



Continuing MBS Telehealth Services

Participating Midwives

Last updated: 8 March 2023

- MBS telehealth services introduced on a temporary basis in response to the COVID-19 pandemic will now be permanent. Telehealth services provided by GPs, medical practitioners, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery services will continue. A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- These MBS telehealth items are for out-of-hospital patients.
- 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.

What are the changes?

From 1 January 2022 the COVID-19 obstetric attendance telehealth arrangements introduced in response to the pandemic will continue to be available, this will include:

- MBS items 91211-91222

A list of the telehealth items is provided later in this fact sheet.

Why are the changes being made?

The Australian Government committed on 13 December 2021 to make telehealth services that were introduced in response to COVID-19 a permanent part of Medicare. The introduction of these telehealth services has been a critical part of the COVID-19 National Health Plan and transformational to Australia's universal health care program. Telehealth will continue to offer greater flexibility to patients and health care providers.

Who is eligible?

The MBS telehealth items are available for a wide range of consultations. All Medicare eligible Australians can now receive these services.

What telehealth options are available?

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only 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 MBSOnline: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist>. Further information can be found on the [Australian Cyber Security Centre website](#).

What does this mean for providers?

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

Participating midwives do not need to be in their regular practice to provide telehealth services. They should use their provider number for their primary location and must provide safe services in accordance with normal professional standards.

The telehealth MBS items have the same clinical requirements as the corresponding face-to-face consultation items.

How will these changes affect patients?

Patients should ask their service providers about their telehealth options, where clinically appropriate.

Who was consulted on the changes?

Consultation with stakeholders has informed the introduction and refinement of MBS telehealth items. The transition to permanent arrangements has also been informed by medical experts and key stakeholders within the health sector.

How will the changes be monitored and reviewed?

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

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 at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care 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.

Participating Midwives Telehealth Services

Table 1: Midwife telehealth items

Service	Existing Items face to face	Telehealth items via video- conference	Telephone items
Short antenatal attendance lasting up to 40 minutes	82105	91211	91218
Long antenatal attendance lasting at least 40 minutes	82110	91212	91219
Short postnatal attendance lasting up to 40 minutes	82130	91214	91221
Long postnatal attendance lasting at least 40 minutes	82135	91215	91222

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.