



# Quick Reference Guide: Changes to psychiatry services

Date of change: 1 March 2024

**Amended items:** 291 293 294 296 297 299 300 302  
304 306 308 310 312 314 316 318  
319 14224 91827 91828 91829 91830  
91831 91837 91838 91839 92435  
92436 92437

**New items:** 341 343 345 347 349 91879 91880  
91881 91882 91883 91884 91868  
91869 91870 91871 91872 91873  
91874 91875 91876 91877 91878

**Deleted items:** 348 350 352 92458 92459 92460

**New explanatory note:** AN.0.77

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## Revised structure

Effective 1 March 2024, there will be a revised structure for items for psychiatry Medicare Benefits Schedule (MBS) items. These changes will ensure the items align with contemporary clinical practice and address recommendations endorsed by MBS Reviews Taskforce (the Taskforce).

The new structure includes:

- 22 **new** items relating to a range of services such as non-patient interview items and telehealth equivalent items, telehealth items for more than 50 subsequent consultation items and a new telehealth equivalent item for psychotherapy item 319.
- 6 **deleted** items relating to non-patient interview services.
- 7 **amended** items including updates to the descriptor for GP and participating nurse practitioner management plan items and their telehealth equivalent items, and an

increased fee for electroconvulsive therapy (ECT) services. The ECT item will also be restricted to in-hospital only. There will also be a new explanatory note, AN.0.77, that relates to item 346.

There will also be 23 **minor amendments** that include updated item numbers in descriptors to reflect the above changes.

## Patient impacts

These changes ensure psychiatry patients receive the highest quality clinical care and that MBS funded services represent value for patient and community by:

- updating item descriptors and explanatory notes to clarify intention of group therapy and GP/participating nurse practitioner requested management plan items to provide additional clarity and ensure appropriate use of these items for the intended patient cohort.
- updating item descriptors to remove stigma associated with specific diagnostic references and introducing telehealth equivalent items. These changes will remove barriers for patients accessing intensive psychotherapy treatment for complex and severe mental health disorders
- applying appropriate benchmarking of procedural fees for ECT which delivers a highly effective treatment to patients experiencing treatment resistant mental health disorders. This change will address an identified increase in complexity and individualised planning no longer reflected in the schedule fee.
- aligning non-patient interview items with a time-tiered model, mirroring the patient attendance items to increase clinician flexibility according to clinical needs of the patient, at diagnosis and throughout ongoing management. This change will ensure a more equitable and consistency of billing across similar services.
- Aligning clinical requirements of psychiatry telehealth attendance items with equivalent face-to-face attendance items to ensure consistency of annual service caps.

## Restrictions or requirements

- The ECT item (item 14224) will be restricted to in-hospital services only.
- Item 346 will include a new explanatory note to clarify that infants under 12 months, with a separate referral can claim this item.
- New non-patient interview items 341, 343, 345, 347 and 349 and telehealth equivalent items 91874 to 91878 and 91882 to 91884 are capped at 15 services per patient per calendar year.
- New time-tiered video and phone consultation items 91868, 91869, 91870, 91871, 91872, 91879, 91880 and 91881 will be available for individuals who have exceeded 50 attendances in a year.



## Amended item 291 – GP or Nurse Practitioner requested Management Plans

**Item:** This item allows a psychiatrist to provide high-quality psychiatric assessments and management plans to GPs and participating nurse practitioners for their patients.

**Overview:** Amend item descriptor to strengthen the intent of the item and provide further clarity to providers regarding this intention.

