



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

Last updated: 13 March 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 March 2025**, the term 'telehealth attendance' will collectively refer to both video and phone attendances. Where an MBS item can only be claimed for a specific attendance format, it will specifically state 'phone attendance' or 'video attendance'.

## Why are the changes being made?

The MBS item descriptor and notes are being updated in response to stakeholder feedback received during the MBS Review Advisory Committee (MRAC) post-implementation review of MBS telehealth. The change is intended to reduce misinterpretation although the clinical requirements of the services will not change.

## 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 | Australian Government Department of Health and Aged Care](#) (the Department)

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 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	

\*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
<b>Consultant psychiatrist, prepare a treatment and management plan, patient under 13 years with autism or another pervasive developmental disorder, at least 45 minutes</b>	289	92434	
<b>Consultant psychiatrist, prepare a management plan, more than 45 minutes</b>	291	92435	
<b>Consultant psychiatrist, review management plan, 30 to 45 minutes</b>	293	92436	

Service	Face-to-face items	Video items	Phone items
<b>Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 mths), more than 45 minutes</b>	296	92437	
<b>Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 20 to 45 minutes</b>	348	92458	
<b>Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 45 minutes or more</b>	350	92459	
<b>Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, not less than 20 minutes, not exceeding 4 attendances per calendar year</b>	352	92460	

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	

Service	Face-to-face items	Video items	Phone items
<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



Service	Face-to-face items	Video items	Phone items
<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

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