



# Specialist MBS Telehealth (video and phone) Services – out-of-hospital attendances

Last updated: 2 September 2025

- MBS specialist telehealth services provide access to a range of non-GP specialist, consultant physician and approved dental practitioner consultations.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- Items mentioned in this specialist MBS telehealth factsheet are for out-of-hospital patients. For inpatient items please see Inpatient Telehealth Psychiatry Services Factsheet.
- Providers are expected to obtain informed financial consent from patients prior to providing the service by providing details regarding their fees, including any out-of-pocket costs.

## What are the changes?

From **1 July 2025**:

1. Psychiatry out-of-hospital telehealth items have been updated to correspond with changes reflected in previously published MBS factsheets.
2. There will be 18 new video and 5 new telephone attendance items:
  - 2 video and 1 phone item for occupational medicine.
  - 3 video and 1 phone item for pain medicine.
  - 3 video and 1 phone item for palliative medicine.
  - 4 video and 1 phone item for addiction medicine.
  - 4 video and 1 phone item for sexual health medicine.
  - 2 video items for gynaecology.
3. Co-claiming restrictions for items 132 and 133 will include MBS video items 91824, 91825, 91826, and telephone item 91836.
4. Clause 1.2.4 of the GMST will be amended to include item 92614 in the co-claiming restrictions for subsequent attendance items.

## Why are the changes being made?

The MBS item descriptors and notes are being updated in response to stakeholder feedback received during the MBS Review Advisory Committee (MRAC) post-implementation review of MBS telehealth.

## Information for providers

MBS telehealth items allow providers to continue to provide essential services to patients within their care. The change only clarifies original regulations and does not impact fees or how the items work.

Providers do not need to be in their regular practice to provide telehealth services. Providers should use their provider number relevant to the appropriate practice and must provide safe services in accordance with normal professional standards.

MBS telehealth items can substitute for equivalent face-to-face consultations where it's clinically appropriate and safe to do so; these items have the same clinical requirements as the corresponding face-to-face consultation items.

All MBS items for specialist (non-GP) services require a valid referral to the relevant specialist or approved dental practitioner. For more information see [AskMBS Advisory – Non-GP specialist and consultant physician services](#).

Providers are encouraged to stay up to date with changes to these telehealth services, and additional information will be made available ahead of future MBS updates.

## Information for patients

Patients should ask their service providers about their potential telehealth options, that may be available where clinically appropriate. The updated terminology clarifies original regulations and does not impact fees or how the items work and therefore does not impact patients' experience.

## Who was consulted on the changes?

The use of updated language was informed by stakeholder consultation, including a Post Implementation Review of Telehealth by MRAC released in March 2024.

## Information about how changes are monitored and reviewed

The Department of Health, Disability and Ageing (the department) regularly reviews the use of MBS items in consultation with the profession.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming 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 on its website at [Medicare compliance](#).

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

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

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact 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.

# Specialist MBS face-to-face and telehealth items – out-of-hospital attendances

Table 1. Specialist services

Service	Face-to-face items	Video items	Phone items
<b>Specialist. Initial attendance</b>	104	91822	
<b>Specialist. Subsequent attendance</b>	105	91823	91833

Table 2. Consultant Physician services

Service	Face-to-face items	Video items	Phone items
<b>Consultant physician. Initial attendance</b>	110	91824	
<b>Consultant physician. Subsequent attendance</b>	116	91825	
<b>Consultant physician. Minor attendance</b>	119	91826	91836

Table 3. Consultant Physician services

Service	Face-to-face items	Video items	Phone items
<b>Consultant physician. Initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes</b>	132	92422	
<b>Consultant physician, Subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes</b>	133	92423	

Table 4. Specialist and Consultant Physician services

Service	Face-to-face items	Video items	Phone items
<b>Specialist or consultant physician early intervention services for children with autism, pervasive developmental disorder, or disability</b>	137	92141	

Table 5. Geriatrician services

Service	Face-to-face items	Video items	Phone items
<b>Geriatrician, prepare an assessment and management plan, patient at least 65 years, more than 60 minutes</b>	141	92623	
<b>Geriatrician, review a management plan, more than 30 minutes</b>	143	92624	

