Australian Government

Department of Health, Disability and Ageing

ASKMBS ADVISORY

Updated 1 November 2025

MBS telehealth eligible telehealth practitioner (previously known as established clinical relationship) requirement – Clarification of exemptions

This information is accurate as of 1 November 2025 and may change in response to circumstances.

MBS telehealth eligible telehealth practitioner requirement – Clarification of exemptions

It is a legislative requirement that medical practitioners and nurse practitioners (NPs) must only perform a Medicare Benefits Schedule (MBS) telehealth service where they have either:

- met the eligible telehealth practitioner requirement with the patient; or
- are registered in MyMedicare and the telehealth service is being performed by the patient's registered practice (see definition below).

This is applicable to:

- All medical practitioners utilising MBS items in Schedule 1, Group A40, Subgroup 1, 2, 11, 13, 15, 16, 17, 19 and 20 of the Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Determination 2021.
- All NPs using MBS items from Group M18, Subgroup 5, 10 of the Health Insurance (Section 3C General Medical Services –Telehealth Attendances) Determination 2021.

As outlined in this advisory, there are exemptions for both medical practitioners and NPs from this requirement for specific patient groups and MBS items. This will allow eligible patients who meet one of the exemption criteria to receive an MBS telehealth consultation without needing to meet an eligibility criterion.

To support longitudinal and person-centred primary health care that is associated with better health outcomes, from 1 November 2025 the following changes will occur:

- Eligibility requirements will apply to most NP MBS telehealth services. This means patients must receive their MBS NP telehealth services from an eligible telehealth practitioner, unless an exemption applies.
- There will be two eligibility pathways for patients to access GP and prescribed medical practitioner (PMP) MBS telehealth services. This includes the provider meeting the eligible telehealth practitioner rule, or the patient is registered in MyMedicare and the service is being performed by their registered practice (see the Health Insurance (Section 3C General Medical Services –Telehealth Attendances) Determination 2021). Patients only need to meet one of the eligibility pathways.
- Changes to Better Access GP and PMP telehealth items including:
    - the removal of mental health treatment plan (MHTP) review and ongoing mental health consultation items. General attendance items can be used for those purposes.
    - MHTP items require the services be provided by either a GP or PMP at the general practice at which the patient is registered in MyMedicare or by the patient's usual medical practitioner (defined in regulations). Further information is available in explanatory note AN.0.78 on MBS Online.
    - The GP and PMP MHTP telehealth items are no longer exempt from MBS telehealth eligibility criteria (see the Better Access Factsheet).
        - Focussed psychological strategies services by GPs will continue to be exempt from the MBS telehealth eligibility criteria.

Additionally, this advisory has been updated to reflect chronic condition management (CCM) changes from 1 July 2025. These changes include that CCM items are no longer subject to the MBS telehealth eligible telehealth practitioner requirement. However, they do require that when a patient is registered under MyMedicare they must access GP CCM services through the practice where they are registered. Patients who are not registered with MyMedicare can access the services through their usual medical practitioner (see note AN.0.47 for further details).

Note that even if the eligible telehealth practitioner requirement is met or an exemption applies to a patient, MBS telehealth services subject to these eligibility criteria are not available to admitted hospital patients. They are also not available to patients and providers who are located overseas at the time of service.

Providers of Medicare services should subscribe to www.mbsonline.gov.au for news on further developments in relation to the telehealth services generally.

Information on telehealth items available to medical practitioners and NPs is available in a factsheet on MBS Online at MBS Online - MBS Telehealth Services.

For guidance on specific issues related to the appropriate claiming of telehealth items, please contact askmbs@health.gov.au

Definition of eligible telehealth practitioner

An 'eligible telehealth practitioner is defined as:

- the medical practitioner or NP who performs the service has provided a face-to-face service (that was billed to Medicare) to the patient in the last 12 months; or
- the medical practitioner or NP who performs the service is located at a medical or nurse practitioner practice, and the patient has had a face-to-face service arranged by that practice in the last 12 months. A qualifying service may be rendered by:
    - another medical or nurse practitioner located at the practice,
    - an Approved Medical Deputising Service provider deputised by that practice, or
    - by another health professional located at the practice, such as a practice nurse Aboriginal and Torres Strait Islander health worker, Aboriginal and Torres Strait Islander health practitioner performing an on behalf of service for a medical practitioner).

MyMedicare pathway for accessing MBS telehealth

MyMedicare is a voluntary patient registration model that aims to formalise the relationship between patients and their preferred primary care teams.

From 1 November 2025, MyMedicare registration provides an alternative pathway from the requirement to meet the eligible telehealth practitioner requirement in relation to medical practitioners. Patients who are registered by MyMedicare will be able to access these services from their MyMedicare practice even if they have not attended that practice in the previous 12 months. For more information on MyMedicare please see the MyMedicare website.