### Service/Descriptor:

Professional attendance lasting more than 45 minutes at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

(a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner, for an assessment or management; and

(b) during the attendance, the consultant:

(i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and

(ii) carries out a mental state examination; and

(iii) undertakes a comprehensive diagnostic assessment; and

(c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant; and

(d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:

(i) the comprehensive diagnostic assessment of the patient; and

(ii) a management plan for the patient for the next 12 months that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and

(e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:

(i) the patient; and

(ii) the patient's carer (if any), if the patient agrees; and

(f) in the preceding 12 months, a service to which this item or item 92435 applies has not been provided to the patient

**Explanatory Note:** AN.0.30, AN.0.76

**Billing requirement:** Claimable once every 12 month period

**MBS fee:** \$505.70 (no change).

**Benefit:** 85% = \$429.85

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## Amended item 92435 – telehealth GP or Nurse Practitioner requested Management Plans

**Item:** This item allows a psychiatrist to provide high-quality psychiatric assessments and management plans to GPs and participating nurse practitioners for their patients.

**Overview:** Amend item descriptor to strengthen the intent of the item and provide further clarity to providers regarding this intention.

### Service/Descriptor:

Telehealth attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

- (a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner for an assessment or management; and
- (b) during the attendance, the consultant:
  - (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
  - (ii) carries out a mental state examination; and
  - (iii) undertakes a comprehensive diagnostic assessment; and
- (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant and
- (d) within 2 weeks after the attendance, the consultant prepares and gives the referring practitioner a written report, which includes:
  - (i) a comprehensive diagnostic assessment of the patient; and
  - (ii) a management plan for the patient for the next 12 months for the patient that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and

(e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and a gives a copy, to:

(i) the patient; and

(ii) the patient's carer (if any), if the patient agrees; and

(f) in the preceding 12 months, a service to which this item or item 291 of the general medical services table applies has not been provided

**Explanatory Note:** AN.0.30, AN.0.76

**Billing requirement:** Claimable once every 12 month period

**MBS fee:** \$505.70 (no change).

**Benefit:** 85% = \$429.85

**Private Health Insurance clinical category:** N/A(Not hospital treatment)

**Private Health Insurance procedure type:** N/A(Not hospital treatment)

## Amended item 293 – Review of GP or Nurse Practitioner requested Management Plans

**Item:** This item allows for a review by the psychiatrist for an existing GP and participating nurse practitioners management plan.

**Overview:** Amend item descriptor to strengthen the intent of the item and provide further clarity to providers regarding this intention.

### Service/Descriptor:

Professional attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

(a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or item 92435; and

(b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and

(c) during the attendance, the consultant:

(i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and

(ii) carries out a mental state examination; and

(iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and

(iv) reviews the management plan; and

(d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:

(i) the revised comprehensive diagnostic assessment of the patient; and

(ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and

(e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:

(i) the patient; and

(ii) the patient's carer (if any), if the patient agrees; and

(f) in the preceding 12 months, a service to which item 291 or item 92435 applies has been provided to the patient; and

(g) in the preceding 12 months, a service to which this item or item 92436 applies has not been provided to the patient

**Explanatory Note:** AN.0.30, AN.0.76

**Billing requirement:** In the preceding 12 months, a service to which item 291 or 92435 must have been provided.

**MBS fee:** \$316.15 (no change).

**Benefit:** 85% = \$268.75

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## Amended item 92436 – telehealth Review of GP or Nurse Practitioner requested Management Plans

**Item:** This item allows for a review by the psychiatrist for an existing GP and participating nurse practitioners management plan.

**Overview:** Amend item descriptor to strengthen the intent of the item and provide further clarity to providers regarding this intention.

### Service/Descriptor:

Telehealth attendance lasting more than 30 minutes, but not more than 45 minutes, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

(a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or 92435; and

- (b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and
- (c) during the attendance, the consultant:
- (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
  - (ii) carries out a mental state examination; and
  - (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and
  - (iv) reviews the management plan; and
- (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:
- (i) a revised comprehensive diagnostic assessment of the patient; and
  - (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient’s ongoing care in a biopsychosocial model; and
- (e) if clinically appropriate, the consultant explains the diagnostic assessment and the management plan, and gives a copy, to:
- (i) the patient; and
  - (ii) the patient’s carer (if any), if the patient agrees; and
- (f) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 applies has been provided; and
- (g) in the preceding 12 months, a service to which this item or item 293 of the general medical services table applies has not been provided

