COVID-19 Temporary MBS Telehealth Services

Nurse Practitioners
Last updated: 20 April 2020

- From 13 March 2020 to 30 September 2020 (inclusive), new temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.
- The list of telehealth services has continued to expand since 13 March. This is the latest factsheet and provides details on all current telehealth items.
- The new temporary MBS telehealth items are available to nurse practitioners.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The new temporary MBS telehealth items are for non-admitted patients.
- As of 20 April 2020, allied health service providers are no longer required to bulk bill these new telehealth items.
- 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?

As part of the Australian Government’s response to COVID-19, eight (8) new items for Nurse Practitioners have been introduced to ensure continued access to essential Medicare rebated consultation services. As of 30 March 2020 these items have become general in nature and have no relation to diagnosing, treating or suspecting COVID-19.

The new item are:

- Group M18, sub-groups 5 and 10:
  - MBS items 91192, 91178, 91179, 91180, 91193, 91189, 91190 and 91191.

A list of the new telehealth items is provided later in this fact sheet.

Why are the changes being made?

The new temporary MBS telehealth items will allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19 within the community.
Who is eligible?
The new temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can now receive these services.

For allied health services, bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.

The services will be available until 30 September 2020. The continuing availability of these items will be reviewed prior to 30 September 2020.

What telehealth options are available?
Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only 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. Information on how to select a web conferencing solution is available on the Australian Cyber Security Centre website.

What does this mean for providers?
The new temporary MBS telehealth items will allow providers to continue to deliver essential health care services to patients within their care.

Providers do not need to be in their regular practice to provide telehealth services. Providers should use their provider number for their primary location, and must provide safe services in accordance with normal professional standards.

The telehealth MBS items can substitute for current face-to-face consultations that available under the MBS when the service/s cannot be provided due to COVID-19 considerations. The MBS telehealth items will have similar requirements to normal timed consultation items.

For additional information on the use of telehealth items, please refer to the Provider Frequently Asked Questions document available on MBSOnline.

How will these changes affect patients?
Patients should ask their service providers about their telehealth options, where clinically appropriate.

Allied Health telehealth items do not need to be bulk billed, however, the provider must ensure informed financial consent is obtained prior to the provision of the service.

A consumer factsheet is available on MBSOnline which provides further information on how these changes will affect patients.
Who was consulted on the changes?
Targeted consultation with stakeholders has informed the new temporary MBS telehealth items. Due to the nature of the COVID-19 emergency, it was not reasonably possible to undertake normal, broad consultations prior to implementation.

How will the changes be monitored and reviewed?
The Department of Health will monitor the use of the new temporary MBS telehealth items. Use of the items that does not seem to be in accordance with the relevant Medicare guidelines and legislation will be actioned appropriately.

Where can I find more information?
COVID-19 National Health Plan resources for the general public, health professionals and industry are available from the Australian Government Department of Health website.

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 and clicking ‘Subscribe’.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to ‘News for Health Professionals’ on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.
## COVID-19 – TEMPORARY MBS TELEHEALTH ITEMS

### PARTICIPATING NURSE PRACTITIONER ATTENDANCES

These are for non-admitted patients

<table>
<thead>
<tr>
<th>Service</th>
<th>Existing Items face to face</th>
<th>COVID-19 Telehealth items via video-conference</th>
<th>COVID-19 Telephone items – for when video-conferencing is not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance for an obvious problem</td>
<td>82200</td>
<td>91192</td>
<td>91193</td>
</tr>
<tr>
<td>Attendance less than 20 minutes</td>
<td>82205</td>
<td>91178</td>
<td>91189</td>
</tr>
<tr>
<td>Attendance at least 20 minutes</td>
<td>82210</td>
<td>91179</td>
<td>91190</td>
</tr>
<tr>
<td>Attendance at least 40 minutes</td>
<td>82215</td>
<td>91180</td>
<td>91191</td>
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