



# Acupuncture Services MBS item changes

Last updated: 18 October 2022

- From 1 November 2022, MBS items for acupuncture services will be changed to better align these services with contemporary and evidence-based practice and to expand the range of medical practitioners eligible to provide the services.
- These changes are relevant to all medical practitioners who provide acupuncture services.
- Billing practices from 1 November 2022 will need to be adjusted to reflect these changes.

## What are the changes?

Effective 1 November 2022, there will be a revised structure for MBS items for acupuncture services. The new structure includes:

- Amendments to 4 MBS items (193, 195, 197 and 199),
- Deletion of 1 MBS item (173), and
- Clarification that item service durations only include the time a medical practitioner personally attends to the patient (whether continuously or non-continuously).

## Why are the changes being made?

These changes are a result of recommendations from the MBS Review Taskforce (the Taskforce), informed by its General Practice and Primary Care Clinical Committee and public consultation.

The changes were announced in the 2022-2023 Budget to improve the quality of care and safety for patients receiving acupuncture services and to support correct billing of acupuncture services under the MBS.

More information about the Taskforce and its associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health and Aged Care website ([www.health.gov.au](http://www.health.gov.au)).

A full copy of the General Practice and Primary Care Clinical Committee's final reports can be found in the [MBS Review – Final taskforce reports, findings and recommendations](#) section of the Department of Health and Aged Care's website ([www.health.gov.au](http://www.health.gov.au)).

## What does this mean for providers?

Effective 1 November 2022, Medicare acupuncture items (MBS items 193, 195, 197 and 199) may be claimed by:

- all medical practitioners who hold endorsement of registration for acupuncture with the Medical Board of Australia (MBA), and
- all medical practitioners who are also registered with the Chinese Medicine Board of Australia (CMBA) as an acupuncturist.

MBS item 173, which does not require a medical practitioner to hold an endorsement in acupuncture, will be deleted from the schedule at this time.

Practitioners who do not hold one of the above endorsements cannot deliver services under MBS acupuncture items from 1 November 2022.

Providers will need to familiarise themselves with the amendments to MBS acupuncture items and any associated rules and explanatory notes. All items are located in the MBS within Subgroup 1 (Acupuncture) of Group A7 (Acupuncture and Non-Specialist Practitioner Items).

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

## How will these changes affect patients?

Patients will continue to receive Medicare rebates for clinically appropriate acupuncture services that reflect modern clinical practice.

## Who was consulted on the changes?

Public consultation on the proposed Taskforce recommendations to amend MBS acupuncture items was undertaken from December 2018 to March 2019.

Additional consultation occurred with peak medical bodies during the drafting of the amendments, including with the Australian Medical Acupuncture College, the Royal Australian College of General Practitioners and the Australian Medical Association.

## How will the changes be monitored and reviewed?

The Department of Health and Aged Care regularly reviews the usage of new and amended MBS items in consultation with the profession.

All acupuncture service items will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

## Amended regulations, including item descriptors (effective from 1 November 2022)

### Treatment Time

From 1 November 2022, clause 2.10.1 of the [Health Insurance \(General Medical Services Table\) Regulations 2021](#) will be amended to read:

*For the purposes of items 193 to 199, treatment time for a medical practitioner does not include the period:*

- a) *commencing immediately after the practitioner has completed applying all acupuncture stimuli on or through a patient's skin, and*
- b) *ending immediately before the practitioner begins to remove the acupuncture stimuli from the patient,*

*unless the practitioner personally attends the patient during that period for a consultation related to the condition for which the acupuncture was performed or another consultation.*

### New Item Descriptors

Amended	Group A7 - Acupuncture and Non-Specialist Practitioner Items Subgroup 1 - Acupuncture
193	Professional attendance by a <b>general medical practitioner who is a qualified medical acupuncturist holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist</b> , at a place other than a hospital, for treatment lasting less than 20 minutes and including any of the following that are clinically relevant:  (a) taking a patient history;  (b) performing a clinical examination;  (c) arranging any necessary investigation;

	<p>(d) implementing a management plan;</p> <p>(e) providing appropriate preventive health care;</p> <p>for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed</p> <p>Fee: \$39.15 Benefit: 100%</p> <p>Extended Medicare Safety Net Cap: \$117.45</p>
<b>195</b>	<p>Professional attendance by a <b>general medical practitioner who is a qualified medical acupuncturist holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist</b>, on one or more patients at a hospital, for <b>treatment</b> lasting less than 20 minutes and including any of the following that are clinically relevant:</p> <p>(a) taking a patient history;</p> <p>(b) performing a clinical examination;</p> <p>(c) arranging any necessary investigation;</p> <p>(d) implementing a management plan;</p> <p>(e) providing appropriate preventive health care;</p> <p>for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed</p> <p>(See para AN.0.29, AN.0.9 of explanatory notes to this Category)</p> <p>Derived Fee: The fee for item 193, plus \$27.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item 193 plus \$2.15 per patient</p> <p>Extended Medicare Safety Net Cap: 300% of the Derived fee for this item, or \$500.00, whichever is the lesser amount.</p>
<b>197</b>	<p>Professional attendance by a <b>general medical practitioner who is a qualified medical acupuncturist holds endorsement of registration for acupuncture with</b></p>

	<p><b>the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 20 minutes and including any of the following that are clinically relevant:</b></p> <ul style="list-style-type: none"> <li>(a) taking a detailed patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed</p> <p>(See para AN.0.29, AN.0.9 of explanatory notes to this Category)</p> <p>Fee: \$75.80 Benefit: 100% Extended Medicare Safety Net Cap: \$227.40</p>
<p><b>199</b></p>	<p>Professional attendance by a <del>general medical</del> <b>general medical</b> practitioner who <del>is a qualified medical acupuncturist</del> <b>holds endorsement of registration for acupuncture with the Medical Board of Australia or is registered by the Chinese Medicine Board of Australia as an acupuncturist, at a place other than a hospital, for treatment lasting at least 40 minutes and including any of the following that are clinically relevant:</b></p> <ul style="list-style-type: none"> <li>(a) taking an extensive patient history;</li> <li>(b) performing a clinical examination;</li> <li>(c) arranging any necessary investigation;</li> <li>(d) implementing a management plan;</li> <li>(e) providing appropriate preventive health care;</li> </ul> <p>for one or more health-related issues, with appropriate documentation, at which acupuncture is performed by the medical practitioner by the application of stimuli on or through the skin by any means, including any consultation on the same occasion and another attendance on the same day related to the condition for which the acupuncture is performed</p> <p>(See para AN.0.29, AN.0.9 of explanatory notes to this Category)</p>

	Fee: \$111.60 Benefit: 100% Extended Medicare Safety Net Cap: \$334.80
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## Where can I find more information?

The full item descriptors 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 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).

Subscribe to '[News for Health Professionals](#)' 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 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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.**