**Explanatory Note:** AN.0.30, AN.0.76

**Billing requirement:** In the preceding 12 months, a service to which item 291 or 92435 must have been provided.

**MBS fee:** \$315.15 (no change).

**Benefit:** 85% = \$268.75

**Private Health Insurance clinical category:** N/A(Not hospital treatment)

**Private Health Insurance procedure type:** N/A(Not hospital treatment)

## Amended item 319 – psychotherapy for patients with a complex diagnosis

**Item:** Attendance item for at least 45 minutes for patients whose clinical presentation indicates intensive psychotherapy.

**Overview:** Amended to remove age limit and list of disorders to prevent discrimination and stigma for patients who may require this service.

### Service/Descriptor:

Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91873 and 92437 applies have not exceeded 160 attendances in a calendar year for the patient

**Explanatory Note:** AN.0.31

**MBS fee:** \$205.20 (no change).

**Benefit:** 75% = \$153.90 85% = \$174.45

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## Amended item 14224 – Electroconvulsive therapy

**Overview:** Amended to hospital only service and increase in MBS fee to align with other MBS services of similar complexity.

### Service/Descriptor:

Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.)

(H)

**MBS fee:** \$169.25 (previously \$77.05)

**Benefit:** 75% = \$126.95

**Private Health Insurance clinical category:** Hospital psychiatric services

**Private Health Insurance procedure type:** Type B Non-band specific



## New MBS items

### New item 341 – Interview of a person other than patient, not more than 15 minutes

**Overview:** Introduce new time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

An interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that service and another service to which this item or any of items 343, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

**Explanatory Note:** AN.0.32

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$48.40

**Benefit:** 75% = \$36.30 85% = \$41.15

**Private Health Insurance clinical category:** Hospital psychiatric services

**Private Health Insurance procedure type:** Type C

### New item 343 – Interview of a person other than patient, more than 15 minutes, but not more than 30 minutes

**Overview:** Introduce new time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

An interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or

(b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

**Explanatory Note:** AN.0.32

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$96.60

**Benefit:** 75% = \$72.45 85% = \$82.15

**Private Health Insurance clinical category:** : Hospital psychiatric services

**Private Health Insurance procedure type:** Type C

## **New item 345 – Interview of a person other than patient, more than 30 minutes, but not more than 45 minutes**

**Overview:** Introduce new time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

An interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

(a) initial diagnostic evaluation; or

(b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 343, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

**Explanatory Note:** AN.0.32

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$148.70

**Benefit:** 75% = \$111.55 85% = \$126.40

**Private Health Insurance clinical category:** : Hospital psychiatric services

**Private Health Insurance procedure type:** Type C

## New item 347 – Interview of a person other than patient, more than 45 minutes, but not more than 75 minutes

**Overview:** Introduce new time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

### **Service/Descriptor:**

An interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 343, 345, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

**Explanatory Note:** AN.0.32

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$205.20.

**Benefit:** 75% = \$153.90 85% = \$174.45

**Private Health Insurance clinical category:** Hospital psychiatric services

**Private Health Insurance procedure type:** Type C

## New item 349 – Interview of a person other than patient, more than 75 minutes

**Overview:** Introduce new time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

### **Service/Descriptor:**

An interview, lasting more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or

(b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 343, 345, 347, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

**Explanatory Note:** AN.0.32

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$238.15

**Benefit:** 75% = \$178.65 85% = \$202.45

**Private Health Insurance clinical category:** : Hospital psychiatric services

**Private Health Insurance procedure type:** Type C

## New Telehealth items

### New item 91873 – telehealth psychotherapy for complex diagnosis

**Item:** Attendance item for at least 45 minutes for patients whose clinical presentation indicates intensive psychotherapy.

