



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

Last updated: 29 October 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 on [MBS Online - MBS Telehealth Services](#).
- 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.
- Psychiatry out-of-hospital telehealth items have been updated to correspond with changes reflected in previously published MBS factsheets.
- 18 video and 5 phone attendance items:
 - 2 video and 1 phone item for occupational medicine.
 - 3 video and 1 phone item for pain medicine.
 - 3 video and 1 phone item for palliative medicine.
 - 4 video and 1 phone item for addiction medicine.
 - 4 video and 1 phone item for sexual health medicine.
 - 2 video items for gynaecology.
- Co-claiming restrictions for items 132 and 133 will include MBS video items 91824, 91825, 91826, and telephone item 91836.
- Clause 1.2.4 of the GMST will be amended to include item 92614 in the co-claiming restrictions for subsequent attendance items.

What are the changes?

From 1 November 2025, nine new subsequent phone items will be introduced for specialists and consultant physicians (92440, 92441, 92442, 92443, 92444, 92445, 92446, 92447 and 92448). These items have the same clinical requirements as equivalent in-person (face-to-face) and video items (see tables below for descriptions).

Why are the changes being made?

The introduction of nine new subsequent phone items responds to a recommendation of the Medicare Benefits Schedule (MBS) Review Advisory committee (MRAC) post implementation review of MBS telehealth. The MRAC – Telehealth Post-Implementation Review – Final report is available on the Department of Health, Disability and Ageing (the department) [website](#).

Information for providers

MBS telehealth items allow providers to continue to provide essential services to patients within their care.

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. For an MBS benefit to be valid both the provider and patient must be in Australia at the time of the service.

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](#).

Telehealth services listed in the *Health Insurance (Professional Services Review Scheme) Regulations 2019* are included in the 'prescribed patterns of service rule'. Any medical practitioner who provides more than a combined 30 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).

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 telehealth options that may be available where clinically appropriate.

Who was consulted on the changes?

The introduction of nine new subsequent phone items was informed by stakeholder consultation through the MRAC's Post Implementation Review of MBS Telehealth

released in June 2024. This included industry stakeholders, consumers, individual providers, organisations and researchers.

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.

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.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing 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 to 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
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	92440
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	92443

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	92448

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	

Service	Face-to-face items	Video items	Phone items
Consultant psychiatrist. Consultation, not more than 15 minutes, when >50 services per year	310	91868	91879
Consultant psychiatrist. Consultation, 15 to 30 minutes, when >50 services per year	312	91869	91880
Consultant psychiatrist. Consultation, 30 to 45 minutes, when >50 services per year	314	91870	91881
Consultant psychiatrist. Consultation, 45 to 75 minutes, when >50 services per year	316	91871	
Consultant psychiatrist. Consultation, more than 75 minutes, when >50 services per year	318	91872	
Consultant psychiatrist. Intensive psychotherapy, at least 45 minutes	319	91873	

**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 25 years with complex neurodevelopmental disorder (autism), at least 45 minutes, once per lifetime	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	92444
Consultant psychiatrist, 50% loading fee for video consultation	N/A	294 supports	

Service	Face-to-face items	Video items	Phone items
MM2-7, aged care, indigenous health, bulk-billed		loading for: 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319	
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, not more than 15 minutes, not exceeding 15 services per calendar year	341	91874	91882
Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 15 to 30 minutes, not exceeding 15 services per calendar year	343	91875	91883
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, 30 to 45 minutes, not exceeding 15 attendances per calendar year	345	91876	91184
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, 45 to 75 minutes, not exceeding 15 attendances per calendar year	347	91877	

Service	Face-to-face items	Video items	Phone items
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, more than 75 minutes, not exceeding 15 attendances per calendar year	349	91878	

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	92441

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	92442

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	92445

Service	Face-to-face items	Video items	Phone items
Neurosurgeon, subsequent attendance, 30 to 45 minutes	6013	92613	92446
Neurosurgeon, subsequent attendance, more than 45 minutes	6015	92614	92447

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

Service	Face-to-face items	Video items	Phone items
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

Table 16. Consultant occupational physician

Service	Face-to-face items	Video items	Phone items
Consultant occupational physician, initial attendance	385	92748	-
Consultant occupational physician, subsequent attendance	386	92749	92750

