



Changes to psychiatry services from 1 March 2024

Last updated: 9 February 2024

- These changes:
 - Will take effect from 1 March 2024 and are informed by the recommendations of the MBS Reviews Taskforce (the Taskforce) for multiple psychiatry items.
 - Will be implemented to ensure the Medicare Benefits Schedule (MBS) encourages best practice, improves patient care and safety, and ensures that MBS services provide value for the patient and healthcare system.
 - Are relevant for psychiatrists, hospitals, medical administrators, and insurers and relevant allied health professionals operating in the private health system.

What are the changes?

From 1 March 2024, there will be a revised structure for psychiatry items on the MBS.

The changes include:

- 1 **amended** item (**319**) and 1 **new** equivalent telehealth item (**91873**) for intensive psychotherapy services.
- 4 **amended** items (**291** and **293** and their telehealth equivalents **92435** and **92436**) for GP and participating nurse practitioner requested management plans.
- 3 **deleted** face-to-face non-patient interview items (**348**, **350** and **352**) and 3 **deleted** telehealth equivalent items (**92458**, **92459** and **92460**). These items will be superseded by 5 **new** face-to-face (**341**, **343**, **345**, **347** and **349**), 5 **new** video (**91874**, **91875**, **91876**, **91877** and **91878**) and three **new** phone (**91882**, **91883** and **91884**) for non-patient interview items.
- 1 **amended** item (**14224**) for electroconvulsive therapy (ECT).
- 5 **new** video (**91868**, **91869**, **91870**, **91871**, **91872**) and 3 **new** phone (**91879**, **91880**, **91881**) items. These items are equivalent items for psychiatry consultation MBS items 310, 312, 314, 316 and 318 for services that exceed 50 attendances in a year.
- 1 **new explanatory note** (**AN.0.77**) for group therapy item (**346**).

As a result of the above changes, there are also several consequential amendments required to change the item numbers referenced within the descriptors of other items.

These changes include:

- 23 **amended** items (**294, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 92437, 91827-91831, 91837-91839**).

The changes to psychiatry item descriptors, which will come into effect on 1 March 2024, can be viewed on the Quick Reference Guide available on MBS Online. A summary of item number changes is found at **Attachment A** of this fact sheet.

Why are the changes being made?

The changes are the outcome of Government agreement to recommendations from the Taskforce, following a comprehensive review of the psychiatry MBS items by clinicians, health system experts and consumers.

The changes were announced in the 2023-2024 Budget and recommended for a range of reasons. These include:

- **intensive psychotherapy services** being amended to remove the stigma associated with the services and to remove barriers to patients who do not fit the previous criteria but would benefit from psychotherapy.
- **GP and participating nurse practitioner requested management plan items** being amended to strengthen the intent of the items and to provide further clarity to providers regarding their intention.
- **non-patient interview items** being amended to ensure that the time-tiering of these items replicate the time tiering of the standard consultation items. This change is intended to increase clinician flexibility according to clinical needs of the patient, at diagnosis and throughout ongoing management. Ensuring a more equitable system and consistency of billing across similar services.
- the **ECT item** being amended to increase the fee of the item to align this service with other services of similar complexity. This change will address an identified increase in complexity and individualised planning no longer reflected in the schedule fee. The service will also be restricted to in-hospital only to reflect best practice.
- **video and phone time-tiered consultations for over 50 attendances** being introduced to replicate the availability of video and phone equivalent items for time-tiered consultations for less than 50 attendances. This change is intended to ensure consistency of annual service caps.

The majority of these changes are a result of a review by the Taskforce, which was informed by the Psychiatry Clinical Committee. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health and Aged Care website](#).

A full copy of the Psychiatry Clinical Committee's final report can be found in the [Taskforce findings – Psychiatry Clinical Committee report | Australian Government Department of Health and Aged Care](#) section of the [Department of Health and Aged Care website](#).

What does this mean for providers?