Specific exemption categories

Under legislation, the eligible telehealth practitioner requirement for relevant medical practitioner items indicated above does not apply if:

The patient is:

- Under the age of 12 months.
- Homeless (see Notes below).
- 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. NB: This provision is retained in the regulation but is idle until activated by jurisdictions implementing relevant public health orders.
- Affected by natural disaster, defined as living in a local government area declared a natural disaster by a State or Territory Government (see Notes below).

The service is:

- Provided by a medical practitioner at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
- An urgent after-hours (unsociable hours) service (under Subgroup 29 of MBS Group A40).
- Blood-borne viruses, sexual or reproductive health (BBVSRH) consultations (for medical practitioners under Subgroups 39 and 40 of MBS Group A40).
- Focussed psychological strategies services (under Subgroups 3 and 10 of Group A40)
- Eating disorder planning and treatment services (under Subgroups 21, 25, 26, 27 and 28 of MBS Group A40).
- Chronic condition management services (under Subgroup 13 of Group A40) (Note these items are subject to the usual medical practitioner rule (see note AN.0.47).
- Performed at legislated named eligible urgent care clinics (specifically in Broome Western Australia, and Devonport Tasmania) using 91790. 91800, 91801, 91802, 91920, 92115 or 91853. See Health Insurance (Section 3C General Medical Services – Telehealth Attendances) Determination 2021 - Federal Register of Legislation for more information.

Under legislation, the eligible telehealth practitioner requirement for NPs does not apply if:

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 NP located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
- Rendered by a NP for blood-borne virus, sexual and reproductive health.

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 MBS regulations and explanatory note AN.1.1 or MN.0.1 on MBS Online for more information.

A complete list of medical practitioner exempt items is set out in Attachment A. A complete list of nurse practitioner items affected by the eligibility criteria can be found in Attachment B. Nurse practitioners should note they can use the items in Attachment B for exemptions with appropriate documentation.

Exemption status under specific scenarios

Scenario	Would this person be exempt?
Patient receiving a blood-borne virus, sexual and reproductive health telehealth consultation (under Subgroups 39 and 40 of MBS Group A40) or from an NP who has accurately documented clinical reasoning in patient notes.	Yes
Patient receiving a non-directive pregnancy counselling support telehealth service (under Subgroups 39 and 40 of MBS Group A40)	No
Patient who has been tested for COVID-19 and is awaiting their result	No
Patient who has a chronic health condition/is immunocompromised	No

Notes

General requirements

A patient's participation in a previous video or phone consultation does not constitute a face-to-face service for the purposes of ongoing video and phone eligibility. New patients of a practice and regular patients who have not attended the practice face-to-face in the preceding 12 months, or who have not met the MyMedicare registration requirements, must have a face-to-face attendance if they do not satisfy any of the above exemptions. Subsequent services may be provided by video or phone, if safe and clinically appropriate to do so.

Practitioners should confirm that patients have either received an eligible face-to-face attendance, met one or more of the relevant exemption criteria or, are registered in MyMedicare, prior to providing a video or phone attendance. Failure to meet the eligible telehealth practitioner rule or the MyMedicare requirement may result in incorrect claiming.

There are no exemptions for specific providers or new practices. Patients seeking to maintain their access to telehealth services who have not received a face-to-face service in the past 12 months are encouraged to do so. The eligible telehealth practitioner requirement is to ensure patients continue to receive quality, ongoing care from a practitioner who knows their medical history and needs. The requirement responds to advice from medical experts, such as the Australian Medical Association and the Royal Australian College of General Practitioners. This change also 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 in the context 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 here.

Making a claim using an exemption to the eligible telehealth practitioner or MyMedicare registration

Practitioners using exemptions to claim Medicare telehealth services for patients who are not eligible based on the 'eligible telehealth practitioner' or MyMedicare requirements, must record appropriate justifications. It is a legislated requirement to record any relevant exemption to eligibility criteria used at the time of service in patient clinical notes. Record-keeping requirements for MBS telehealth services are consistent with long-standing Medicare rules. Practitioners must maintain adequate and contemporaneous records, helping to ensure the integrity of Medicare payments.

For some criteria and services, the reason/s for an exemption will be straightforward and may already be in patient information held at the practice—for example, for patients aged under 12 months at the time of the service. In other cases, relevant information may be recorded in notes—for example, a record of a patient's circumstances making them eligible for a homelessness exemption or a blood-borne virus, sexual and reproductive health service for NPs.

