of a sexual and reproductive history
- Advice on contraception
- Breast awareness education
- Advice on post natal issues
- Continence advice and education;

and may also include:

- Smoking, Nutrition, Alcohol and Physical Activity (SNAP) behavioural risk factor assessment
- Blood pressure measurement.

General practices should refer to the Royal Australian College of General Practitioners' (RACGP) *Guidelines for preventive activities in general practice – 6<sup>th</sup> edition* (Red Book), the RACGP (2004) *SNAP guide: a population health guide to behavioural risk factors in general practice* and National Aboriginal Community Controlled Health Organisations (NACCHO) 2005 *National Guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples* for recommendations on appropriate checks for women in particular age ranges.

Where, in the course of discussion of sexual history and current sexual activity, a practice nurse becomes aware that one of the checks listed for another age group is appropriate, the practice nurse may include that check as part of the service provided.

### **Item 10994 and 10995 only apply where:**

- The practice nurse is appropriately qualified and trained to take cervical smears and provide preventive health checks; and
- The medical practitioner under whose supervision the cervical smear and preventive check is taken retains responsibility for the health, safety and clinical outcomes of the person.

### **Who can claim items 10994 and 10995?**

Items 10994 and 10995 can only be claimed by a GP for a Pap smear and preventive health check that is taken by a practice nurse on behalf of the GP.

All vocationally registered and non-vocationally registered GPs are eligible to claim items 10994 and 10995.

### **What's the difference between item 10994 and 10995?**

Both items 10994 and 10995 are for a Pap smear and preventive checks taken by a practice nurse on behalf of a GP.

Item 10994 can be used by all practices and applies to female patients of any age.

Item 10995 is available to GPs participating in the Practice Incentives Program (PIP) and generates a Service Incentive Payment (SIP). Item 10995 only applies where the Pap smear is taken from a woman between the ages of 20 and 69 inclusive, who has not had a Pap smear in the last 4 years.

Items 10994 and 10995 cannot be claimed with each other or in conjunction with items 10998, 10999, 2497-2509 and 2598-2616.

### **What qualifications and training are required for a practice nurse to take Pap smears and preventive checks?**

It is a requirement of the items that the practice nurse must be appropriately qualified and trained to take Pap smears and preventive checks.

This means that, where credentialling arrangements are in place, the practice nurse should be credentialled as qualified and trained to take Pap smears.

All practice nurses taking Pap smears and preventive checks should have undertaken an accredited course. For information about accredited training for nurses undertaking Pap smears and preventive checks, you should contact the Royal College of Nursing, Australia on **1800 061 660**, the Australian Practice Nurses Association on 1300 303 184, or the Cervical Screening Program in your state or territory on **131556**.

In all cases, the GP (who is responsible for the health, safety and clinical outcomes of the patient) must be satisfied that the practice nurse is appropriately qualified and trained to take Pap smears and provide preventive checks.

The practice nurse must also comply with any relevant legislative or regulatory requirements, including those applying to relevant state and territory disease registers or laboratories.

### **Quality assurance and continuing professional development**

Quality assurance is an important part of cervical screening. Continuing professional development is a compulsory part of the credentialling arrangements and is also recommended for nurses taking Pap smears and preventive checks in jurisdictions where credentialling arrangements are not available.

General practices, where nurses take Pap smears and preventive checks, should also have a written clinical risk management strategy covering issues like clinical roles, pathology follow-up and patient consent.

### **National and state and territory cervical screening policies**

When providing services covered by items 10994 and 10995 the practice nurse should be aware of national and state and territory screening policies for the prevention of cervical cancer and sexually transmitted infections (information on the National Policy is provided on page 21 of the November 2006 Medicare Benefits Schedule Book).

### **Must the GP see the patient or be present in order to claim item 10994 or 10995?**

As the service is being provided on behalf of, and under the supervision of the GP, the GP retains responsibility for the health, safety and clinical outcomes of the patient.

However, this does not mean that the GP is required to see the patient or be present with the practice nurse during the service, to claim item 10994 or 10995.

Where a consultation takes place with the patient, the GP is only eligible to claim a Medicare item for the length of time that the GP spends with the patient. The time the practice nurse spends with the patient to take the Pap smear and to undertake a preventive check is claimed separately under the practice nurse item.

### **What level of medical indemnity insurance is required?**

The GP who claims item 10994 or 10995 will need to ensure that their medical indemnity insurance covers circumstances where a practice nurse takes a Pap smear and preventive checks on their behalf.

### **Can a practice nurse order the pathology for a Pap smear or preventive check?**

Where pathology services are claimed through Medicare for this item, the pathology can only be ordered by a GP. In some jurisdictions, and in specific circumstances, a practice nurse may be able to order pathology through public pathology laboratories.

### **Do Pap smears taken by a practice nurse count towards the outcomes component under the Practice Incentives Program (PIP) cervical screening initiative?**

Yes. Pap smears taken by a practice nurse on behalf of a GP still count towards the PIP practices outcomes component.

### **What is the level of the Medicare rebate for items 10994 and 10995?**

The Medicare rebate for items 10994 and 10995 is paid at 100% of the schedule fee. The Medicare rebate is \$21.25 (from 1 November 2006).

### **Can items 10994 and 10995 be claimed in conjunction with the bulk billing incentive items 10990 and 10991?**

Yes, as long as the Pap smear and preventive check are provided to a Commonwealth concession card holder, or person under the age of 16, and the service is bulk billed.

### **Further information**

For further information, visit the Department of Health and Ageing website at [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health\\_pro-gp-index.htm](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-gp-index.htm) or the Medicare Australia website at [www.medicareaustralia.gov.au/medicareinitiatives](http://www.medicareaustralia.gov.au/medicareinitiatives) or call Medicare Australia on **132 011**.

Information on these items is also available in the November 2006 Medicare Benefits Schedule Book.