**Overview:** Amended to remove stigma associated with this item.

#### **Service/Descriptor:**

Telehealth attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the psychiatrist by a referring practitioner, where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to which any of items 296, 297, 299 or any of items 300, 302, 304, 306, 308, 319, 92437, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91872 or 91879 to 91881 applies has not exceeded 160 attendances in a calendar year for the patient

**MBS fee:** \$205.20

**Benefit:** 75% = \$153.90 85% = \$174.45

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## New item 91874– telehealth interview of a person other than patient, not more than 15 minutes

**Overview:** Introduce new telehealth time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

### **Service/Descriptor:**

Telehealth attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91875, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$48.40

**Benefit:** 75% = \$36.30 85% = \$41.15

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## New item 91875 – telehealth interview of a person other than patient, more than 15 minutes, but less than 30 minutes

**Overview:** Introduce new telehealth time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

### **Service/Descriptor:**

Telehealth attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or

(b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$96.60

**Benefit:** 75% = \$72.45 85% = \$82.15

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## New item 91876 – telehealth interview of a person other than patient, more than 30 minutes, but not more than 45 minutes

**Overview:** Introduce new telehealth time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

### Service/Descriptor:

Telehealth attendance involving an interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

(a) initial diagnostic evaluation; or

(b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$148.70

**Benefit:** 75% = \$111.55 85% = \$126.40

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## **New item 91877 – telehealth interview of a person other than patient, more than 45 minutes, but not more than 75 minutes**

**Overview:** Introduce new telehealth time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

Telehealth attendance involving an interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$205.20

**Benefit:** 75% = \$153.90 85% = \$174.45

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## **New item 91878 – telehealth interview of a person other than patient, of more than 75 minutes**

**Overview:** Introduce new telehealth time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

Telehealth attendance involving an interview, lasting more than 75 minutes, of a person other than the patient, when the patient is not in attendance, by a consultant physician in the

practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876, 91877, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$238.15

**Benefit:** 75% = \$178.65 85% = \$202.45

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## New item 91882 – phone interview of a person other than patient, not more than 15 minutes

**Overview:** Introduce new phone time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

### Service/Descriptor:

Phone attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$48.40

**Benefit:** 75% = \$36.30 85% = \$41.15



**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## **New item 91883 – phone interview of a person other than patient, more than 15 minutes, but less than 30 minutes**

**Overview:** Introduce new phone time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

Phone attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91884 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$96.60

**Benefit:** 75% = \$72.45 85% = \$82.15

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## **New item 91884 – phone interview of a person other than patient, more than 30 minutes, but not more than 45 minutes**

**Overview:** Introduce new phone time-tiered non patient interview items that include psychoeducation and limit all services to 15 per calendar year (not included in patient 50 cap)

**Service/Descriptor:**

Phone attendance involving an interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91883 applies have not exceeded 15 in a calendar year for the patient

**Billing requirement:** This item is billed against the patient. Limited to 15 services per calendar year.

**MBS fee:** \$148.70

**Benefit:** 75% = \$111.55 85% = \$126.40

**Private Health Insurance clinical category:** Common List

**Private Health Insurance procedure type:** Type C

## New item 91868 – telehealth consultation of not more than 15 minutes

**Overview:** Introduce new telehealth equivalent consultation items (310) that exceed 50 attendance in a calendar year

**Service/Descriptor:**

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91869, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of less than 15 minutes that exceed 50 services per patient per calendar year.

**MBS fee:** \$24.10

**Benefit:** 75% = \$18.10 85% = \$20.50

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## **New item 91869 – telehealth consultation of more than 15 minutes, but not more than 30 minutes**

**Overview:** Introduce new telehealth equivalent consultation items (312) that exceeded 50 attendance in a calendar year

**Service/Descriptor:**

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of more than 15 minutes, but not more than 30 minutes, that exceed 50 services per patient per calendar year.

