



Medical Practitioners in General Practice MBS Telehealth (video and phone) Services

Last updated: 13 March 2025

- Medicare Benefits Schedule (MBS) telehealth services include video and phone services for non-referred attendances.
- It is a legislative requirement that medical practitioners using the telehealth (video and phone) items listed in this factsheet can only perform a telehealth service when they have an established clinical relationship with the patient, unless an exemption applies (see *Eligibility Requirements*).
- A service may only be provided by telehealth where it is safe and clinically appropriate.
- 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.
- From 1 July 2024, the following changes to telehealth items occurred:
 - Blood-borne virus and sexual or reproductive health (BBVSRH) items became exempt from the established clinical relationship requirement.
 - Non-directive pregnancy counselling (NDPC) items require an established clinical relationship. GPs may consider other services to substitute for care previously provided under NDPC, if appropriate, such as specific antenatal items (see [Obstetrics Factsheet](#)) and Better Access items for perinatal mental health care.
 - Mental health items are exempt from the established clinical relationship requirement.

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 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. 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 deliver essential health care services to patients within their care. The change clarifies original regulations and does not impact fees or how the items work.

Providers should use the provider number relevant to the practice of employment at the time, through which the service is being conducted. Services must be provided in accordance with safe and normal professional standards. Providers are encouraged to maintain clinical relationships with their patients through face-to-face services where appropriate

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.

Non-directive pregnancy counselling items remain available to patients with an established clinical relationship with their GP. However, where relevant, and deemed urgent and appropriate for a patient who does not have an established clinical relationship, the BBVSRH items, obstetric antenatal items (see [Obstetrics Factsheet](#)), specific GP mental health and urgent afterhours services may be considered. These alternatives are available to any patient from any GP.

Telehealth services contribute to Standardised Whole Patient Equivalent (SWPE) calculations which determine the value of Practice Incentives Program (PIP) and Workplace Incentive Program (WIP) payments. Including video and phone into the SWPE ensures that payments that support quality improvement activities and subsidies for allied health workers reflect contemporary practice.

Telehealth services are included in the 'prescribed patterns of service rule'. Any medical practitioner who provides more than a combined 80 services per day on 20 or more days in a 12-month period (cumulative not consecutive) will be referred to the Professional Services Review (PSR). Under the '30/20 rule', any medical practitioner who provides 30 or more phone consultations per day on 20 or more days in a 12-month period (cumulative not consecutive) would be referred to the PSR for peer review of their practice.

Information for patients

Patients should ask their service providers about their telehealth options, 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.

To be eligible for MBS telehealth services, patients must have an established clinical relationship, meet the exemption criteria, or for level C and D telephone services, be registered in MyMedicare with the practice providing the service.

Patients are encouraged to speak to their doctor or general practice about the most appropriate consult for their circumstances. Patients interested in ongoing telehealth

consultations are encouraged to maintain their access by having in-person consultations as required.

Bulk-billed video and phone services are eligible for incentive payments when provided to Commonwealth concession card holders and children under 16 years of age.

Eligibility Requirements

MBS video and phone items in this factsheet are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive most of these services if they have an *established clinical relationship* with a medical practitioner. Longer telephone services are available for patients registered in MyMedicare.

MyMedicare

MyMedicare is a voluntary patient registration model that aims to formalise the relationship between patients and their preferred primary care teams.

Registration provides eligibility for GP MBS telehealth Level C (longer than 20 minutes) and D (longer than 40 minutes) phone services, rendered by providers in their registered practice. These requirements support longitudinal and person-centred primary health care that is associated with better health outcomes.

For more information on MyMedicare, please see the [MyMedicare website](#).

Established clinical relationship requirement (see AN.1.1)

An established clinical relationship means the medical practitioner performing the service:

- has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance; or
- the medical practitioner is located at a medical practice where the patient has received at least one face-to-face service arranged by that practice in the 12 months preceding the telehealth attendances (including services performed by another medical practitioner located at the practice, or by another health professional located at the practice, such as a practice nurse or Aboriginal and Torres Strait Islander health worker); or
- is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a general practice that has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance.
- The established clinical relationship requirement is a rolling requirement.
- For each telehealth consultation, the patient must meet one of the eligibility requirements outlined above, unless one of the following exemptions applies:
 - The patient is:
 - Under the age of 12 months
 - Homeless
 - Isolating because of a COVID-related State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order

- Affected by natural disaster, defined as living in a local government area declared a natural disaster by a State or Territory government; or
- The service is:
 - An urgent after-hours (unsociable hours) service
 - Rendered by a medical practitioner in an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service (ACCHO); or
 - A BBVSRH consultation; or
 - A mental health service.

