



Australian Government

Department of Health, Disability and Ageing

Ref No: MC26-001298

s47F

s47F

Dear s47F,

Thank you for your correspondence of 20 January 2026 to the Minister for Aged Care and Seniors, the Hon Sam Rae MP, regarding additional support for your clients s47F

Your letter has been referred to the Minister for the National Disability Insurance Scheme, Senator the Hon Jenny McAllister. The Minister has asked me to reply.

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As you have acknowledged, telehealth cannot always substitute for in-person care for your client. This is a principle which guides the current eligibility requirements for most MBS GP telehealth services. Patients typically require at least one face-to-face consultation with their GP, or another practitioner at the same practice within the 12-months preceding the telehealth service.

However, there are exceptions for some services and patients:

- children under the age of 12 months;
- people who are homeless;
- patients receiving an urgent after-hours (unsociable hours) 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;
- patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service;
- people affected by natural disasters defined as living in a local government area declared a natural disaster by a State or Territory government; and,
- specific Blood Borne Virus, Sexual and Reproductive Health services and specific GP mental health services.

More detailed information is available in the 'Medical Practitioners - Non-Referred MBS Telehealth Services' factsheet on [MBS Online](#).

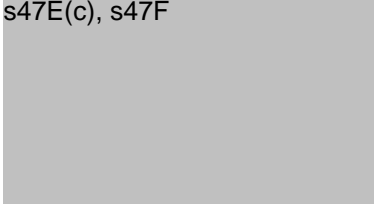
If s47F does locate a practice that can see s47 face to face, s47 may also be interested in registering in MyMedicare. MyMedicare is a voluntary patient registration program that strengthens the relationship between patients, their GP, general practice, and primary care teams. Once registered, patients can also access GP telehealth from that practice. Further information is available online from the department website at <https://www.health.gov.au/our-work/mymedicare>.

An alternative to MBS telehealth is 1800Medicare. This fee-call service (1800 633 422) provides health advice by qualified nurses and, if appropriate, can connect patients with a phone or video GP consultation for non-urgent after-hours care. More information is available online, at <https://www.1800medicare.gov.au/>.

Thank you for writing on this matter, and I hope this information helps s47F re-connect with suitable healthcare services.

Yours sincerely

s47E(c), s47F



s47E(c), s47F

Director, Telehealth Section
MBS Policy and Reviews Branch
19 February 2026

Medical Practitioners – Non-Referred MBS Telehealth Services

Last updated: 23 October 2025

- This factsheet covers Medicare Benefits Schedule (MBS) telehealth (video and phone) services for non-referred medical attendances.
- It is a legislative requirement that medical practitioners billing the telehealth items listed in this factsheet only perform a telehealth service if they are the patient's eligible telehealth practitioner and have an established clinical relationship with the patient, unless an exemption applies (see [Eligibility Requirements](#)).
- A service may only be provided by telehealth where it is safe and clinically appropriate.
- Providers are expected to obtain informed financial consent from patients prior to providing the service, providing details regarding their fees, including any out-of-pocket costs.

What are the changes?

From 1 November 2025, patients will be able to access all MBS telehealth services listed in this factsheet if they are registered with MyMedicare and the service is being performed by their registered practice (see the [Health Insurance \(Section 3C General Medical Services – Telehealth Attendances\) Determination 2021](#)). This means that patients only need to meet one of the eligibility pathways and do not need to meet the eligible telehealth practitioner requirement unless the telehealth service is not with their MyMedicare registered practice (see [tables](#) below).

From 1 November 2025, changes to Better Access general practitioner (GP) and prescribed medical practitioner (PMP) telehealth items include:

- 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 will be available in explanatory note [AN.0.78](#) on MBS Online from 1 November 2025.
- The GP and PMP MHTP telehealth items are no longer exempt from MBS telehealth eligibility criteria (see also the [Better Access Factsheet](#)).

- Focused psychological strategies services by GPs will continue to be exempt from the MBS telehealth eligibility criteria.

In addition, this factsheet 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 chronic condition management services through the practice where they are registered. Patients that are not registered through MyMedicare can access the services through their usual medical practitioner (see [AN.0.47](#) for further details from 1 November 2025).

Why are the changes being made?

The introduction of MyMedicare as an alternative pathway was informed by the [MBS Review Advisory Committee \(MRAC\) post-implementation review of MBS telehealth final report](#). The policy settings for MBS telehealth items are underpinned by current evidence and clinical advice on the best ways for telehealth to achieve the same outcomes as face-to face service.