Providers will need to familiarise themselves with the changes in the new psychiatry schedule, and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

These changes ensure psychiatry patients access and receive the highest quality clinical care. Patients are expected to benefit as the changes address concerns regarding stigma, barriers to access, patient safety and quality of care. Importantly, the changes seek to simplify the MBS and make it easier to use and understand the items.

Who was consulted on the changes?

The Psychiatry Clinical Committee was established in 2018 by the MBS Review Taskforce (the Taskforce), to provide broad clinician and consumer expertise. The MBS Review included a public consultation process on the proposed changes from 29 August 2019 to 20 December 2019. Feedback was received from a broad range of stakeholders and considered by the Psychiatry Clinical Committee prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred with the Royal Australian and New Zealand College of Psychiatrists (RANZCP), National Association of Practising Psychiatrists (NAPP), Australian Private Hospitals Association, Neurodevelopmental and Behavioural Paediatric Society of Australasia (NBPSA), Australian Medical Association (AMA), Consumer Health Forum of Australia (CHF), Private Healthcare Australia (PHA), Australian Psychological Society (APS), Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

How will the changes be monitored and reviewed?

Psychiatry items will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

The new and amended MBS psychiatry items will be reviewed post implementation.

Where can I find more information?

The full item descriptors and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](http://www.mbsonline.gov.au) and clicking 'Subscribe'.

The Department of Health and Aged Care 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 the 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.

Amended item descriptors (to take effect 1 March 2024)

Category 1 - Professional Attendances

Group A8 – Consultant psychiatrist attendances to which no other item applies

291

Professional attendance lasting more than 45 minutes at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

(a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner, for an assessment or management; and

(b) during the attendance, the consultant:

(i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and

Category 1 - Professional Attendances

(ii) carries out a mental state examination; and

(iii) undertakes a comprehensive diagnostic assessment; and

(c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant; and

(d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:

(i) the comprehensive diagnostic assessment of the patient; and

(ii) a management plan for the patient for the next 12 months that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and

(e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:

(i) the patient; and

(ii) the patient's carer (if any), if the patient agrees; and

(f) in the preceding 12 months, a service to which this item or item 92435 applies has not been provided to the patient

Fee: \$505.70 85% = \$429.85

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

293

Professional attendance lasting more than 30 minutes, but not more than 45 minutes, at consulting rooms by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

(a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or item 92435; and

(b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and

(c) during the attendance, the consultant:

Category 1 - Professional Attendances

- (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
- (ii) carries out a mental state examination; and
- (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and
- (iv) reviews the management plan; and
- (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:
 - (i) the revised comprehensive diagnostic assessment of the patient; and
 - (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and
- (e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:
 - (i) the patient; and
 - (ii) the patient's carer (if any), if the patient agrees; and
- (f) in the preceding 12 months, a service to which item 291 or item 92435 applies has been provided to the patient; and
- (g) in the preceding 12 months, a service to which this item or item 92436 applies has not been provided to the patient

Fee: \$316.15 85% - \$268.75

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

319

Professional attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance lasting more than 45 minutes where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to which any of items 296, 297, 299, 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91873 and 92437 applies have not exceeded 160 attendances in a calendar year for the patient

Category 1 - Professional Attendances

Fee: \$205.20 75% = \$153.90 85% = \$174.45

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

Category 1 – Professional Attendance

Group A40 – Telehealth and phone attendance services

Subgroup 6 - Consultant psychiatrist telehealth services

92435

Telehealth attendance lasting more than 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

- (a) the attendance follows referral of the patient to the consultant, by a medical practitioner in general practice (including a general practitioner, but not a specialist or consultant physician) or a participating nurse practitioner for an assessment or management; and
- (b) during the attendance, the consultant:
 - (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
 - (ii) carries out a mental state examination; and
 - (iii) undertakes a comprehensive diagnostic assessment; and
- (c) the consultant decides that it is clinically appropriate for the patient to be managed by the referring practitioner without ongoing management by the consultant and
- (d) within 2 weeks after the attendance, the consultant prepares and gives the referring practitioner a written report, which includes:
 - (i) a comprehensive diagnostic assessment of the patient; and
 - (ii) a management plan for the patient for the next 12 months for the patient that comprehensively evaluates the patient's biopsychosocial factors and makes recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and