Table 6. Consultant Psychiatrist services

Service	Face-to-face items	Video items	Phone items
<b>Consultant psychiatrist. Consultation, not more than 15 minutes</b>	300	91827	91837*
<b>Consultant psychiatrist. Consultation, 15 to 30 minutes</b>	302	91828	91838*
<b>Consultant psychiatrist. Consultation, 30 to 45 minutes</b>	304	91829	91839*
<b>Consultant psychiatrist. Consultation, 45 to 75 minutes</b>	306	91830	
<b>Consultant psychiatrist. Consultation, more than 75 minutes</b>	308	91831	
<b>Consultant psychiatrist. Consultation, not more than 15 minutes, when &gt;50 services per year</b>	310	91868	91879
<b>Consultant psychiatrist. Consultation, 15 to 30 minutes, when &gt;50 services per year</b>	312	91869	91880
<b>Consultant psychiatrist. Consultation, 30 to 45 minutes, when &gt;50 services per year</b>	314	91870	91881
<b>Consultant psychiatrist. Consultation, 45 to 75 minutes, when &gt;50 services per year</b>	316	91871	
<b>Consultant psychiatrist. Consultation, more than 75 minutes, when &gt;50 services per year</b>	318	91872	
<b>Consultant psychiatrist. Intensive psychotherapy, at least 45 minutes</b>	319	91873	

*\*Where the attendance is after the first attendance as part of a single course of treatment*

Table 7. Consultant Psychiatrist services

Service	Face-to-face items	Video items	Phone items
Consultant psychiatrist, prepare a treatment and management plan, patient under 25 years with complex neurodevelopmental disorder (autism), at least 45 minutes, once per lifetime	289	92434	
Consultant psychiatrist, prepare a management plan, more than 45 minutes	291	92435	
Consultant psychiatrist, review management plan, 30 to 45 minutes	293	92436	
Consultant psychiatrist, 50% loading fee for video consultation MM2-7, aged care, indigenous health, bulk-billed	NA	294 supports loading for: 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319	
Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 mths), more than 45 minutes	296	92437	
Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, not more than 15 minutes, not exceeding 15 services per calendar year	341	91874	91882
Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 15 to 30 minutes, not exceeding 15 services per calendar year	343	91875	91883
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, 30 to 45 minutes, not exceeding 15 attendances per calendar year	345	91876	91884
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, 45 to 75 minutes, not exceeding 15 attendances per calendar year	347	91877	

Service	Face-to-face items	Video items	Phone items
<b>Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, more than 75 minutes, not exceeding 15 attendances per calendar year</b>	349	91878	

Table 8. Consultant Psychiatrist services

Service	Face-to-face items	Video items	Phone items
<b>Consultant psychiatrist, group psychotherapy, at least 1 hour, involving group of 2 to 9 unrelated patients or a family group of more than 3 patients, each referred to consultant psychiatrist</b>	342	92455	
<b>Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 3 patients, each referred to consultant psychiatrist</b>	344	92456	
<b>Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 2 patients, each referred to consultant psychiatrist</b>	346	92457	

Table 9. Consultant Psychiatrist services

Service	Face-to-face items	Video items	Phone items
<b>Consultant psychiatrist, prepare an eating disorder treatment and management plan, more than 45 minutes</b>	90260	92162	
<b>Consultant psychiatrist, to review an eating disorder plan, more than 30 minutes</b>	90266	92172	

Table 10. Paediatrician services

Service	Face-to-face items	Video items	Phone items
<b>Paediatrician early intervention services for children with autism, pervasive developmental disorder, or disability</b>	135	92140	
<b>Paediatrician, prepare an eating disorder treatment and management plan, more than 45 minutes</b>	90261	92163	
<b>Paediatrician, to review an eating disorder plan, more than 20 minutes</b>	90267	92173	

Table 11. Public Health Physician services

Service	Face-to-face items	Video items	Phone items
<b>Public health physician, level A attendance</b>	410	92513	92521*
<b>Public health physician, level B attendance, less than 20 minutes</b>	411	92514	92522*
<b>Public health physician, level C attendance, at least 20 minutes</b>	412	92515	
<b>Public health physician, level D attendance, at least 40 minutes</b>	413	92516	

*\*Where the attendance is not the first attendance for that particular clinical indication*

Table 12. Neurosurgery attendances

Service	Face-to-face items	Video items	Phone items
<b>Neurosurgeon, initial attendance</b>	6007	92610	
<b>Neurosurgeon, minor attendance, <i>after the first in a single course of treatment.</i></b>	6009	92611	92618
<b>Neurosurgeon, subsequent attendance, 15 to 30 minutes</b>	6011	92612	
<b>Neurosurgeon, subsequent attendance, 30 to 45 minutes</b>	6013	92613	
<b>Neurosurgeon, subsequent attendance, more than 45 minutes</b>	6015	92614	

Table 13. Anaesthesia attendances



Service	Face-to-face items	Video items	Telephone items
<b>Anaesthetist, professional attendance, advanced or complex</b>	17615	92701	

Table 14. Approved Oral and Maxillofacial Surgery attendances

Service	Face-to-face items	Video items	Phone items
<b>Dental practitioner (oral and maxillofacial surgery only), initial attendance</b>	51700	54001	
<b>Dental practitioner (oral and maxillofacial surgery only), subsequent attendance</b>	51703	54002	54004

Table 15. Obstetricians, GPs, Midwives, Nurses or Aboriginal and Torres Strait Islander health practitioner services

