Nurse Practitioner MBS Telehealth Services Eligibility

Last updated: 18 February 2026

- The Medicare Benefits Schedule (MBS) telehealth (video and phone) items are available to nurse practitioners.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The MBS telehealth items listed in this factsheet 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 November 2025, eligibility requirements apply to most nurse practitioner MBS telehealth services (see table). This means patients must receive their MBS nurse practitioner telehealth services from an eligible telehealth practitioner, unless an exemption applies (see *MBS Telehealth Eligibility Requirements*).

The eligible telehealth practitioner requirement set out in the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Determination 2021* (the Determination) requires the nurse practitioner performing the telehealth service to either:

- have provided an MBS face-to-face service to the patient in the last 12 months; or
- be located at a practice from which the patient has received an MBS face-to-face service in the last 12 months.

If an exemption is applicable, providers are required to document and specify the exemption in patient clinical notes at the time of service as this may be required as evidence in the event of post payment compliance. Please see the Determination and explanatory note MN.0.1 search on MBS Online for more information.

Why are the changes being made?

This change implements a recommendation of the MBS Review Advisory Committee's (MRAC) Post-Implementation Review of MBS telehealth.
The MRAC found that:

- Face-to-face care remains the preferred standard of clinical care, particularly for patients with complex health conditions.
- Higher quality care through telehealth is achieved when it is provided as part of a continuous clinical relationship with a known patient for a known condition.
- Suboptimal use of telehealth and emerging online-only medicine supply businesses present risks to safety, quality, and value.

The MRAC post-implementation review of telehealth final report is published online. The introduction of eligibility criteria requirements for nurse practitioner telehealth MBS aligns nurse practitioners' MBS items with other non-referred MBS services (such as those provided by GPs). This will also better ensure patients receive comprehensive care and reduce fragmentation.

MBS Telehealth Eligibility Requirements

MBS video and phone items in this factsheet are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive these services from their eligible telehealth practitioner.

Eligible Telehealth Practitioner Requirement (see MN.0.1)

An eligible telehealth practitioner means the nurse practitioner performing the service who:

- has provided at least one MBS billed face-to-face service to the patient in the 12 months preceding the telehealth attendance; or
- is located at a practice where the patient has received at least one MBS billed face-to-face service arranged by that practice in the 12 months preceding the telehealth attendance. This includes non-referred services performed by another medical or nurse practitioner, or on behalf of a medical provider located at the practice, an Approved Medical Deputising Service provider deputised by that practice; or
- For each telehealth consultation, the patient must meet the eligibility requirements outlined above, unless one of the following exemptions applies.
- The patient is:
    - Under the age of 12 months.
    - Experiencing homelessness.
    - Affected by a natural disaster.
    - Isolating because of a COVID-related State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order.
- The service is:
    - Received from a nurse practitioner located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
    - For a Blood Borne Virus, Sexual or Reproductive Health consultation.

Further details on exemptions include:

- A person who is experiencing homelessness means when a person does not have suitable accommodation alternatives. They are considered homeless if their current living arrangement:
    (a) is in a dwelling that is inadequate; or
    (b) has no tenure, or if their initial tenure is short and not extendable; or

(c) does not allow them to have control of, and access to space for social relations.

- A person receiving treatment for Blood Borne Virus, Sexual or Reproductive Health means services must meet the general medically accepted interpretation as what is defined as these services. General time-tiered items should be used for these services; however, artificial reproductive technology and antenatal services cannot be claimed under this exemption.
- A person living in a natural disaster affected area means a State or Territory local government area which is currently declared as a natural disaster area by a State or Territory Government until that declaration is deemed to have expired.

If an exemption is applicable, providers are required to document and specify the exemption in patient clinical notes at the time of service for post audit compliance. Please see the Determination and see explanatory note MN.0.1 by searching on MBS Online for more information.

Information for providers

Telehealth provides more flexible options for healthcare. The MBS telehealth items have the same clinical requirements as equivalent face-to-face consultations, and the same fee and benefit values. The same high standards of care a patient should expect face-to-face are also expected for telehealth consultations.

MBS telehealth policies are underpinned by current evidence and clinical advice on the best ways for telehealth to achieve the same outcomes as a face-to-face service. This emphasises that higher quality care through telehealth is achieved when it is provided as part of continuous care to a known patient for a diagnosed condition.

A patient's participation in a previous telehealth consultation does not qualify them for ongoing MBS telehealth services. The eligible telehealth practitioner requirement is a rolling requirement. Practitioners should confirm that patients have either received an eligible face-to-face attendance in the 12 months preceding the telehealth attendance or meet one or more of the relevant exemption criteria, prior to providing a telehealth attendance.

If an exemption is applicable, providers are required to document and specify the exemption in the patient's clinical notes at the time of service. Failure to meet the eligible telehealth practitioner requirement or correct use of an exemption may result in incorrect claiming under Medicare. Please see the Determination and explanatory note MN.0.1 search on MBS Online for more information.

Providers do not need to be in their 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 claim to be valid both the provider and patient must be in Australia at the time of service.

Nurse Practitioner Referred Services (Chronic condition Management Services)

The change to nurse practitioner telehealth eligibility does not impact referred chronic condition management services that form part of a patient's GP Chronic Condition Management plan (GPCCMP). Nurse practitioners who have additional qualifications as eligible MBS allied health providers can provide video item 93000 or phone item 93013 in the context of a GPCCMP referral. These practitioners can also provide video item 93048 or phone item 93061 to a patient who is of Aboriginal and Torres Strait Islander descent in the context of a GPCCMP referral.

These items are not subject to the eligible telehealth requirement because they are a referred service provided as part of team-based care. These items, and their in-person equivalent items do not qualify patients for ongoing access to MBS NP telehealth services. Further information is available at MN.3.1

Information for patients

To be eligible for MBS telehealth benefit services, patients must have the telehealth service with their eligible telehealth practitioner or meet an exemption criterion. Patients are encouraged to speak to their nurse practitioner about the most appropriate consultation for their circumstances. Patients interested in ongoing telehealth consultations are encouraged to maintain their access by having face to face consultations as required.

Who was consulted on the changes?

The MRAC consulted broadly on its recommendations as part of its Post-Implementation Review of MBS telehealth. More than 450 submissions were received from industry stakeholders, consumers, individual providers, organisations, and researchers.

Information about how services are monitored and reviewed

The Department of Health, Disability and Ageing (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.

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.

Nurse Practitioner MBS items

Table 1: Nurse practitioner MBS attendance items
Note video and phone items are subject to eligibility criteria see MN.0.1

Service	Face to face item	Video equivalent	Phone equivalent
Professional Attendance for an obvious problem	82200	91192	91193
Professional Attendance greater than 6 minutes less than 20 minutes	82205	91178	91189
Professional Attendance at least 20 minutes	82210	91179	91190
Professional Attendance at least 40 minutes	82215	91180	91191
Professional Attendance at least 60 minutes	82216	91206	

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.