



Patient end support services

Last updated: 12 February 2026

- From 1 March 2026, Medicare Benefits Schedule (MBS) patient end support (PES) items are being introduced for general practitioners (GPs), prescribed medical practitioners (PMPs) and participating nurse practitioners (NPs)
- MBS PES items are for face to face clinical support to patients during video consultations with a private specialist or consultant physician.
- PES services further enable a multidisciplinary approach. PES can improve video attendances for patients by allowing physical assessment, effective collaboration of care, and a handover between providers (with the patient present) during their video consultation.
- As PES MBS items are face to face with the patient's primary provider (GP, PMP or NP), these items will also qualify patients for future non-referred telehealth services under the [Eligible Telehealth Practitioner Rule](#) with that provider.

What are the changes?

Effective **1 March 2026**, 32 new PES MBS items will be introduced. This includes items for GPs, PMPs and NPs. These services are available nationally and can be conducted in consulting rooms, out of consulting rooms, and in residential aged care facilities. These services are a **professional face to face attendance** and are designed for the patient's primary provider to support them through a **video conference** with a specialist or consultant physician also working in private practice.

Why are the changes being made?

These changes implement a recommendation by the MBS Review Advisory Committee (MRAC) in its post implementation review of MBS telehealth services. More information about the MRAC is available in on the Department of Health, Disability and Ageing's (the department's) [website](#), as is the [final report](#) including MRAC recommendations.

What does this mean for providers?

PES services are available nationally. They are designed to enable patients to access video consultations, optimising care, while also improving the avenue for communication between care-team members.

Providers using these items must meet the requirements of a professional attendance to claim the service. Please read item description to note their requirements.

MBS PES services can only be claimed if a private specialist or consultant physician referred to the patient has also billed a relevant MBS video consultation (including Group A40

subgroups 4, 5, 6, 17, 23, 25, 31, 33, 35, 37, 44 and items [291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318 or 319 when used with item 294](#)).

Providers using the PES items are encouraged to confirm the specialist or consultant physician will also be submitting a claim to the MBS prior to claiming the item. If a video attendance is not being billed to the MBS, the patient-side provider cannot use PES items (though they may consider if a general attendance or another face-to-face item is appropriate to claim). Specialists and consultant physicians who conduct the service via audio only consultations do not meet the requirements of a video attendance required for PES items.

As long as the specialist or consultant physician video consultation meets the requirements of its item description, this item can be used with the GP, PMP or NP claiming PES items. For purposes of selecting time tiering PES items, consults begin and end on patient's presence during the consult with the face-to-face provider but may extend beyond time with the video end provider.

These services are intended to complement planned specialist or consultant physician care with additional opportunities to involve a patient's primary care provider. PES services allow for more effective transfer of information whilst including the patient and allow for physical assessment where necessary.

How will these changes affect patients?

These changes will better ensure patients have clinical support during complex discussions. The PES component can help with patient observations requested by the remote specialist or consultant physician, and potentially assist the patient with comprehension and the translation of medical advice if necessary. For patients unable to travel to their consultant physician or specialist this reduces costs and time associated with travel.

How could Patient End Support be utilised?

Example 1: Housebound patient

A patient is housebound and requires a physical assessment as a part of their video consultation with a specialist or consultant physician. GPs, PMPs and NPs could use out of consulting room PES items to provide this support to the patient from their home. This could include a physical exam of the patient and or necessary home assessment.

Example 2: Residential Aged Care Facility

An elderly patient is living in a Residential Aged Care Facility, comes from a culturally and linguistically diverse background, and has difficulty understanding all the clinical details discussed during video consultations with their specialist or consultant physician. GPs, PMPs or NPs could use a PES item to provide support in the Residential Aged Care Facility, use the video conferencing capability, and explain clinical information in plain language to engage the patient in their care throughout the video consultation.

Example 3: Rural

A patient with a chronic illness lives in a rural setting, is inexperienced at using video conferencing technology, and cannot travel to a face-to-face appointment with their specialist

or consultant physician. The appointment also requires some physical observations. The patient's local GP, PMP or NP can provide the patient with support or access at their practice, by enabling the video consultation to occur from that location. The service might include physical observations in real time with GP, PMP or NP assistance. This allows the specialist or consultant physician to make quicker decisions and provide advice directly to the GP, PMP or NP, including any changes to care or follow-up investigations.

Who was consulted on the changes?

This change was informed by stakeholder consultation conducted through the MRAC's Post Implementation Review of MBS Telehealth released in June 2024.

The MRAC consulted broadly with more than 450 submissions received and considered by the MRAC (from industry stakeholders, consumers, individual providers, organisations and researchers).

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 '[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.

Patient end support items for GP, PMP and NP (to take effect 1 March 2026)

Patient end support items for GPs

Table 1: Patient end support items for GP. Where the GP is located in the same room as the patient for the whole of the attendance during a video consultation with a Specialist or Consultant Physician

Service	In Consultation rooms	Outside consulting rooms	In residential aged care facilities
Attendance lasting at least 6 minutes less than 20	2484	2485	2486
Attendance lasting at least 20 minutes less than 40 minutes	2487	2488	2489
Attendance lasting at least 40 minutes less than 60 minutes	2490	2491	2492
Attendance lasting at least 60 minutes	2493	2494	2495

Patient end support items for PMPs

Table 2: Patient end support items for Prescribed Medical Practitioners. Where the Prescribed Medical Practitioner is located in the same room as the patient for the whole of the attendance during a video consultation with a Specialist or Consultant Physician.

Service	In Consultation rooms	Outside consulting rooms	In residential aged care facilities
Attendance of more than 5 minutes but not more than 25 minutes	373	374	375

Service	In Consultation rooms	Outside consulting rooms	In residential aged care facilities
Attendance of more than 25 minutes but not more than 45 minutes	376	377	378
Attendance of more than 45 minutes but not more than 60 minutes	379	380	381
Attendance of more than 60 minutes	382	390	391

Patient end support items for NPs

Table 3: Patient End Support items for Participating Nurse Practitioner. Where the Participating Nurse Practitioner is located in the same room as the patient for the whole of the attendance during a video consultation with a Specialist or Consultant Physician

Service	In Consultation rooms	Outside consulting rooms
Attendance of more than 6 minutes but not more than 20 minutes	82250	82251
Attendance of more than 20 minutes but not more than 40 minutes	82252	82253
Attendance of more than 40 minutes but not more than 60 minutes	82254	82255
Attendance of more than 60 minutes	82256	82257

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.