Service	Face-to-face items	Video items	Phone items
<b>Antenatal Service provided by a Nurse, Midwife or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner</b>	16400	91850	91855
<b>Postnatal attendance by an obstetrician or GP</b>	16407	91851	91856
<b>Postnatal attendance by:</b> <b>(i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or</b> <b>(ii) an obstetrician; or</b> <b>(iii) a general practitioner</b>	<b>16408</b>	<b>91852</b>	<b>91857</b>
<b>Antenatal attendance</b>	16500	91853	91858

Table 16. Consultant occupational physician

Service	Face-to-face items	Video items	Phone items
<b>Consultant occupational physician, initial attendance</b>	385	92748	-
Consultant occupational physician, subsequent attendance	386	92749	92750

Table 17. Pain medicine services

Service	Face-to-face items	Video items	Phone items
<b>Pain medicine specialist or consultant, initial attendance</b>	2801	92751	-
<b>Pain medicine specialist or consultant, subsequent attendance</b>	2806	92752	-
<b>Pain medicine specialist or consultant, subsequent minor attendance</b>	2814	92753	92754

Table 18. Palliative medicine

Service	Face-to-face items	Video items	Phone items
<b>Palliative medicine specialist or consultant physician, initial attendance</b>	3005	92755	-
<b>Palliative medicine specialist or consultant physician, subsequent attendance</b>	3010	92756	-
<b>Palliative medicine specialist or consultant physician, subsequent minor attendance</b>	3014	92757	92758

Table 19. Addiction medicine services

Service	Face-to-face items	Video items	Phone items
<b>Addiction medicine specialist, initial attendance</b>	6018	92759	-
<b>Addiction medicine specialist, subsequent attendance</b>	6019	92760	-

Service	Face-to-face items	Video items	Phone items
Addiction medicine specialist, subsequent minor attendance	119	-	92761
Addiction medicine specialist, initial attendance, patient with at least 2 morbidities not less than 45 minutes	6023	92762	-
Addiction medicine specialist, subsequent attendance with review of patient with at least 2 morbidities, not less than 20 minutes	6024	92753	-

Table 20. Sexual Health medicine services

Service	Face-to-face items	Video items	Phone items
Sexual health medicine specialist, initial attendance	6051	92764	-
Sexual health medicine specialist, subsequent attendance	6052	92765	-
Sexual health medicine specialist, subsequent minor attendance	119	-	92766
Sexual health medicine specialist, initial attendance, patient with at least 2 morbidities not less than 45 minutes	6057	92767	-
Sexual health medicine specialist, subsequent attendance with review of patient with at least 2 morbidities, not less than 20 minutes	6058	92768	-

Table 21. Gynaecologist Specialist services

Service	Face-to-face items	Video items	Phone items
Specialist gynaecologist long consult initial attendance	125	127	-
Specialist gynaecologist long consult subsequent attendance	126	129	-

## Amended item descriptors (to take effect 1 July 2025)

### Category PROFESSIONAL ATTENDANCES

#### Group A4 - Consultant Physician Attendances To Which No Other Item Applies

#### Subgroup N/A

#### 132

Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if:

(a) an assessment is undertaken that covers:

- (i) a comprehensive history, including psychosocial history and medication review; and
- (ii) comprehensive multi or detailed single organ system assessment; and
- (iii) the formulation of differential diagnoses; and

(b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves:

- (i) an opinion on diagnosis and risk assessment; and
- (ii) treatment options and decisions; and
- (iii) medication recommendations; and

(c) an attendance on the patient to which item 110, 116, 119, 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and

(d) this item has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician.

#### Private Health Insurance Classification:

- Clinical category: Common list
- Procedure type: Type C

## Category PROFESSIONAL ATTENDANCES

### Group A4 - Consultant Physician Attendances To Which No Other Item Applies

#### Subgroup N/A

#### 133

Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if:

(a) a review is undertaken that covers:

- (i) review of initial presenting problems and results of diagnostic investigations; and
- (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and
- (iii) comprehensive multi or detailed single organ system assessment; and
- (iv) review of original and differential diagnoses; and

(b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate:

- (i) a revised opinion on the diagnosis and risk assessment; and
- (ii) treatment options and decisions; and
- (iii) revised medication recommendations; and

(c) an attendance on the patient to which item 110, 116, 119, 91824, 91825, 91826, or 91836 applies did not take place on the same day by the same consultant physician; and

(d) item 132 applied to an attendance claimed in the preceding 12 months; and

(e) the attendance under this item is claimed by the same consultant physician who claimed item 132 or locum tenens; and

(f) this item has not applied more than twice in any 12-month period.

#### Private Health Insurance Classification:

- Clinical category: Common list

## Category PROFESSIONAL ATTENDANCES

- Procedure type: Type C

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the last updated date shown above and does not account for MBS changes since that date