Mental health telehealth changes are a result of recommendations from the independent Better Access Evaluation by the University of Melbourne, published in December 2022, and the government's response to the Evaluation published in August 2024. Changes to MBS telehealth items align them with services available in-person. A full copy of the [Evaluation of the Better Access initiative – final report](#) and the [Australian Government response to the Better Access evaluation](#) is available in the resources section of the Department of Health, Disability and Ageing (the department) [website](#).

Changes to the eligibility requirements for MBS GP CCM telehealth items are to align with equivalent services provided in-person.

Information for providers

Telehealth provides more flexible options for healthcare. The MBS telehealth items have the same clinical requirements as equivalent face-to face consultations, and the same fee and benefit values. The same high standards of care a patient should expect during a face-to-face consultation are also expected for telehealth consultations.

The policy settings for MBS telehealth items are underpinned by current evidence and clinical advice on the best ways for telehealth to achieve the same outcomes as a face-to-face service. This emphasises that 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.

A patient's participation in a previous telehealth consultation does not qualify them for ongoing MBS telehealth services. The eligible telehealth practitioner requirement is a rolling requirement. Practitioners should confirm that patients have either received an eligible face-to-face attendance, have met the MyMedicare requirement or, have met one or more of the relevant exemption criteria, prior to providing a telehealth attendance.

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.

Failure to meet the eligibility requirements or incorrect use of an exemption may result in incorrect MBS claiming or out-of-pockets costs for patients.

Providers do not need to be in their 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.

Telehealth services contribute to Standardised Whole Patient Equivalent (SWPE) calculations which determine the value of Practice Incentives Program (PIP) and Workplace Incentive Program (WIP) payments. Including video and phone into the SWPE ensures that payments that support quality improvement activities and subsidies for allied health workers reflect contemporary practice.

Telehealth items listed in the [Health Insurance \(Professional Services Review Scheme\) Regulations 2019](#) are included in the 'prescribed pattern of services' rules. A medical practitioner who renders or initiates 80 or more relevant services (as listed in the above regulations) on each of 20 or more days in a 12-month period (cumulative not consecutive) will be referred to the Director of Professional Services Review (PSR). Under the '30/20 rule', a medical practitioner who renders or initiates 30 or more relevant phone services per day on 20 or more days in a 12-month period (cumulative not consecutive) will be referred to the Director of PSR.

Information for patients

To be eligible for MBS telehealth benefits, patients must have the telehealth service with their eligible telehealth practitioner, or meet an exemption criterion, or be registered in MyMedicare with the practice providing the service.

Patients are encouraged to speak to their doctor or general practice about the most appropriate consult for their circumstances. Patients interested in ongoing telehealth consultations are encouraged to maintain their access by having face-to-face consultations as required.

Eligibility Requirements (see AN.1.1)

MBS telehealth items in this factsheet are available for a wide range of consultations. All **Medicare eligible** Australians can receive most of these services if they either have the service with their eligible telehealth practitioner meaning an *established clinical relationship* with medical practitioner or practice or are registered in MyMedicare.

MyMedicare

MyMedicare is a voluntary patient registration model that aims to formalise the relationship between patients and their preferred primary care teams. Eligibility for this pathway is separate to the eligible telehealth practitioner requirement. Longer telephone services for 20 and 40 min are only available for patients registered in MyMedicare. Please see [MyMedicare website](#) for more information on MyMedicare eligibility criteria.

Eligible telehealth practitioner criteria

An eligible telehealth practitioner means the medical practitioner performing the service:

- has provided at least one MBS subsidised face-to-face service to the patient in the 12 months preceding the telehealth attendance; or
- the medical practitioner is located at a medical practice where the patient has received at least one MBS subsidised face-to-face service arranged by that practice in the 12 months preceding the telehealth attendances. This included services performed by another medical or nurse practitioner located at the practice, or by another health professional located at the practice, such as a practice nurse or Aboriginal and Torres Strait Islander health worker performing a service on behalf of a medical practitioner); or
- is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a general practice that has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance.
- The eligible telehealth practitioner requirement does not apply to:
 - a person who is under the age of 12 months,
 - a person who is experiencing homelessness,
 - a person living in a natural disaster affected area,
 - a person who receives the service from a medical practitioner located at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service, or

- a person 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.
- Or for the following specific Medicare Benefits Schedule services:
 - An urgent after-hours service (in unsociable hours) service, including when these services are provided by an Approved Medical Deputising Service,
 - Specified mental health items and eating disorder consultations,
 - A Blood Borne Virus, Sexual or Reproductive Health (BBVSRH) consultation (See [AN.40.5](#)); or
 - Items for preparing and reviewing a GP chronic condition management requirement, which is subject to separate patient eligibility requirements (see [AN.0.47](#)) items.