Natural disaster exemption

A patients' exemption from normal eligible telehealth practitioner requirements for GP, PMP and NP MBS telehealth services in relation to natural disasters remains in place. Critically, however, determination of eligibility rests with a State or Territory's declaration of an affected local government area. Confirming and documenting that this declaration applies to the region the patient is in at the time of the service/s is a suggested requirement for a valid claim of the exemption. Documentation by providers in patient clinical notes is necessary.

Homelessness exemption

A person who is experiencing homelessness means a person who does not have suitable accommodation alternatives. They are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to, space for social relations.

Blood-borne virus, sexual and reproductive health exemption

A person receiving treatment through blood-borne virus, sexual and reproductive Health means services must meet the general medically accepted interpretation as what is defined as these services. Subject specific items should be used by GP and PMPs, for NPs general time-tiered items should be used for these services. However, for all GPs, PMPs and NPs

artificial reproductive technology and antenatal services cannot be claimed under this exemption.

Attachment A – Specific MBS video and phone items not subject to the eligible telehealth practitioner requirement

Subject to specific item requirements, these items can be provided to any Medicare-eligible patient in any location in Australia. The corresponding face-to-face items have been included, where applicable, for reference. Some item descriptors have been truncated. Full item descriptors, Schedule fees, Medicare benefits and explanatory notes can be viewed by searching MBS Online for the item number at www.mbsonline.gov.au

Group A40 – Video and phone attendance services

Subgroup 3 (Video) & 10 (phone) – Focussed psychological strategies services

Service	Face-to-face items	Video items	Telephone items
Focussed psychological strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes–GP	2721	91818	91842
FPS treatment, at least 40 minutes–GP	2725	91819	91843
Focussed psychological strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes–PMP	283	91820	91844
FPS treatment, at least 40 minutes–PMP	286	91821	91845

Subgroup 13 – GP chronic condition management plans (video) Note Subject to eligibility criteria. See AN.0.47 for items 965, 92029, 967 and 92030, AN.15.7 for items 729 and 92026 and AN.15.8 for items 731 and 92027

Service	Face-to-face items	Video items	Telephone items
Video attendance by a GP to prepare a GP chronic condition management plan	965	92029	

Service	Face-to-face items	Video items	Telephone items
Video attendance by a GP to review a GP chronic condition management plan	967	92030	
Video attendance by a PMP to prepare a GP chronic condition management plan	392	92060	91844
Video attendance by a PMP to review a GP chronic condition management plan	393	92061	91845

Subgroup 21 – GP eating disorder treatment and management plan – Video service

Service	Face-to-face items	Video items	Phone items
GP without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90250	92146	
GP without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90251	92147	
GP with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90252	92148	
GP with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90253	92149	
Medical practitioner without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90254	92150	

Service	Face-to-face items	Video items	Phone items
Medical practitioner without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90255	92151	
Medical practitioner with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90256	92152	
Medical practitioner with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90257	92153	
Medical practitioner with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	282	92123	

Subgroups 25 (video) & 26 (phone) – Review of an eating disorder plan

Service	Face-to-face items	Video items	Phone items
Review of an eating disorder treatment and management plan	90264	92170	92176
Review of an eating disorder treatment and management plan	90265	92171	92177

Subgroups 27 (video) & 28 (phone) – GP eating disorder focussed psychological strategies

Service	Face-to-face items	Video items	Phone items
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes–GP	90271	92182	92194
EDPT service, at least 40 minutes–GP	90273	92184	92196
Eating disorders psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes–OMP	90275	92186	92198
EDPT service, at least 40 minutes–OMP	90277	92188	92200

Subgroup 29 – GP and prescribed medical practitioners – Urgent after-hours service in unsociable hours – Video service

Service	Face-to-face items	Video items	Phone items
Urgent attendance, unsociable after-hours–GP	599	92210	
Urgent attendance, unsociable after-hours–OMP	600	92211	

Subgroups 39 (video) & 40 (phone) – GP sexual and reproductive health consultation

Service	Face-to-face items	Video items	Phone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes		92715	92731
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes		92716	92732
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes–Modified Monash 2-7 area		92717	92733
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes–GP		92718	92734
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes–OMP		92719	92735
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes. Modified Monash 2-7 area–OMP		92720	92736

Service	Face-to-face items	Video items	Phone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes–GP		92721	92737
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes–OMP		92722	92738
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes. Modified Monash 2-7 area–OMP		92723	92739
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration–GP		92724	92740
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration–OMP		92725	92741
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration. Modified Monash 2-7 area–OMP		92726	92742

Attachment B – Relevant MBS nurse practitioner video and phone items

Service	Face-to-face items	Video items	Phone items
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	

Note all NP relevant exemptions must use the below items with relevant documentation in patient clinical notes to be valid. See MN.0.1 for more information.