



# Continuing MBS Telehealth Services

## Obstetric Attendances

Last updated: 8 March 2023

- MBS telehealth 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 telehealth items are for out-of-hospital patients.
- It is a legislative requirement that GPs and OMPs working in general practice can only perform a telehealth or telephone service where they have an established clinical relationship with the patient. There are limited exemptions to this requirement.
- GP and OMP telehealth services are eligible for MBS incentive payments when provided as bulk billed services to Commonwealth concession card holders and children under 16 years of age.
- 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:

- 4 videoconference items for obstetric telehealth services – MBS items 91850, 91851, 91852 and 91853.
- 4 telephone items for obstetric telehealth services – MBS items 91855, 91856, 91857 and 91858.

## 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.

## Why are the changes being made?

The MBS telehealth items are available for a wide range of consultations. All Medicare eligible Australians can receive these services. GPs and OMPs working in general practice may only provide a telehealth service where they have an established clinical relationship with the patient, with limited exemptions, as per telehealth arrangements introduced in July 2020.

Bulk billed GP and OMP services provided using the MBS telehealth items are eligible for MBS incentive payments when provided to Commonwealth concession card holders and children under 16 years of age.

## 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.

It is recommended that the obstetric ongoing telephone services provided under items 91855, 91856, 91857 or 91858 are performed in cases where the practitioner and patient do not have the capacity to undertake an attendance by video conference.

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?

The MBS telehealth items allow providers to continue to deliver essential health care services to patients within their care.

Providers do not need to be in their regular practice to provide telehealth services. GPs and OMPs working in general practice must ensure that they have an established clinical relationship with their telehealth patients, or be able to explain how their patients qualify for exemptions to this requirement. Additional detail is in the 'GPs and Other Medical Practitioners' factsheet.

The telehealth MBS items can substitute for current face-to-face consultations where it's clinically appropriate and safe to do so. Providers should use their provider number for their primary location and must provide safe services in accordance with normal professional standards.

The MBS telehealth items have the same clinical requirements as the corresponding face-to-face consultation items. As Medicare regulations are progressively updated, telehealth items for GP and OMPS will list a rebate that is 100% of the equivalent face-to-face fee.

## How will these changes affect patients?

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

Patient's eligibility requirements for these services continue as per the 1 July 2020 telehealth arrangements, this means eligibility for telehealth will not change on 1 January 2022.

## 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 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](http://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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto: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.

# Obstetric Attendance Telehealth Services

Table 1: Obstetricians, GPs, Midwives, Nurses or Aboriginal and Torres Strait Islander health practitioner continuing telehealth services

Service	Existing Items Face to face	Telehealth items via video- conference	Telephone items
<b>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</b>	16400	91850	91855
<b>Postnatal attendance by an obstetrician or GP</b>	16407	91851	91856
<b>Postnatal attendance by:</b> <b>(i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth);</b> <b>or</b> <b>(ii) an obstetrician; or</b> <b>(iii) a general practitioner</b>	16408	91852	91857
<b>Antenatal attendance</b>	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.