A patient's participation in a previous video or phone consultation does not constitute a face-to-face service for the purposes of ongoing telehealth eligibility.

Practitioners should confirm that patients have either received an eligible face-to-face attendance, meet one or more of the relevant exemption criteria, or, where relevant, are registered in MyMedicare prior to providing a telehealth attendance. Failure to meet the established clinical relationship or the MyMedicare requirement may result in incorrect claiming or out-of-pocket costs for patients.

Who was consulted on the changes?

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

The MBS Review Advisory Committee – Telehealth Post-Implementation Review – Final report is available on the [Department of Health and Aged Care's website](#) (the Department)

Information about how services 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](#).

What telehealth options are available?

Video services are the preferred approach for substituting a face-to-face consultation. However, providers can also offer audio-only services via phone where clinically appropriate. There are separate items available for phone services.

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](#). Further information can be found on [the Australian Cyber Security Centre website](#).

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 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.

General Practitioner (GP) Services

Table 1: Standard GP services since 13 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items only available with MyMedicare
Attendance for an obvious problem	3	91790	
Attendance at least 6 minutes but less than 20 minutes	23	91800	
Attendance at least 20 minutes	36	91801	91900
Attendance at least 40 minutes	44	91802	91910
Attendance at least 60 minutes	123	91920	

Table 2: Short and long GP phone consultations since 1 July 2021

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Phone items
Short consultation, less than 6 minutes	91890
Long consultation, 6 minutes or greater	91891

Table 3: Health assessment for Indigenous People since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Health assessment	715	92004	

Table 4: Chronic Disease Management items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Preparation of a GP management plan (GPMP)	721	92024	
Coordination of Team Care Arrangements (TCAs)	723	92025	
Contribution to a Multidisciplinary Care Plan, or to a review of a Multidisciplinary Care Plan, for a patient who is not a care recipient in a residential aged care facility	729	92026	
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility	731	92027	
Review of a GPMP or Coordination of a Review of TCAs	732	92028	

Table 5: Autism, pervasive developmental disorder & disability services since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Assessment, diagnosis and preparation of a treatment and management plan for patient under 13 years with an eligible disability, at least 45 minutes.	139	92142	

Table 6: Pregnancy Support Counselling program items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Non-directive pregnancy support counselling, at least 20 minutes	4001	92136	92138

Table 7: Eating Disorder Management items since 30 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
GP without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90250	92146	
GP without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90251	92147	
GP with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90252	92148	
GP with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90253	92149	
Review of an eating disorder treatment and management plan	90264	92170	92176
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes	90271	92182	92194
EDPT service, at least 40 minutes	90273	92184	92196

Table 8: Mental Health Services items since 13 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
Focussed Psychological Strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes	2721	91818	91842
FPS treatment, at least 40 minutes	2725	91819	91843

Table 9: Mental Health Services items since 30 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
GP without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2700	92112	
GP without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2701	92113	
Review of a GP mental health treatment plan or Psychiatrist Assessment and Management Plan	2712	92114	92126
Mental health treatment consultation, at least 20 minutes	2713	92115	92127
GP with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2715	92116	
GP with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2717	92117	

Table 10: Urgent After-Hours Attendance items since 30 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
Urgent attendance, unsociable after hours	599	92210	

Table 11: Blood borne viruses, sexual or reproductive health consultation since 1 July 2021

Service	Face-to-face	Video items	Phone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes		92715	92731
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes		92718	92734
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes		92721	92737
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration		92724	92740

