Reclassification of Sport and Exercise Medicine Physicians (SEMPs)

Last updated: 16 June 2025

From 1 July 2025, Sport and Exercise Medicine Physicians (SEMPs) will be reclassified as consultant physicians and will have access to Group A4 Medicare Benefits Schedule (MBS) consultant attendance items and equivalent telehealth items, replacing Group A3 specialist MBS attendance items and equivalent telehealth items.

## What are the changes?

Effective 1 July 2025, SEMPs will be reclassified as consultant physicians. As a result, SEMPs will have access to:

* Group A4 face-to-face MBS items 110, 116, 117, 119, 120, 122, 128, 131, 132 and 133.
* Group A40 telehealth MBS items 91824, 91825, 91826, 91836, 92422 and 92423.

For private health insurance purposes, the above face-to-face items will continue to be listed under the following clinical category and procedure type:

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

## Why are the changes being made?

The MBS Review Advisory Committee (MRAC) reviewed SEMPs’ access to Group A4 MBS items and [recommended these changes](https://www.health.gov.au/sites/default/files/2024-12/sport-and-exercise-medicine-physicians-a-review-of-access-to-group-a4-mbs-items.pdf) in August 2024.

The MRAC review acknowledged that Group A4 items more appropriately reflect a suitable level of compensation for the repeated, longer-timed consultations required to treat and manage chronic health conditions. The review found that enabling SEMPs to access Group A4 items would facilitate better access to care, more frequent follow-up consultations, and a potential reduction in emergency department presentations and surgical interventions.

The review also found that the Australasian College of Sport and Exercise Physicians (ACSEP) training pathway and the services provided by SEMPs are equivalent to those of other existing consultant physicians.

## What does this mean for providers?

SEMPs will need to update their billing practices to align with the relevant Group A4 and Group A40 consultant physician items. SEMPs will no longer be able to bill against Group A3 items.

New referrals will not be required for continued treatment. All subsequent services related to the same clinical condition are considered to be part of a single course of treatment.

SEMPs will need to [apply](https://www.servicesaustralia.gov.au/hw077) for recognition as consultant physicians. Further information will be made available via ACSEP.

## How will these changes affect patients?

Patients with musculoskeletal injuries and chronic and complex diseases will be able to access earlier interventions, longer consultations, and more frequent follow-ups across treatment plans. All services provided must be clinically appropriate and reflect modern clinical practice.

## Who was consulted on the changes?

Feedback on a consultation paper titled *Sport and Exercise Medicine Physician access to Group A4 MBS items* was sought by MRAC from June to August 2024. Respondents included SEMPs, orthopaedic surgeons, physiotherapists, GPs, consumers, elite sportspeople and academics. Responses overwhelmingly supported reclassification of SEMPs as consultant physicians.

## How will the changes be monitored and reviewed?

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 of Health, Disability and Ageing’ (the department) compliance program can be found on its website at [Medicare compliance](https://www.health.gov.au/topics/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](https://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting ‘[Subscribe to the MBS](https://www9.health.gov.au/mbs/subscribe.cfm)’ on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department’s email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](https://www.privatehealth.gov.au/health_insurance/phichanges/index.htm). Detailed information on the MBS item listing within clinical categories is available on the [department’s website](https://www.health.gov.au/topics/private-health-insurance/private-health-insurance-reforms). 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](https://www.legislation.gov.au/). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ on the Services Australia website to 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](https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.