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](https://www.health.gov.au/resources/publications/askmbs-advisory-non-gp-specialist-and-consultant-physician-services?language=en) (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](https://www.health.gov.au/topics/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](https://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting ‘[Subscribe to the MBS](https://www9.health.gov.au/mbs/subscribe.cfm)’ 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](https://www.privatehealth.gov.au/health_insurance/phichanges/index.htm). Detailed information on the MBS item listing within clinical categories is available on the [Department’s website](https://www.health.gov.au/topics/private-health-insurance/private-health-insurance-reforms). 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](https://www.legislation.gov.au). 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](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ 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](https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/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 |
| --- | --- | --- | --- |
| Specialist. Initial attendance | 104 | 91822 |  |
| **Specialist. Subsequent attendance** | 105 | 91823 | 91833 |

Table 2. Consultant Physician services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Consultant physician. Initial attendance | 110 | 91824 |  |
| Consultant physician. Subsequent attendance | 116 | 91825 |  |
| **Consultant physician. Minor attendance** | 119 | 91826 | 91836 |

Table 3. Consultant Physician services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Consultant physician. Initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes | 132 | 92422 |  |
| **Consultant physician, Subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes** | 133 | 92423 |  |

Table 4. Specialist and Consultant Physician services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Specialist or consultant physician early intervention services for children with autism, pervasive developmental disorder, or disability | 137 | 92141 |  |

Table 5. Geriatrician services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Geriatrician, prepare an assessment and management plan, patient at least 65 years, more than 60 minutes | 141 | 92623 |  |
| **Geriatrician, review a management plan, more than 30 minutes** | 143 | 92624 |  |

Table 6. Consultant Psychiatrist services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Consultant psychiatrist. Consultation, not more than 15 minutes | 300 | 91827 | 91837\* |
| Consultant psychiatrist. Consultation, 15 to 30 minutes | 302 | 91828 | 91838\* |
| Consultant psychiatrist. Consultation, 30 to 45 minutes | 304 | 91829 | 91839\* |
| Consultant psychiatrist. Consultation, 45 to 75 minutes | 306 | 91830 |  |
| **Consultant psychiatrist. Consultation, more than 75 minutes** | 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 |
| --- | --- | --- | --- |
| Consultant psychiatrist, prepare a treatment and management plan, patient under 13 years with autism or another pervasive developmental disorder, at least 45 minutes | 289 | 92434 |  |
| Consultant psychiatrist, prepare a management plan, more than 45 minutes | 291 | 92435 |  |
| Consultant psychiatrist, review management plan, 30 to 45 minutes | 293 | 92436 |  |
| Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 mths), more than 45 minutes | 296 | 92437 |  |
| Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 20 to 45 minutes | 348 | 92458 |  |
| Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 45 minutes or more | 350 | 92459 |  |
| **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** | 352 | 92460 |  |

Table 8. Consultant Psychiatrist services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| 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 | 342 | 92455 |  |
| **Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 3 patients, each referred to consultant psychiatrist** | 344 | 92456 |  |
| **Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 2 patients, each referred to consultant psychiatrist** | 346 | 92457 |  |

Table 9. Consultant Psychiatrist services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Consultant psychiatrist, prepare an eating disorder treatment and management plan, more than 45 minutes | 90260 | 92162 |  |
| **Consultant psychiatrist, to review an eating disorder plan, more than 30 minutes** | 90266 | 92172 |  |

Table 10. Paediatrician services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Paediatrician early intervention services for children with autism, pervasive developmental disorder, or disability | 135 | 92140 |  |
| **Paediatrician, prepare an eating disorder treatment and management plan, more than 45 minutes** | 90261 | 92163 |  |
| **Paediatrician, to review an eating disorder plan, more than 20 minutes** | 90267 | 92173 |  |

Table 11. Public Health Physician services

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Public health physician, level A attendance | 410 | 92513 | 92521\* |
| Public health physician, level B attendance, less than 20 minutes | 411 | 92514 | 92522\* |
| Public health physician, level C attendance, at least 20 minutes | 412 | 92515 |  |
| **Public health physician, level D attendance, at least 40 minutes** | 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 |
| --- | --- | --- | --- |
| Neurosurgeon, initial attendance | 6007 | 92610 |  |
| Neurosurgeon, minor attendance, *after the first in a single course of treatment.* | 6009 | 92611 | 92618 |
| Neurosurgeon, subsequent attendance, 15 to 30 minutes | 6011 | 92612 |  |
| Neurosurgeon, subsequent attendance, 30 to 45 minutes | 6013 | 92613 |  |
| **Neurosurgeon, subsequent attendance, more than 45 minutes** | 6015 | 92614 |  |

Table 13. Anaesthesia attendances

| Service | Face-to-face items | Video items | Telephone items |
| --- | --- | --- | --- |
| Anaesthetist, professional attendance, advanced or complex | 17615 | 92701 |  |

Table 14. Approved Oral and Maxillofacial Surgery attendances

| Service | Face-to-face items | Video items | Phone items |
| --- | --- | --- | --- |
| Dental practitioner (oral and maxillofacial surgery only), initial attendance | 51700 | 54001 |  |
| **Dental practitioner (oral and maxillofacial surgery only), subsequent attendance** | 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 |
| --- | --- | --- | --- |
| 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 |

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