



Billing MBS obstetric items

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This factsheet provides guidance to assist obstetricians understand Medicare Benefits Schedule (MBS) billing, particularly where group practice or locum arrangements apply.

An obstetrician should have their own provider number for every location from which they regularly provide services from.



For the purposes of billing Medicare, the provider number of the obstetrician performing the service must be used for MBS claims, even if they do not have primary responsibility for management of the pregnancy.



If a locum obstetrician provides obstetric services covering a period of absence for another obstetrician, they need to bill them using their own provider number.



When do I need a new referral?

A referral is required for any MBS specialist or obstetric attendance item where the item descriptor specifies it is for a single course of treatment (e.g. a new pregnancy) following referral.

What if I'm a locum?

Locum obstetricians providing obstetric services to cover absence of the obstetrician with primary responsibility for management of the pregnancy do not require a new referral to claim referred items. The referral used by the primary obstetrician applies, however, Medicare benefits are not payable at the initial attendance rate for an attendance by a locum if the primary obstetrician has already performed an initial attendance using the same referral. MBS explanatory note [GN.6.16](#) provides more information about referrals.

When the locum is providing referred services for an absent practitioner, the account documents must have the word 'locum' or the letters 'LT' (locum tenens) to show it is a locum service and to satisfy referral requirements. MBS explanatory note [GN.2.6](#) provides further information about locum tenens arrangements.

Confinement and MBS items 16515-16520, 16522, 16530 or 16531

An obstetrician may not be present at all stages of confinement (labour and delivery). However, they need to assume or resume full responsibility for the mother and baby as soon as possible. This includes any applicable postpartum care period.

See MBS explanatory note [TN.4.5](#) for more information on labour and birth items 16515-16519, 16530 or 16531, [TN.4.6](#) for item 16520, [TN.4.7](#) for item 16522, and [TN.4.10](#) for information on post-partum care.



What are my options to manage Medicare benefits?

Each practitioner must meet the full MBS item requirements before billing a service. Contractual agreements regarding disbursement of payments between obstetricians are a private matter, regardless of shared care, group practice or locum arrangements.

Frequently asked billing scenarios

I am unavailable and another obstetrician sees my patient for a routine antenatal appointment or manages my patient's entire labour and birth.

The other obstetrician claims the relevant MBS item:

- Routine antenatal attendance – MBS item 16500
- Simple birth – MBS item 16519
- Complex birth – MBS item 16522.

I was en-route to the hospital and overseeing my patient's labour by phone. However, I missed the delivery due to a precipitous birth.

Provided that no other obstetrician attended the patient's labour or delivery, you can bill MBS item 16519 or 16522 as long as you attend to the patient as soon as possible and assume full responsibility for the patient and baby, and aftercare.

During the on-call period, my patient's labour and birth is completely managed by another obstetrician. I resume care for my patient in the morning.

As described in MBS explanatory note [TN.4.10](#), the item you can claim is dependent on which item the other obstetrician has billed:

- If the other obstetrician bills MBS item 16515 or 16518, then you can claim MBS item 16404 as these items do not include postnatal care
- If the other obstetrician bills MBS item 16519, 16520 or 16522, then benefits are not payable for a postnatal attendance for 5 or 7 days after birth respectively as these items already include postnatal care.

It is the responsibility of each obstetrician working in a group practice to keep appropriate records to support informed patient care and billing.

I am managing my patient's labour but need to hand over ongoing care of a patient to another obstetrician. My colleague takes over and delivers my patient's baby. I assume full responsibility when I return.

You can claim MBS item 16518 for incomplete management of labour. Your colleague can claim MBS item 16515 for management of a vaginal birth, or MBS item 16520 for caesarean section, where they have not previously provided antenatal care for your patient.

Can I claim a pregnancy planning and management item if I don't see the patient face to face when the patient reaches 28 weeks of pregnancy?

Medicare benefits can only be paid for services performed by you, in Australia, to an eligible patient. If another obstetrician sees your patient at their 28 week appointment, they can bill an antenatal attendance item.

Pregnancy planning and management items 16590 and 16591 are professional attendance items and must be personally performed by the billing practitioner. These items can be performed and claimed at any point after 28 weeks of pregnancy, therefore you can bill a pregnancy planning and management item the next time you see the patient, provided all MBS item requirements have been met.

MBS items 16590 and 16591 cannot be co-claimed with antenatal attendance item 16500 on the same occasion of service as per MBS explanatory note [TN.4.3](#). However, it may be co-claimed with an attendance item for the treatment of an intercurrent condition that is not directly related to the pregnancy.

Further information

The department provides these examples as guidance. Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare billing 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 at health.gov.au under [Medicare compliance](#).

Full MBS item descriptor(s) and requirements can be found on MBS Online at mbsonline.gov.au

The department provides an email advice service for providers seeking interpretation on MBS items and rules, and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the MBS, contact AskMBS on askmbs@health.gov.au