Who was consulted on the changes?

The MRAC consulted broadly on MBS telehealth eligibility criteria as part of its post implementation review of telehealth. More than 450 submissions were received and considered by the MRAC, from industry stakeholders, consumers, individual providers, organisations and researchers.

With specific regard to Better Access changes, the department consulted with the Better Access Industry Liaison Group, established in 2024 and facilitated by the department on the implementation of the Better Access redesign changes including legislative amendments and required communications for the sector. The Better Access Industry Liaison Group consists of a number of key stakeholders including the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, allied health and consumer groups.

Information about how services are monitored and reviewed

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](#).

What telehealth options are available?

Video services are the preferred approach for substituting a face-to-face consultation. However, providers can also offer audio-only services via phone where clinically appropriate. There are separate items available for phone services.

No specific equipment is required to provide Medicare-compliant telehealth services. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. To assist providers with their privacy obligations, a [privacy checklist for telehealth services has been made available on MBS Online](#). Further information can be found on [the Australian Cyber Security Centre website](#).

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.

General Practitioner (GP) Services

Table 1: Standard GP services since 13 March 2020
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items only available with MyMedicare
Attendance for an obvious problem	3	91790	
Attendance at least 6 minutes but less than 20 minutes	23	91800	
Attendance at least 20 minutes	36	91801	91900
Attendance at least 40 minutes	44	91802	91910
Attendance at least 60 minutes	123	91920	

Table 2: Short and long GP phone consultations since 1 July 2021
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Phone items
Short consultation, less than 6 minutes	91890
Long consultation, 6 minutes or greater	91891

Table 3: Health assessment for Indigenous People since 30 March 2020
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Health assessment	715	92004	

Table 4: Chronic Condition Management items
 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	Equivalent face-to-face Items	Video items	Phone items
Prepare a GP chronic condition management plan	965	92029	
Contribution to a Multidisciplinary Care Plan, or to a review of a Multidisciplinary Care Plan, for a	729	92026	

patient who is not a care recipient in a residential aged care facility			
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility	731	92027	
Review a GP chronic condition management plan – face to face	967	92030	

Table 5: Autism, pervasive developmental disorder & disability services since 30 March 2020
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Assessment, diagnosis and preparation of a treatment and management plan for patient under 13 years with an eligible disability, at least 45 minutes.	139	92142	

Table 6: Pregnancy Support Counselling program items since 30 March 2020
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face Items	Video items	Phone items
Non-directive pregnancy support counselling, at least 20 minutes	4001	92136	92138

Table 7: Eating Disorder Management items since 30 March 2020

Service	Equivalent 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,	90252	92148	

lasting at least 20 minutes, but less than 40 minutes			
GP with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90253	92149	
Review of an eating disorder treatment and management plan	90264	92170	92176
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes	90271	92182	92194
EDPT service, at least 40 minutes	90273	92184	92196

Table 8: Mental Health Services items since 13 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
Focussed Psychological Strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes	2721	91818	91842
FPS treatment, at least 40 minutes	2725	91819	91843

Table 9: Mental Health Services items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [Note AN.0.56](#))

Service	Equivalent face-to-face Items	Video items	Phone items
GP without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2700	92112	
GP without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2701	92113	
GP with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2717	92117	

Table 10: Urgent After-Hours Attendance items since 30 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
Urgent attendance, unsociable after hours	599	92210	

Table 11: Blood borne viruses, sexual or reproductive health consultation since 1 July 2021

Service	Face-to-face	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 more than 5 minutes in duration but not more than 20 minutes		9271E	92734
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		92721	92737
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		92724	92740

Non-GP medical practitioner services

Table 12: General attendance services since on 13 March 2020
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by a Medical Practitioner (not a general practitioner)	Equivalent face-to-face Items	Video items	Phone items only available with MyMedicare
Attendance of not more than 5 minutes	52	91792	
Attendance of more than 5 minutes but not more than 25 minutes	53	91803	
Attendance of more than 25 minutes but not more than 45 minutes	54	91804	91903
Attendance of more than 45 minutes but not more than 60 minutes	57	91805	91913
Attendance of more than 60 minutes	151	91923	
Service by a Medical Practitioner not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	Equivalent face-to-face Items	Video items	Phone items only available with MyMedicare
Attendance of not more than 5 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	179	91794	
Attendance of more than 5 minutes but not more than 25 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	185	91806	
Attendance of more than 25 minutes but not more than 45 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	189	91807	91906
Attendance of more than 45 minutes but not more than 60 minutes by a	203	91808	91916

medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area			
Attendance of More than 60 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician) practicing in a Modified Monash 2-7 area	165	91926	

