# Upcoming eligibility changes to MBS Nurse Practitioner Telehealth

## Date of change: 1 November 2025

### Impacted items: 91192, 91178, 91179, 91180, 91206, 91193, 91189, 91190 and 91191

## Change

* From 1 November 2025, Medicare Benefits Schedule (MBS) telehealth eligibility criteria will be introduced for MBS Nurse Practitioner (NP) services.
* The eligibility criteria are similar to those for MBS GP telehealth consultations.
* NPs will be required to have an established clinical relationship with their patient, or the service must be subject to an exemption, for telehealth (video and phone) to be eligible for an MBS benefit (see [Requirements](#_Requirements)).
* This change implements a recommendation from the MBS Review Advisory Committee (MRAC) in its [post-implementation review of MBS telehealth final report](https://www.health.gov.au/resources/publications/mbs-review-advisory-committee-telehealth-post-implementation-review-final-report?language=en).
  + The report recognises that higher quality care is achieved through telehealth when it is provided in the context of a continuous clinical relationship (where the patient has an ongoing relationship with their provider).
  + The MRAC also affirmed that face-to-face care remains the preferred standard of clinical care, particularly for patients with complex health conditions, and that telehealth should not undermine this.
* Even though telehealth has potential to increase patients’ access, there are risks of lower quality and lower value care when telehealth is not used optimally.
* MBS telehealth eligibility requirements encourage continuity of care which is associated with the best health outcomes for patients.
* This change will improve the quality and value of telehealth services, better ensure patients’ care is more comprehensive, and reduce fragmentation.

## Patient impacts

* To be eligible for MBS telehealth services, patients must have an established clinical relationship with the practice providing the service. There are some services and scenarios that are exempt from these requirements. If neither of these criteria are met, then the service is not eligible for Medicare benefits.
* Patients are encouraged to speak to their NP or practice about the most appropriate consultation for their circumstances.
* Patients interested in ongoing telehealth consultations should plan to establish and maintain their access to MBS telehealth consultations by having in-person consultations as required.

## Requirements

From 1 November 2025, the established clinical relationship criteria will be introduced to MBS NP telehealth items. This will mean patients wanting to claim an MBS rebate will need to have had one face-to-face consultation with their NP, or another practitioner at the same practice, within 12 months preceding the telehealth service.

A range of NP telehealth services will be exempt from the ‘established clinical relationship’ requirement (and will be available to any patient nationally). This includes:

* Children under the age of 12 months.
* People who are homeless.
* Patients of NPs at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
* People 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.
* People affected by natural disaster, defined as living in a local government area declared a natural disaster by a State or Territory government.
* Patients for Blood Borne Virus and Sexual or Reproductive Health (BBVSRH) consultations (excluding assisted reproductive technology or antenatal care).

When an exemption is used to establish a patient’s eligibility for Medicare benefits, this must be documented in clinical notes. This should include which exemption has been used and the justification.

**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.**