



Inpatient telehealth (video) psychiatry services - ongoing from 1 November 2026

Last updated: 9 October 2026

- From **1 November 2026**:
 - Temporary MBS psychiatry inpatient telehealth attendance items, introduced on 1 November 2024, will become permanent.
 - The number of allowable MBS supported inpatient telehealth attendances in a seven-day period will increase from one to two.
- These changes are relevant for psychiatrists, referrers, hospitals, medical administrators, and insurers operating in the private health system.
- The intention of the items is to effectively support timely patient admission to hospital and in-patient care.

What are the changes?

From 1 November 2026:

- 1 **unchanged item (92483)** for an initial video consultation for attendance in hospital of a new patient.
- 5 **amended items (92478-92482)** for subsequent time-tiered video attendances in hospital.
- 1 **amended explanatory note (AN.8.1)** for the time-tiered items (**92478-92483**).

A summary of the items, including descriptor changes, is found at **Attachment A** of this factsheet.

Why are the changes being made?

A review of the temporary items was conducted from August to November 2025. Stakeholder feedback was requested in relation to the clinical effectiveness of the items in assisting patients to receive the support they require.

Feedback and Department of Health, Disability and Ageing (department) data indicated that the items are being used appropriately and are an important tool for psychiatrists to support patients who need care. Peak clinical organisations and individual treating psychiatrists strongly supported making these items permanent. In addition, amending restrictions on the allowable number of subsequent consultations was recommended to further support continuity of patient care.

What does this mean for providers and referrers?

Providers will need to familiarise themselves with the changes and any associated rules and explanatory notes. Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements.

Referrers will need to familiarise themselves with the changes to the scope of services supporting inpatient admission.

How will these changes affect patients?

The ongoing funding of these items will continue to ensure that psychiatry patients receive the highest clinical inpatient care where urgency of admission is critical.

The descriptors of the subsequent time tiered telehealth consultation items will be amended to allow for two video consultations for each week of patient admission, enabling practitioners to balance the benefits of continuation of care in the assessment of best practice for individual patient needs.

Who was consulted on the changes?

This change is an outcome of Government liaison with the sector including the Royal Australian and New Zealand College of Psychiatrists, the Australian Medical Association, the Australian Private Hospital Association, the National Rural Health Alliance and the Members Health Fund Alliance.

Consultation has also included patients and carers with lived experience, and practitioners who have claimed the items.

How will the changes be monitored and reviewed?

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](#).

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 [MBS Online](#) and clicking 'Subscribe'.

The department 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 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.

Item descriptors (to take effect 1 November 2026)

Category 1 – Professional Attendances

Group A40 – Telehealth and phone attendance services

Subgroup 6 – Consultant psychiatrist telehealth services

92483

Video attendance of more than 45 minutes by a consultant psychiatrist following referral of the patient to the consultant psychiatrist by a referring practitioner – an attendance on a patient located at a hospital if the patient:

(a) is a new patient for this consultant psychiatrist; or

(b) has not received a professional attendance from the consultant psychiatrist in the preceding 24 months;

other than attendance on a patient in relation to whom this item, or any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 92437 and 92478 to 92482 has applied in the preceding 24 months (H)

Fee: \$316.30

Benefit: 75% = \$237.25

- Private Health Insurance Classification:
- Clinical category: Common List
- Procedure type: Type C

92478

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance is not more than 15 minutes duration; and

(d) the patient has not received **more than one** service to which this item or item 92479, 92480, 92481, 92482 or 92483 applies in the last seven days (H)

Fee: \$52.65

Benefit: 75% = \$39.50

- Private Health Insurance Classification:
- Clinical category: Common List
- Procedure type: Type C

Category 1 – Professional Attendances

92479

Video attendance for an admitted patient by a consultant psychiatrist; if:

- (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and
- (b) the patient is located at a hospital; and
- (c) the attendance is at least 15 minutes, but not more than 30 minutes in duration; and
- (d) the patient has not received **more than one** service to which this item or item 92478, 92480, 92481, 92482 or 92483 applies in the last seven days (H)

Fee: \$105.05

Benefit: 75% \$78.80

- Private Health Insurance Classification:
- Clinical category: Common List
- Procedure type: Type C

92480

Video attendance for an admitted patient by a consultant psychiatrist; if:

- (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and
- (b) the patient is located at a hospital; and
- (c) the attendance was at least 30 minutes, but not more than 45 minutes in duration; and
- (d) the patient has not received **more than one** service to which this item or item 92478, 92479, 92481, 92482 or 92483 applies in the last seven days (H)

Fee: \$161.70

Benefit: 75% \$121.30

- Private Health Insurance Classification:
- Clinical category: Common List
- Procedure type: Type C

92481

Video attendance for an admitted patient by a consultant psychiatrist; if:

- (a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and
- (b) the patient is located at a hospital; and
- (c) the attendance was at least 45 minutes, but not more than 75 minutes in duration; and

Category 1 – Professional Attendances

(d) the patient has not received **more than one** service to which this item or item 92478, 92479, 92480, 92482 or 92483 applies in the last seven days (H)

Fee: \$223.15

Benefit: 75% = \$167.40

- Private Health Insurance Classification:
- Clinical category: Common List
- Procedure type: Type C

92482

Video attendance for an admitted patient by a consultant psychiatrist; if:

(a) the attendance follows referral of the patient to the consultant psychiatrist by a referring practitioner; and

(b) the patient is located at a hospital; and

(c) the attendance was at least 75 minutes in duration; and

(d) the patient has not received **more than one** service to which this item or item 92478, 92479, 92480, 92481 or 92483 applies in the last seven days (H)

Fee: \$258.95

Benefit: 75% = \$194.25

- Private Health Insurance Classification:
- Clinical category: Common List
- Procedure type: Type C

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.