Table 13: Short and long Phone consultations since 1 July 2021

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Phone items
Short consultation, less than 6 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	91892
Long consultation, 6 minutes or greater by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	91893

Table 14: Health assessment for people of Aboriginal or Torres Strait Islander descent items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service	Equivalent face-to-face items	Video items	Phone items
Health assessment	228	92011	

Table 15: Chronic Condition Management

Subject to eligibility criteria. See [AN.15.7](#) for items 392, 92060, 393 and 92061, AN.15.7 for items 231 and 92057 and [AN.15.8](#) for items 232 and 92058

Service by Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face items	Video items	Phone items
Prepare a GP chronic condition management plan	392	92060	
Contribution to a Multidisciplinary Care Plan, or to a review of a Multidisciplinary Care Plan, by a medical practitioner (not including a general practitioner, specialist, or consultant physician) for a patient who	231	92057	

is not a care recipient in a residential aged care facility			
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, by a medical practitioner (not including a general practitioner, specialist, or consultant physician) for a resident in an aged care facility	232	92058	
Review a GP chronic condition management plan	393	92061	

Table 16: Pregnancy Support Counselling program items since 30 March 2020
 Video and phone items are subject to eligibility criteria. (see [AN.1.1](#))

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Non-directive pregnancy support counselling, at least 20 minutes by a medical practitioner (not including a general practitioner, specialist, or consultant physician)	792	92137	92139

Table 17: Eating Disorder Management items since 30 March 2020

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Medical practitioner without mental health skills training (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, lasting at least 20 minutes but less than 40 minutes	90254	92150	
Medical practitioner without mental health skills training (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, at least 40 minutes	90255	92151	
Medical practitioner with mental health skills training (not including a general	90256	92152	

practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes			
Medical practitioner with mental health skills training, (not including a general practitioner, specialist, or consultant physician), preparation of an eating disorder treatment and management plan, at least 40 minutes	90257	92153	
Review of an eating disorder treatment and management plan by medical practitioner (not including a general practitioner, specialist, or consultant physician)	90265	92171	
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician)	90275	92186	92198
EDPT service, at least 40 minutes conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician)	90277	92188	92200

Table 18: Mental Health items since 13 March 2020

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face items	Video items	Phone items
Focussed Psychological Strategies (FPS) treatment, conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician) lasting at least 30 minutes, but less than 40 minutes	283	91820	91844
FPS treatment, conducted by medical practitioner (not including a general practitioner, specialist, or consultant physician) duration at least 40 minutes	286	91821	91845

Table 19: Mental Health items since 30 March 2020

Video and phone items are subject to eligibility criteria. (see [Note AN.0.56](#))

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent face-to-face Items	Video items	Phone items
Medical practitioner (not including a general practitioner, specialist, or consultant physician) without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	272	92118	
Medical practitioner (not including a general practitioner, specialist, or consultant physician), without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	276	92119	
Medical practitioner (not including a general practitioner, specialist, or consultant physician) with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	281	92122	
Medical practitioner (not including a general practitioner, specialist, or consultant physician) with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	282	92123	

Table 20: Urgent After-Hours Attendance items since 30 March 2020

Service	Equivalent face-to-face Items	Video items	Phone items
Urgent attendance, unsociable after hours	600	92211	

Table 21: Blood borne viruses, sexual or reproductive health consultation since 1 July 2021

Service by a Medical Practitioner (not including GP, specialist, or consultant physician)	Equivalent 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 medical practitioner (not including a general practitioner, specialist, or consultant physician) 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 medical practitioner (not including a general practitioner, specialist, or consultant physician) of more than 5 minutes in duration but not more than 20 minutes		92719	92735
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician) of more than 20 minutes in duration but not more than 40 minutes		92722	92738
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician) lasting at least 40 minutes in duration		92725	92741
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, of not more than 5 minutes. Modified Monash 2-7 area		92717	92733

<p>Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, of more than 5 minutes in duration but not more than 20 minutes. Modified Monash 2-7 area</p>		92720	92736
<p>Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, of more than 20 minutes in duration but not more than 40 minutes. Modified Monash 2-7 area</p>		92723	92739
<p>Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a medical practitioner (not including a general practitioner, specialist, or consultant physician), in an eligible area, lasting at least 40 minutes in duration. Modified Monash 2-7</p>		92726	92742

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.

The factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.