Table 17. Pain medicine services

Service	Face-to-face items	Video items	Phone items
Pain medicine specialist or consultant, initial attendance	2801	92751	-
Pain medicine specialist or consultant, subsequent attendance	2806	92752	-
Pain medicine specialist or consultant, subsequent minor attendance	2814	92753	92754

Table 18. Palliative medicine

Service	Face-to-face items	Video items	Phone items
Palliative medicine specialist or consultant physician, initial attendance	3005	92755	-
Palliative medicine specialist or consultant physician, subsequent attendance	3010	92756	-
Palliative medicine specialist or consultant physician, subsequent minor attendance	3014	92757	92758

Table 19. Addiction medicine services

Service	Face-to-face items	Video items	Phone items
Addiction medicine specialist, initial attendance	6018	92759	-
Addiction medicine specialist, subsequent attendance	6019	92760	-
Addiction medicine specialist, subsequent minor attendance	119	-	92761
Addiction medicine specialist, initial attendance, patient with at least 2 morbidities not less than 45 minutes	6023	92762	-
Addiction medicine specialist, subsequent attendance with review of patient with at least 2 morbidities, not less than 20 minutes	6024	92753	-

Table 20. Sexual Health medicine services

Service	Face-to-face items	Video items	Phone items
Sexual health medicine specialist, initial attendance	6051	92764	-
Sexual health medicine specialist, subsequent attendance	6052	92765	-
Sexual health medicine specialist, subsequent minor attendance	119	-	92766
Sexual health medicine specialist, initial attendance, patient with at least 2 morbidities not less than 45 minutes	6057	92767	-
Sexual health medicine specialist, subsequent attendance with review of patient with at least 2 morbidities, not less than 20 minutes	6058	92768	-

Table 21. Gynaecologist Specialist services

Service	Face-to-face items	Video items	Phone items
Specialist gynaecologist long consult initial attendance	125	127	-
Specialist gynaecologist long consult subsequent attendance	126	129	-

Amended item descriptors (to take effect 1 July 2025)

Category PROFESSIONAL ATTENDANCES

Group A4 - Consultant Physician Attendances To Which No Other Item Applies

Subgroup N/A

132

Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 45 minutes in duration for an initial assessment of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) following referral of the patient to the consultant physician by a referring practitioner, if:

(a) an assessment is undertaken that covers:

- (i) a comprehensive history, including psychosocial history and medication review; and
- (ii) comprehensive multi or detailed single organ system assessment; and
- (iii) the formulation of differential diagnoses; and

(b) a consultant physician treatment and management plan of significant complexity is prepared and provided to the referring practitioner, which involves:

- (i) an opinion on diagnosis and risk assessment; and
- (ii) treatment options and decisions; and
- (iii) medication recommendations; and

(c) an attendance on the patient to which item 110, 116, 119, 91824, 91825, 91826 or 91836 applies did not take place on the same day by the same consultant physician; and

(d) this item has not applied to an attendance on the patient in the preceding 12 months by the same consultant physician.

Private Health Insurance Classification:

- Clinical category: Common list
- Procedure type: Type C

Group A4 - Consultant Physician Attendances To Which No Other Item Applies

Subgroup N/A

133

Professional attendance by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) of at least 20 minutes in duration after the first attendance in a single course of treatment for a review of a patient with at least 2 morbidities (which may include complex congenital, developmental and behavioural disorders) if:

(a) a review is undertaken that covers:

- (i) review of initial presenting problems and results of diagnostic investigations; and
- (ii) review of responses to treatment and medication plans initiated at time of initial consultation; and
- (iii) comprehensive multi or detailed single organ system assessment; and
- (iv) review of original and differential diagnoses; and

(b) the modified consultant physician treatment and management plan is provided to the referring practitioner, which involves, if appropriate:

- (i) a revised opinion on the diagnosis and risk assessment; and
- (ii) treatment options and decisions; and
- (iii) revised medication recommendations; and

(c) an attendance on the patient to which item 110, 116, 119, 91824, 91825, 91826, or 91836 applies did not take place on the same day by the same consultant physician; and

(d) item 132 applied to an attendance claimed in the preceding 12 months; and

(e) the attendance under this item is claimed by the same consultant physician who claimed item 132 or locum tenens; and

(f) this item has not applied more than twice in any 12-month period.

Private Health Insurance Classification:

- Clinical category: Common list
- Procedure type: Type C

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.