Category 1 – Professional Attendance

- (e) if clinically appropriate, the consultant explains the diagnostic assessment and management plan, and gives a copy, to:
- (i) the patient; and
 - (ii) the patient's carer (if any), if the patient agrees; and
- (f) in the preceding 12 months, a service to which this item or item 291 of the general medical services table applies has not been provided

Fee \$505.70 85% = \$429.85

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

92436

Telehealth attendance lasting more than 30 minutes, but not more than 45 minutes, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, if:

- (a) the patient is being managed by a medical practitioner or a participating nurse practitioner in accordance with a management plan prepared by the consultant in accordance with item 291 or 92435; and
- (b) the attendance follows referral of the patient to the consultant, by the medical practitioner or participating nurse practitioner managing the patient, for review of the management plan and the associated comprehensive diagnostic assessment; and
- (c) during the attendance, the consultant:
 - (i) if it is clinically appropriate to do so—uses an appropriate outcome tool; and
 - (ii) carries out a mental state examination; and
 - (iii) reviews the comprehensive diagnostic assessment and undertakes additional assessment as required; and
 - (iv) reviews the management plan; and
- (d) within 2 weeks after the attendance, the consultant prepares and gives to the referring practitioner a written report, which includes:
 - (i) a revised comprehensive diagnostic assessment of the patient; and

Category 1 – Professional Attendance

- (ii) a revised management plan including updated recommendations to the referring practitioner to manage the patient's ongoing care in a biopsychosocial model; and
- (e) if clinically appropriate, the consultant explains the diagnostic assessment and the management plan, and gives a copy, to:
 - (i) the patient; and
 - (ii) the patient's carer (if any), if the patient agrees; and
- (f) in the preceding 12 months, a service to which item 291 of the general medical services table or item 92435 applies has been provided; and
- (g) in the preceding 12 months, a service to which this item or item 293 of the general medical services table applies has not been provided

Fee: \$315.15 85% = \$268.75

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

Category 1 – Therapeutic Procedures

Group T1 – Miscellaneous Therapeutic Procedures

Subgroup 13 – Other Therapeutic Procedures

14224

Electroconvulsive therapy, with or without the use of stimulus dosing techniques, including any electroencephalographic monitoring and associated consultation (Anaes.) (H)

Fee: \$169.25 75% = \$126.95

Private Health Insurance Classification:

- Clinical category: Hospital psychiatric services
- Procedure type: Type B Non-band specific

New explanatory notes (to take effect 1 March 2024)

Category 1 - Professional Attendances

Group A8 – Consultant psychiatrist attendances to which no other item applies

Explanatory Note AN.0.77 (in reference to item 346):

This item refers to family group therapy supervised by consultant psychiatrists. A formal intervention is undertaken with a specific therapeutic outcome, such as security of attachment, improved family interaction and/or communication. A child less than twelve months can count as a patient for the purposes of this item if the child has been separately referred for this service and the above criteria are met.

New item descriptors (to take effect 1 March 2024)

Category 1 - Professional Attendances

Group A8 – Consultant psychiatrist attendances to which no other item applies

341

An interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that service and another service to which this item or any of items 343, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

Fee: \$48.40 75% = \$36.30 85% = \$44.15

Private Health Insurance Classification:

- Clinical category: Hospital psychiatric services
- Procedure type: Type C

343

An interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in

Category 1 - Professional Attendances

the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 345, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

Fee: \$96.60 75% = \$72.45 85% = \$82.15

Private Health Insurance Classification:

- Clinical category: Hospital psychiatric services
- Procedure type: Type C

345

An interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 343, 347, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

Fee: \$148.70 75% = \$111.55 85% = \$126.40

Private Health Insurance Classification:

- Clinical category: Hospital psychiatric services
- Procedure type: Type C

347

An interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

- (a) initial diagnostic evaluation; or

Category 1 - Professional Attendances

(b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 343, 345, 349, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

