



Participating midwives MBS item changes

Last updated: 18 February 2025

Participating midwives Medicare Benefits Schedule (MBS) items will change on 1 March 2025. The changes include creation of new items and amendment to existing items.

What are the changes?

The detailed revised item structure includes:

Antenatal attendance items

- Item 82100 (initial antenatal attendance) will be amended to specify a minimum duration of 60 minutes and remove the minimum duration of 40 minutes.
- Item 82105 (short antenatal attendance) will be amended to specify a minimum duration of 10 minutes and remove the maximum of 40 minutes duration.
- Item 82110 (long antenatal attendance) will be amended to describe the attendance as “routine” rather than “long”, while retaining the requirement that the attendance last at least 40 minutes.
- Item 82102 will be created for a long antenatal attendance lasting at least 90 minutes.
- Item 82103 will be created for complex antenatal care up to three times per pregnancy in instances where the care:
 - leads to a hospital admission; and
 - has a minimum three-hour time duration.

Antenatal telehealth items:

- Items 91211 and 91218 (short antenatal video and phone attendances) will be amended to specify a minimum duration of 10 minutes and remove the maximum duration of 40 minutes.
- Items 91212 and 91219 (long antenatal video and phone attendances) will be amended to describe the attendance as “routine” rather than “long”, while retaining the requirement that the attendance last at least 40 minutes.
- Items 91211, 91212 (antenatal video attendances) will be amended from “telehealth” to “video” to delineate between phone and video services.

Postnatal attendance items:

- Item 82130 (short postnatal attendance) will be amended to specify a minimum duration of 20 minutes and remove the maximum duration of 40 minutes.
- Item 82135 (long postnatal attendance) will be amended to describe the attendance as routine, rather than long.
- Item 82104 will be created for a long postnatal attendance lasting at least 90 minutes.
- Item 82140 (final postnatal attendance) will be amended to specify a minimum duration of 60 minutes, include a birth debrief and mental health assessment, and change the

permitted timeframe for claiming to “not less than four weeks and not more than eight weeks”

Postnatal telehealth items:

- Items 91214 and 91221 (short postnatal video and phone attendance) will be amended to specify a minimum duration of 20 minutes and remove the maximum duration of 40 minutes.
- Items 91215 and 91222 (postnatal video and phone attendance) will be amended to describe the attendance as “routine” rather than “long”.
- Items 91214 and 91215 will be amended from “telehealth” to “video” to delineate between phone and video services.

1 March 2025 MBS item schedule fees:

Face to face items	Video items	Phone items	Schedule fees
82100			\$84.70
82105	91211	91218	\$36.85
82110	91212	91219	\$84.70
82102			\$127.00
82103			\$234.20
82130	91214	91221	\$60.85
82135	91215	91222	\$124.50
82104			\$186.75
82140			\$60.85

Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce, which was informed by the Participating Midwives Reference Group (PMRG). More information about the Taskforce and associated Committees is available on the [Department of Health and Aged Care \(the Department\) website](#). The clinical committee final reports can be found at [the Department's website](#).

What does this mean for providers?

The new and amended items will support providers to deliver high quality care for women who require complex care in hospital, or to women who require long antenatal and postnatal attendances. Participating midwives should familiarise themselves with the item descriptors and associated explanatory notes.

How will these changes affect patients?

The changes will improve patient access to flexible, high quality and tailored maternity care.

Who was consulted on the changes?

Consultation on the changes were undertaken through the Participating Midwives Implementation Liaison Group (PMILG).

Members of the PMILG included the Australian College of Midwives, Australian Nursing and Midwifery Federation, National Association of Specialist Obstetricians and Gynaecologists, Maternity Consumer Network, independent midwifery experts, Maternity Choice Australia, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Royal Australian College of General Practitioners, My Midwives, Private Healthcare Australia, Australian Private Hospitals Association and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives.

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, which may include adequate and contemporaneous notes for the time spent with the patient. 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.

Private health insurance information on the product tier arrangements is available at 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.

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 the Services Australia 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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.