



Obstetric MBS Telehealth (video and phone) Services

Last updated: 13 March 2025

- Medicare Benefit Schedule (MBS) obstetric attendance telehealth services include video and phone services for patients who are not admitted into hospital. These services can be provided by Obstetricians, GPs, Midwives, Nurses or Aboriginal and Torres Strait Islander health practitioners.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- When GPs or prescribed medical practitioners claim obstetric telehealth items listed in this factsheet for which they are eligible, they are not subject to the established clinical relationship criteria. Further information about the established clinical relationship criteria is available on the [MBS Telehealth Services page](#), Medical Practitioners in General Practice Factsheet.
- Providers are expected to obtain informed financial consent from patients prior to providing the service by providing details regarding their fees, including any out-of-pocket costs.

What are the changes?

From **1 March 2025**, the term 'telehealth attendance' will collectively refer to both video and phone attendances. Where an MBS item can only be claimed for a specific attendance format, it will specifically state 'phone attendance' or 'video attendance'.

Why are the changes being made?

The MBS items descriptors and notes are being updated in response to stakeholder feedback received during the MBS Review Advisory Committee (MRAC) post-implementation review of MBS telehealth. The change is intended to reduce misinterpretation, although the clinical requirements of the services will not change.

Information for providers

MBS telehealth items allow providers to continue to deliver essential health care services to patients within their care. The change only clarifies original regulations and does not impact fees or how the items work.

Providers do not need to be in their regular 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.

MBS telehealth items can substitute for equivalent face-to-face consultations where it's clinically appropriate and safe to do so; these items have the same clinical requirements as the corresponding face-to-face consultation items.

Information for patients

Patients should ask their service providers about their potential telehealth options that may be available. The updated terminology clarifies original regulations and does not impact fees or how the items work and therefore does not impact a patients' experience.

Who was consulted on the changes?

The use of updated language was informed by stakeholder consultation, including a Post Implementation Review of Telehealth by MRAC released in March 2024. Significant public consultation was performed as part of the MRAC's review, with over 450 submissions received from health experts, health organisations, relevant peak bodies, patients and providers.

Information about how changes are monitored and reviewed

The Department of Health and Aged Care (the 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](#).

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.

The Department provides an email advice service for providers seeking advice on interpretation of 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.

Obstetric Telehealth Services

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

| Service | Face-to-face items | Video items | Phone items |
|---|--------------------|-------------|-------------|
| 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 | 16400 | 91850 | 91855 |
| Postnatal attendance by an obstetrician or GP | 16407 | 91851 | 91856 |
| Postnatal attendance by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner | 16408 | 91852 | 91857 |
| Antenatal attendance | 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.