**MBS fee:** \$48.40

**Benefit:** 75% = \$36.30 85% = \$41.15

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## **New item 91870 – telehealth consultation of more than 30minutes, but not more than 45 minutes**

**Overview:** Introduce new telehealth equivalent consultation items (314) that exceeded 50 attendance in a calendar year

**Service/Descriptor:**

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of more than 30 minutes, but not more than 45 minutes, that exceed 50 services per patient per calendar year.

**MBS fee:** \$74.55

**Benefit:** 75% = \$55.95 85% = \$63.40

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## **New item 91871 – telehealth consultation of more than 45 minutes, but not more than 75 minutes**

**Overview:** Introduce new telehealth equivalent consultation items (316) that exceed 50 attendance in a calendar year

### **Service/Descriptor:**

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 45 minutes but not more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of more than 45 minutes, but not more than 75 minutes, that exceed 50 services per patient per calendar year.

**MBS fee:** \$102.80

**Benefit:** 75% = \$77.05 85% = \$87.30

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## **New item 91872 – telehealth consultation of more than 75 minutes**

**Overview:** Introduce new telehealth equivalent consultation items (318) that exceed 50 attendance in a calendar year

### **Service/Descriptor:**

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91873, or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of more than 75 minutes, that exceed 50 services per patient per calendar year.

**MBS fee:** \$119.10

**Benefit:** 75% = \$89.35 85% = \$101.25

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## New item 91879 – phone consultation of not more than 15 minutes

**Overview:** Introduce new phone consultation items (310) that exceed 50 attendances in a calendar year

**Service/Descriptor:**

Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91880, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of less than 15 minutes that exceed 50 services per patient per calendar year.

**MBS fee:** \$24.10

**Benefit:** 75% = \$18.10 85% = \$20.50

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## New item 91880 – phone consultation of more than 15 minutes, but not more than 30 minutes

**Overview:** Introduce new phone consultation items (312) that exceed 50 attendances in a calendar year

**Service/Descriptor:**

Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of more than 15 minutes, but not more than 30 minutes, that exceed 50 services per patient per calendar year.

**MBS fee:** \$48.40

**Benefit:** 75% = \$36.30 85% = \$41.15

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## New item 91881 – phone consultation of more than 30 minutes, but not more than 45 minutes

**Overview:** Introduce new phone consultation items (314) that exceed 50 attendances in a calendar year

### **Service/Descriptor:**

Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91880 or 92437 applies exceed 50 attendances in a calendar year for the patient

**Billing requirement:** This item is billed for consultations of more than 30 minutes, but not more than 45 minutes, that exceed 50 services per patient per calendar year.

**MBS fee:** \$74.55

**Benefit:** 75% = \$55.95 85% = \$63.40

**Private Health Insurance clinical category:** N/A (Not hospital treatment)

**Private Health Insurance procedure type:** N/A (Not hospital treatment)

## New Explanatory Note AN.0.77 – relating to item 346 for group therapy of not less than 1 hour, involving a family group of 2 patients, each referred

**Overview:** New explanatory note to include children under 12 months of age. No change to current descriptor.

### **Explanatory Note:**

This item refers to family group therapy supervised by consultant psychiatrists. A formal intervention is undertaken with a specific therapeutic outcome, such as security of attachment, improved family interaction and/or communication. A child less than twelve months can count as a patient for the purposes of this item if the child has been separately referred for this service and the above criteria are met.

## Deleted Items

**Deleted item 348 – Non-patient interview item, not less than 20 minutes, but less than 45 minutes, in course of initial diagnosis**

**Deleted item 350 – Non-patient interview item of not less than 45 minutes, in course of initial diagnosis**

**Deleted item 352 – Non patient interview item of not less than 20 minutes, in the course of continuing management – not exceeding more than 4 services per patient per calendar year**

**Deleted item 92458 – Telehealth non-patient interview item, not less than 20 minutes, but less than 45 minutes, in course of initial diagnosis**

**Deleted item 92459 – Telehealth non-patient interview item of not less than 45 minutes, in course of initial diagnosis**

**Deleted item 92460 – Telehealth non-patient interview item of not less than 20 minutes, in the course of continuing management – not exceeding more than 4 services per patient per calendar year**