Non-GP medical practitioners services

Table 12: General attendance services since on 13 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by a Medical Practitioner (not a general practitioner)	Equivalent face-to-face items	Video items	Phone items only available with MyMedicare
Attendance of not more than 5 minutes	52	91792	
Attendance of more than 5 minutes but not more than 25 minutes	53	91803	
Attendance of more than 25 minutes but not more than 45 minutes	54	91804	91903
Attendance of more than 45 minutes but not more than 60 minutes	57	91805	91913
Attendance of more than 60 minutes	151	91923	
Service by a Medical Practitioner not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	Equivalent face-to-face items	Video items	Phone items only available with MyMedicare
Attendance of not more than 5 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	179	91794	
Attendance of more than 5 minutes but not more than 25 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	185	91806	
Attendance of more than 25 minutes but not more than 45 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	189	91807	91906

Attendance of more than 45 minutes but not more than 60 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	203	91808	91916
Attendance of More than 60 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	165	91926	

Table 13: Short and long Phone consultations since 1 July 2021

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Phone items
Short consultation, less than 6 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	91892
Long consultation, 6 minutes or greater by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	91893

Table 14: Health assessment for people of Aboriginal or Torres Strait Islander descent items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Health assessment	228	92011	

Table 15: Chronic Disease Management items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Preparation of a GP management plan (GPMP) by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	229	92055	

Coordination of Team Care Arrangements (TCAs) by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	230	92056	
Contribution to a Multidisciplinary Care Plan, or to a review of a Multidisciplinary Care Plan, by a medical practitioner (not including a general practitioner, specialist, or consultant physician) for a patient who is not a care recipient in a residential aged care facility	231	92057	
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, by a medical practitioner (not including a general practitioner, specialist, or consultant physician) for a resident in an aged care facility	232	92058	
Review of a GPMP or Coordination of a Review of TCAs by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	233	92059	

Table 16: Pregnancy Support Counselling program items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Non-directive pregnancy support counselling, at least 20 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	792	92137	92139

Table 17: Eating Disorder Management items since 30 March 2020

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Medical practitioner without mental health skills training (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90254	92150	
Medical practitioner without mental health skills training (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, at least 40 minutes	90255	92151	
Medical practitioner with mental health skills training (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90256	92152	
Medical practitioner with mental health skills training, (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, at least 40 minutes	90257	92153	
Review of an eating disorder treatment and management plan by medical practitioner (not including a general practitioner, specialist, or consultant physician)	90265	92171	92177
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes conducted by medical practitioner (not including a general	90275	92186	92198

practitioner, specialist, or consultant physician)			
EDPT service, at least 40 minutes conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician)	90277	92188	92200

Table 18: Mental Health items since 13 March 2020

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Focused Psychological Strategies (FPS) treatment, conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician) lasting at least 30 minutes, but less than 40 minutes	283	91820	91844
FPS treatment, conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician) duration at least 40 minutes	286	91821	91845

Table 19: Mental Health items since 30 March 2020

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Medical practitioner (not including a general practitioner, specialist, or consultant physician) without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	272	92118	
Medical practitioner (not including a general practitioner, specialist, or consultant physician), without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	276	92119	

Review of a GP mental health treatment plan or Psychiatrist Assessment and Management Plan by medical practitioner (not including a general practitioner, specialist, or consultant physician)	277	92120	92132
Medical practitioner (not including a general practitioner, specialist, or consultant physician), mental health treatment consultation, at least 20 minutes	279	92121	92133
Medical practitioner (not including a general practitioner, specialist, or consultant physician) with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	281	92122	
Medical practitioner (not including a general practitioner, specialist, or consultant physician) with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	282	92123	

Table 20: Urgent After-Hours Attendance items since 30 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
Urgent attendance, unsociable after hours	600	92211	

Table 21: Blood borne viruses, sexual or reproductive health consultation since 1 July 2021

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not		92716	92732

including a general practitioner, specialist, or consultant physician) of not more than 5 minutes			
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician) of more than 5 minutes in duration but not more than 20 minutes		92719	92735
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician) of more than 20 minutes in duration but not more than 40 minutes		92722	92738
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician) lasting at least 40 minutes in duration		92725	92741
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, of not more than 5 minutes. Modified Monash 2-7 area		92717	92733
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, of more than 5 minutes in duration but not more		92720	92736

than 20 minutes. Modified Monash 2-7 area			
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes. Modified Monash 2-7 area		92723	92739
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, lasting at least 40 minutes in duration. Modified Monash 2-7		92726	92742

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

date