



Continuing MBS Telehealth Services

Obstetric Attendances

Last updated: 18 June 2024

- MBS Telehealth (video and phone) items are permanent and available nationally.
- A service may only be provided by telehealth where it is safe and clinically appropriate.
- MBS obstetric telehealth items are for patients who are not admitted into hospital.
- When GPs or prescribed medical practitioners claim obstetric telehealth items for which they are eligible, they are not subject to the established clinical relationship criteria. Further information about the established clinical relationship criteria is available on the MBS Telehealth Services page, Medical Practitioners in General Practice Factsheet.
- Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.

What are the changes?

From 1 January 2022, obstetric attendance telehealth items include:

- 4 video items for obstetric telehealth services – MBS items 91850, 91851, 91852 and 91853.
- 4 phone items for obstetric telehealth services – MBS items 91855, 91856, 91857 and 91858.

Why are the changes being made?

On 13 December 2021 the Australian Government committed to making telehealth services introduced in response to the COVID-19 pandemic a permanent part of Medicare. The introduction of these telehealth services was a critical part of the COVID-19 National Health Plan.

MBS telehealth items are available to all Medicare eligible Australians and will continue to offer greater flexibility to patients and health care providers.

The Government provides a bulk billing incentive for services for patients with a Commonwealth Concession Card and children under 16 years of age. This supports relevant providers to bulk bill their patients.

What telehealth options are available?

Video services are the preferred approach for substituting a face-to-face consultation. However, providers will also be able to offer audio-only services via phone if video is not available. There are separate items available for the audio-only services.

It is recommended that the obstetric ongoing phone services provided under items 91855, 91856, 91857 or 91858 are performed in cases where the practitioner and patient do not have the capacity to undertake an attendance by video.

No specific equipment is required to provide Medicare-compliant telehealth services. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. To assist providers with their privacy obligations, a privacy checklist for telehealth services has been made available on MBS Online: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist>. Further information can be found on the [Australian Cyber Security Centre website](#).

What does this mean for providers?

MBS telehealth items allow providers to continue to deliver essential health care services to patients within their care, and compliment current face-to-face consultations where it is clinically appropriate and safe to do so. Face-to-face remains the preferred mode of care. Providers should use their provider number for their primary location and must provide safe services in accordance with normal professional standards.

MBS telehealth items have the same clinical requirements as the corresponding face-to-face consultation items. As Medicare regulations are progressively updated, telehealth items for GP and prescribed medical practitioners will list a benefit that is the equivalent face-to-face fee.

Providers do not need to be in their regular practice to provide video or phone services. When providing a video or phone service outside a practice, providers should use their provider number relevant to the appropriate practice and must provide safe services in accordance with normal professional standards.

How will these changes affect patients?

Patients will receive Medicare benefits for obstetric telehealth services that are clinically appropriate and reflect modern clinical practice. Patients should ask their service providers about their telehealth options, where clinically appropriate.

Who was consulted on the changes?

Consultation with stakeholders has informed the introduction and refinement of MBS telehealth items. The transition to permanent arrangements has also been informed by medical experts and key stakeholders within the health sector.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care continues to monitor the use of the MBS telehealth items. Use of the items that does not seem to be in accordance with the relevant Medicare guidelines and legislation will be actioned appropriately.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

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

Obstetric Attendance Telehealth Services

Table 1: Obstetricians, GPs, Midwives, Nurses or Aboriginal and Torres Strait Islander health practitioner continuing telehealth services

Service	Existing Items Face-to-face	Telehealth items via video	Phone items
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	16400	91850	91855
Postnatal attendance by an obstetrician or GP	16407	91851	91856
Postnatal attendance by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner	16408	91852	91857
Antenatal attendance	16500	91853	91858