## Minor amendments as consequences of item number changes

### **Amended item 294 – Fee Loading item**

**Item:** 50% fee loading for telehealth psychiatry services

**Overview:** Minor change to item numbers as a consequence of new non-patient interview items.

### **Amended item 296 – New patient consultation item**

**Item:** This item is for new patients in consulting rooms

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

**New Explanatory Note: AN.0.75, AN.0.76**

## **Amended item 297 – New patient consultation item**

**Item:** This item is for new patients at hospital

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

**New Explanatory Note: AN.0.75, AN.0.76**

## **Amended item 299 – New patient consultation item**

**Item:** This item is for new patients at a place other than consulting rooms or hospital

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

**New Explanatory Note: AN.0.75, AN.0.76**

## **Amended item 300 – consultation, not more than 15 minutes in duration**

**Item:** This item is an attendance item of not more than 15 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## **Amended item 302 – consultation, more than 15 minutes but not more than 30 minutes in duration**

**Item:** This item is an attendance item of more than 15 minutes but not more than 30 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## **Amended item 304 – consultation, more than 30 minutes but not more than 45 minutes in duration**

**Item:** This item is an attendance item of more than 30 minutes but not more than 45 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## **Amended item 306 – consultation, more than 45 minutes but not more than 75 minutes in duration**

**Item:** This item is an attendance item of more than 45 minutes but not more than 75 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## **Amended item 308 – consultation, of more than 75 minutes**

**Item:** This item is an attendance item of more than 75 minutes (not exceeding 50 services per year)



**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

### **Amended item 310 – consultation, not more than 15 minutes**

**Item:** This item is an attendance item of not more than 15 minutes (exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

### **Amended item 312 – more than 15 minutes but not more than 30 minutes in duration**

**Item:** This item is an attendance item of more than 15 minutes but not more than 30 minutes (exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

### **Amended item 314 – more than 30 minutes but not more than 45 minutes in duration**

**Item:** This item is an attendance item of 30 minutes but not more than 45 minutes (exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

### **Amended item 316 – more than 45 minutes but not more than 75 minutes in duration**

**Item:** This item is an attendance item of more than 45 minutes but not more than 75 minutes (exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

### **Amended item 318 – consultation, of more than 75 minutes**

**Item:** This item is an attendance item of more than 75 minutes (exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

### **Amended item 91827 – telehealth consultation, not more than 15 minutes in duration**

**Item:** This item is an attendance item of not more than 15 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91828 – telehealth consultation, more than 15 minutes but not more than 30 minutes in duration

**Item:** This item is an attendance item of more than 15 minutes but not more than 30 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91829 – telehealth consultation, more than 30 minutes but not more than 45 minutes in duration

**Item:** This item is an attendance item of more than 30 minutes but not more than 45 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91830 – telehealth consultation, more than 45 minutes but not more than 75 minutes in duration

**Item:** This item is an attendance item of more than 45 minutes but not more than 75 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91831 – telehealth consultation, of more than 75 minutes

**Item:** This item is an attendance item of more than 75 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91837 – phone consultation, not more than 15 minutes in duration

**Item:** This item is an attendance item of not more than 15 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91838 – phone consultation, more than 15 minutes but not more than 30 minutes in duration

**Item:** This item is an attendance item of more than 15 minutes but not more than 30 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 91839 – phone consultation, more than 30 minutes but not more than 45 minutes in duration

**Item:** This item is an attendance item of more than 30 minutes but not more than 45 minutes (not exceeding 50 services per year)

**Overview:** Minor change to descriptor to include telehealth equivalent item numbers.

## Amended item 92437 – telehealth new patient consultation item

**Item:** This item is for new patients

**Overview:** Minor change to descriptor to include new non-patient interview items.

To view previous item descriptors and deleted items, visit MBS Online at [www.mbsonline.gov.au](http://www.mbsonline.gov.au), navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.