



COVID-19 Temporary MBS Telehealth Services Allied Health Providers

Last updated: 18 September 2020

- Commencing 13 March 2020 and extending until 31 March 2021, 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.
- Temporary telehealth are available to allied health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The temporary MBS telehealth items are for out-of-hospital patients.
- Allied health providers are not required to bulk bill the telehealth items.
- All providers are expected to obtain informed financial consent from patients prior to charging private fees for COVID-19 telehealth services.

What are the changes?

As part of the Australian Government's response to COVID-19, thirty-nine (39) allied health items have been introduced to ensure continued access to essential Medicare rebated consultation services.

The telehealth items are:

Group M18, sub-groups 11-26:

- 4 new items for Allied Health Services for Chronic Disease Management
- 4 new follow-up allied health items for patients of Aboriginal and Torres Strait Islander descent;
- 2 new allied health items for pregnancy support counselling;
- 8 new allied health items for early intervention services for children with autism, pervasive developmental disorder or disability;
- 18 new allied health eating disorders services; and
- 3 new allied health items for group dietetics services

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

Who is eligible?

The 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.

Bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.



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. To assist providers with their privacy obligations, a privacy checklist for telehealth services has been made available on MBSOnline: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist>. Further information can be found on the [Australian Cyber Security Centre website](#).

Why are the changes being made?

The Government has extended its national COVID-19 emergency health response for a further six months, to 31 March 2021. This will ensure that patients continue to have access to key health initiatives, including Medicare-subsidised telehealth services.

The temporary MBS telehealth items allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19 within the community.

What does this mean for providers?

The temporary MBS telehealth items 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 have the same clinical requirements as the corresponding face-to-face consultation items.

All MBS items for allied health services require a valid referral to the relevant allied health professional. A patient must be referred by an eligible medical practitioner, and services can form part of an eligible treatment, management or care plan, including:

- Chronic Disease Management Plans
- GP Management Plans
- Shared Care Plans
- Team Care Plans
- Multidisciplinary Care Plans
- Pervasive Developmental Disorder Treatment Plan
- Disability Treatment Plan
- Eating Disorder Treatment and Management Plan

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.

The extension of the temporary COVID-19 telehealth measures for another six months, until 31 March 2021, was a recommendation of the Australian Health Protection Principal Committee.

How will the changes be monitored and reviewed?

The Department of Health continues to monitor the use of the new MBS 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

ALLIED HEALTH ATTENDANCES			
These are for out-of-hospital patients			
Service	Existing Items <i>face to face</i>	Telehealth items <i>video-conference</i>	Telephone items <i>– for when video-conferencing is not available</i>
Chronic disease management Items introduced 30 March 2020			
Allied health CDM services (all 13 items)	10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970	93000	93013
Items introduced 20 April 2020			
CDM service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner	10997	93201	93203
Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent Items introduced 30 March 2020			
Allied health Follow-up services (all 13 items)	81300, 81305, 81310, 81315, 81320, 81325, 81330, 81335, 81340, 81345, 81350, 81355, 81360	93048	93061
Items introduced 20 April 2020			
Follow up services provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner	10987	93200	93202
Pregnancy Support Counselling program Items introduced 30 March 2020			
Non-directive pregnancy support counselling by eligible psychologist, social worker or mental health nurse, at least 30 minutes	81000, 81005, 81010	93026	93029



Autism, Pervasive Developmental Disorder and Disability Services			
Items introduced 30 March 2020			
Psychologist. Autism, pervasive developmental disorder and disability assessment service for children under 13 years, at least 50 minutes	82000	93032	93040
Speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist. Autism, pervasive developmental disorder and disability assessment service for children under 13 years, at least 50 minutes	82005, 82010, 82030	93033	93041
Psychologist. Treatment of a pervasive developmental disorder or eligible disability for children under 15 years, at least 30 minutes	82015	93035	93043
Speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist. Treatment of a pervasive developmental disorder or eligible disability for children under 15 years, at least 30 minutes	82020, 82025, 82035	93036	93044
Eating Disorder Services			
Items introduced 30 March 2020			
Dietitian, eating disorders service, at least 20 minutes	82350	93074	93108
Clinical psychologist, eating disorders service lasting more than 30 minutes, but less than 50 minutes	82352	93076	93110
Clinical psychologist, eating disorders service, at least 50 minutes	82355	93079	93113
Psychologist, eating disorders service, lasting more than 20 minutes, but less than 50 minutes	82360	93084	93118
Psychologist, eating disorders service, at least 50 minutes	82363	93087	93121
Occupational therapist, eating disorders service, lasting more than 20 minutes, but less than 50 minutes	82368	93092	93126
Occupational therapist, eating disorders service, at least 50 minutes	82371	93095	93129
Social worker, eating disorders service, lasting more than 20 minutes, but less than 50 minutes	82376	93100	93134
Social worker, eating disorders service, at least 50 minutes	82379	93103	93137



Group Dietetics Services Items introduced 22 May 2020			
Dietitian, eligible, assessment for a group service	81120	93284	93286
Dietitian, eligible, group service	81125	93285	Not Available