



Inpatient Video Psychiatry Services

Last updated: 13 March 2025

- From 1 November 2024 until 31 October 2026 Medicare Benefit Schedule (MBS) psychiatry telehealth, video attendance Medicare Benefit Schedule (MBS) items will be available for the admission and some subsequent consultations with inpatients in private hospitals.
- This change is relevant to psychiatrists, referrers, hospitals, medical administrators, and insurers operating in the private health system.
- From 1 November 2024 there was a new structure for MBS psychiatry items this included:
 - 1 **new** item (**92483**) for an initial video consultation for attendance in hospital of a new patient.
 - 5 **new** items (**92478-92482**) for subsequent time-tiered video attendances in hospital.
 - 1 **new explanatory note** (**AN.8.1**) for the time-tiered items (**92478-92483**).
- As a result of the above changes, there are also consequential amendments required to change the item numbers referenced within the descriptors of three other items:
 - 3 **amended items** (**296, 297, 299**)
- A summary of item number changes is found at **Attachment A** of this fact sheet.

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 'video attendance' or 'phone 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.

Announced in the 2024-2025 Budget, the intent of the inpatient psychiatry items is to support appropriate access to care for patients by enabling psychiatrists to use video consultations to admit patients to hospital and provide some in-patient services. The value of video consultation as an option to expediate inpatient admission and care is supported, acknowledging due consideration to the clinical and practical appropriateness for each patient.

Information for providers

MBS telehealth items allow providers to continue to deliver essential health care services to patients within their care. The change only 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 and must provide safe services in accordance with normal professional standards

Providers should familiarise themselves with the new item structure and any associated rules and explanatory notes. Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements.

Referrers will need to familiarise themselves with the changes to the scope of services supporting inpatient admission.

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 a patients' experience.

The new item structure is designed to ensure that psychiatry patients receive the highest clinical inpatient care where urgency of admission is critical. The MBS video telehealth admission item replicates the MBS item for face-to-face assessment.

Subsequent time tiered telehealth consultations items will be limited to a single video consultation for each week of admission, acknowledging the requirement to assess best practice guidelines for individual patient needs.

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.

Inpatient psychiatry items were introduced following liaison between the Government and industry representatives and experts, including the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and the Australian Private Hospital Association (APHA).

Information about how changes are monitored and reviewed

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

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 compliance program can be found on its website at [Medicare compliance](#).

The new MBS psychiatry items will be implemented for an initial period of two years. They will be reviewed 12 months post implementation to assess their effectiveness. Any extension beyond two years will be subject to Government consideration in a Budget context.

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 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.

Inpatient video psychiatry Item descriptors

Category 1 – Professional Attendances

Group A40 – Telehealth attendance services

Subgroup 6 – Consultant psychiatrist video services

92483

Video attendance of more than 45 minutes by a consultant psychiatrist following referral of the patient to the consultant psychiatrist by a referring practitioner – an attendance on a patient located at a hospital if the patient:

(a) is a new patient for this consultant psychiatrist; or

(b) has not received a professional attendance from the consultant psychiatrist in the preceding 24 months;

other than attendance on a patient in relation to whom this item, or any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92482 has applied in the preceding 24 months (H)

Fee: \$301.05

Benefit: 75% = \$225.80

Private Health Insurance Classification:

Clinical category: Common List

Procedure type: Type C

92478

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance is not more than 15 minutes duration; and

(d) the patient has not received a service to which item 92479, 92480, 92481, 92482 or 92483 applies in the last seven days

(H)

Fee: \$50.10

Benefit: 75% = \$37.60

Private Health Insurance Classification:

Clinical category: Common List

Procedure type: Type C

Category 1 – Professional Attendances

92479

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance is at least 15 minutes, but not more than 30 minutes in duration; and

(d) the patient has not received a service to which item 92478, 92480, 92481, 92482 or 92483 applies in the last seven days

(H)

Fee: \$100.00

Benefit: 75% \$75.00

Private Health Insurance Classification:

Clinical category: Common List

Procedure type: Type C

92480

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance was at least 30 minutes, but not more than 45 minutes in duration; and

(d) the patient has not received a service to which item 92478, 92479, 92481, 92482 or 92483 applies in the last seven days

(H)

Fee: \$153.90

Benefit: 75% \$115.45

Private Health Insurance Classification:

Clinical category: Common List

Procedure type: Type C

92481

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance was at least 45 minutes, but not more than 75 minutes in duration; and

(d) the patient has not received a service to which item 92478, 92479, 92480, 92482 or 92483 applies in the last seven days

(H)

Fee: \$212.40

Benefit: 75% = \$159.30

Private Health Insurance Classification:

Clinical category: Common List

Procedure type: Type C

92482

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance was at least 75 minutes in duration; and

(d) the patient has not received a service to which item 92478, 92479, 92480, 92481 or 92483 applies in the last seven days

(H)

Fee: \$246.50

Benefit: 75% = \$184.90

Private Health Insurance Classification:

Clinical category: Common List

Procedure type: Type C

Minor amendments from 1 November 2024

Category 1 – Professional Attendances

Group A8 – Consultant psychiatrist attendances to which no other item applies

296

Minor change to descriptor to include the new video attendance equivalent item numbers.

297

Minor change to descriptor to include the new video attendance equivalent item numbers.

299

Minor change to descriptor to include the new video attendance equivalent item numbers.

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.