INFORMATION SHEET

Obstetric MBS Telehealth (video and phone) attendance items

Antenatal and Postnatal

**Source: MBS Telehealth Services – updated 27 February 2026*

GENERAL PRACTITIONER ATTENDANCES
Standard GP Attendance and Pregnancy Support

Level	Service	Existing items *(face to face)*	Telehealth items *(via video-conference)*	Telephone items *(when video-conferencing is not available)*
Level A	Attendance for a straightforward	3	91790	91890
Level B	Attendance 6-19 minutes	23	91800	91891
Level C	Attendance at least 20 minutes	36	91801	91900*
Level D	Attendance at least 40 minutes	44	91802	91910*
Level E	Attendance at least 60 minutes	123	91920**	
	GP pregnancy support item, more than 20 minutes – for credentialed GPs *(a patient is eligible for up to three MBS non-directive pregnancy counselling services per pregnancy)*	4001	92136	92138

** Patient needs to be registered in MyMedicare*
*** Patient needs to be registered in MyMedicare and the telehealth service is from the patient's registered practice*

OBSTETRICIANS, GPs, MIDWIVES, NURSES OR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS ATTENDANCES

Service	Existing items (face to face)	Telehealth items (via video-conference)	Telephone items (when video-conferencing is not available)
Antenatal Service provided by a Nurse, Midwife or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner	16400	91850	91855
Postnatal attendance by an obstetrician or GP (between 4 and 8 weeks after birth and lasts at least 20min)	16407	91851	91856
Postnatal attendance by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner	16408	91852	91857
Antenatal attendance	16500	91853	91858

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation. This factsheet is current as of the last updated date (August 2026) and does not account for MBS changes since that date.

We recommend that practitioners read the relevant MBS item and explanatory notes, as each item includes specific requirements and guidance. Failure to comply with these requirements may result in claim rejections.