Fee: \$205.20 75% = \$153.90 85% = \$174.45

Private Health Insurance Classification:

- Clinical category: Hospital psychiatric services
- Procedure type: Type C

349

An interview, lasting more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner, for the purposes of:

(a) initial diagnostic evaluation; or

(b) continuing management of the patient;

if that service and another service to which this item or any of items 341, 343, 345, 347, 91874 to 91878 and 91882 to 91884 applies have not exceeded 15 services in a calendar year in relation to the patient

Fee: \$238.15 75% = \$178.65 85% = \$202.45

Private Health Insurance Classification:

- Clinical category: Hospital psychiatric services
- Procedure type: Type C

Category 1 - Professional Attendances

Group A40 - Telehealth and phone attendance services

Subgroup 6 - Consultant psychiatrist telehealth services

91873

Telehealth attendance lasting at least 45 minutes by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the psychiatrist by a referring practitioner, where the formulation of the patient's clinical presentation indicates intensive psychotherapy is a clinically appropriate and indicated treatment, if that attendance and another attendance to

which any of items 296, 297, 299 or any of items 300, 302, 304, 306, 308, 319, 92437, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91872 or 91879 to 91881 applies has not exceeded 160 attendances in a calendar year for the patient

Fee: \$205.20 75% = \$153.90 85% = \$174.45

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

91874

Telehealth attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91875, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$48.40 75% = \$36.30 85% = \$41.15

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91875

Telehealth attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91876, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$96.60 75% = \$72.45 85% = \$82.15

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91876

Telehealth attendance involving an interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91877, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$148.70 75% = \$111.55 85% = \$126.40

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91877

Telehealth attendance involving an interview, lasting more than 45 minutes but not more than 75 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876, 91878, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$205.20 75% = \$153.90 85% = \$174.45

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91878

Telehealth attendance involving an interview, lasting more than 75 minutes, of a person other than the patient, when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry, following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874, 91875, 91876, 91877, 91882, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$238.15 75% = \$178.65 85% = \$202.45

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91868

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91869, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

Fee: \$24.10 75% = \$18.10 85% = \$20.50

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

91869

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91870, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

Fee: \$48.40 75% = \$36.130 85% = \$41.15

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)

- Procedure type: N/A (Not hospital treatment)

91870

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91871, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

Fee: \$74.55 75% = \$55.95 85% = \$63.40

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

91871

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 45 minutes but not more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91872, 91873 or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

Fee: \$102.80 75% = \$77.05 85% = \$87.30

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

91872

Telehealth attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 75 minutes in duration, if that attendance and another attendance to which item 296, 297, 299, 92437 or any of items 300, 302, 304, 306, 308, 91827, 91828, 91829, 91830, 91831, 91837, 91838, 91839, 91868, 91869, 91870, 91871, 91873, or 91879 to 91881 applies exceed 50 attendances in a calendar year for the patient

Fee: \$119.10 75% = \$89.35 85% = \$101.25

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

Category 1 - Professional Attendances

Group A40 - Telehealth and phone attendance services

Subgroup 9 - Consultant psychiatrist phone services

91882

Phone attendance involving an interview, lasting not more than 15 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91883 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$48.40 75% = \$36.30 85% = \$41.15

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91883

Phone attendance involving an interview, lasting more than 15 minutes but not more than 30 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91884 applies have not exceeded 15 in a calendar year for the patient

Fee: \$96.60 75% = \$72.45 85% = \$82.15

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91884

Phone attendance involving an interview, lasting more than 30 minutes but not more than 45 minutes, of a person other than the patient when the patient is not in attendance, by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner for the purposes of:

- (a) initial diagnostic evaluation; or
- (b) continuing management of the patient;

if that attendance and another attendance to which any of items 341, 343, 345, 347, 349, 91874 to 91878, 91882 or 91883 applies have not exceeded 15 in a calendar year for the patient

Fee: \$148.70 75% = \$111.55 85% = \$126.40

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Type C

91879

Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of not more than 15 minutes in duration, if that attendance and another attendance to which 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91880, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient

Fee: \$24.10 75% = \$18.10 85% = \$20.50

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

91880

Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 15 minutes but not more than 30 minutes in duration, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91881 or 92437 applies exceed 50 attendances in a calendar year for the patient

Fee: \$48.40 75% = \$36.30 85% = \$41.15

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

91881

Phone attendance by a consultant physician in the practice of the consultant physician's specialty of psychiatry following referral of the patient to the consultant physician by a referring practitioner—an attendance of more than 30 minutes but not more than 45 minutes in duration, if that attendance and another attendance to which item 296, 297, 299 or any of items 300, 302, 304, 306, 308, 91827 to 91831, 91837 to 91839, 91868 to 91873, 91879, 91880 or 92437 applies exceed 50 attendances in a calendar year for the patient

Fee: \$74.55 75% = \$55.95 85% = \$63.40

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

Deleted item descriptors (to take effect 1 March 2024)

Category 1 - Professional Attendances

Group A8 – Consultant psychiatrist attendances to which no other item applies

348

Non-patient interview item, not less than 20 minutes, but less than 45 minutes, in course of initial diagnosis

350

Non-patient interview item of not less than 45 minutes, in course of initial diagnosis

352

Non patient interview item of not less than 20 minutes, in the course of continuing management – not exceeding more than 4 services per patient per calendar year

Category 1 - Professional Attendances

Group A40 - Telehealth and phone attendance services

Category 1 - Professional Attendances

Subgroup 6 - Consultant psychiatrist telehealth services

92458

Telehealth Non-patient interview item, not less than 20 minutes, but less than 45 minutes, in course of initial diagnosis

92459

Telehealth Non-patient interview item of not less than 45 minutes, in course of initial diagnosis

92460

Telehealth Non patient interview item of not less than 20 minutes, in the course of continuing management – not exceeding more than 4 services per patient per calendar year

Minor amendments 1 March 2024

Category 1 - Professional Attendances

Group A8 – Consultant psychiatrist attendances to which no other item applies

294 - Minor change to descriptor to include telehealth equivalent item numbers.

296 - Minor change to descriptor to include telehealth equivalent item numbers.

297 - Minor change to descriptor to include telehealth equivalent item numbers.

299 - Minor change to descriptor to include telehealth equivalent item numbers.

300 - Minor change to descriptor to include telehealth equivalent item numbers.

302 - Minor change to descriptor to include telehealth equivalent item numbers.

304 - Minor change to descriptor to include telehealth equivalent item numbers.

306 - Minor change to descriptor to include telehealth equivalent item numbers.

308 - Minor change to descriptor to include telehealth equivalent item numbers.

Category 1 - Professional Attendances

310 - Minor change to descriptor to include telehealth equivalent item numbers.

312 - Minor change to descriptor to include telehealth equivalent item numbers.

314 - Minor change to descriptor to include telehealth equivalent item numbers.

316 - Minor change to descriptor to include telehealth equivalent item numbers.

318 - Minor change to descriptor to include telehealth equivalent item numbers.

Category 1 - Professional Attendances

Group A40 - Telehealth and phone attendance services

Subgroup 6 - Consultant psychiatrist telehealth services

91827 - Minor change to descriptor to include telehealth equivalent item numbers.

91828 - Minor change to descriptor to include telehealth equivalent item numbers.

91829 - Minor change to descriptor to include telehealth equivalent item numbers.

91830 - Minor change to descriptor to include telehealth equivalent item numbers.

91831 - Minor change to descriptor to include telehealth equivalent item numbers.

92437 - Minor change to descriptor to include telehealth equivalent item numbers.

Category 1 - Professional Attendances

Group A40 - Telehealth and phone attendance services

Subgroup 9 - Consultant psychiatrist phone services

91837 - Minor change to descriptor to include telehealth equivalent item numbers.

91838 - Minor change to descriptor to include telehealth equivalent item numbers.

91839 - Minor change to descriptor to include telehealth equivalent item numbers.

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.