



COVID-19 MBS Psychiatry Telehealth Services Frequently Asked Questions

Last updated: 18 September 2020

- Commencing 13 March 2020 and extending until 31 March 2021, 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.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The temporary services are for out-of-hospital patients.
- All providers are expected to obtain informed financial consent from patients prior to charging private fees for COVID-19 telehealth services.
- Please refer to the 'Provider Frequently Asked Questions' on [MBS Online](#) for general information on eligibility, telehealth arrangements, referrals, bulk-billing and claiming, and assignment of benefits.
- Please note that this information is accurate as of this date. This is an evolving situation and it is possible that some of this information could change in response to the circumstances. Please continue to check MBS Online (www.mbsonline.gov.au) regularly for any further announcements.

Why are the changes being made?

As part of the Australian Government's response to COVID-19, twenty-eight (28) telehealth items for consultant psychiatrists have been introduced to ensure continued access to essential health services for all Australians. The temporary telehealth MBS services have been introduced as a short-term measure to allow people to access essential health services in their homes and reduce their risk of exposure to COVID-19.

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.

Which new temporary MBS telehealth items can psychiatrists access?

- 1 videoconference item (92434) and 1 new telephone item (92474) to prepare a treatment and management plan for patients under 13 years with autism or another pervasive development disorder
- 1 videoconference item (92435) and 1 new telephone item (92475) to prepare a GP management plan
- 1 videoconference item (92436) and 1 new telephone item (92476) to review a GP management plan
- 1 videoconference item (92437) and 1 new telephone item (92477) for new patient attendances
- 5 videoconference items for psychiatric attendances – (items 91827, 91828, 91829, 91830 and 91831).
- 5 telephone items for psychiatric attendances – (items 91837, 91838, 91839, 91840 and 91841).
- 2 videoconference items (92458 & 92459) and 2 new telephone items (92498 & 92499) for interviews of persons other than the patient in the course of the initial diagnostic evaluation of the patient
- 1 videoconference item (92460) and 1 new telephone item (92500) for interviews of persons other than the patient in the course of continuing management of a patient



Frequently asked questions

- 1 videoconference item (92162) and 1 new telephone item (92166) for psychiatric services to prepare an eating disorder treatment and management plan
- 1 videoconference item (92172) and 1 new telephone item (92178) for psychiatric services to review an eating disorder treatment and management plan
- 3 videoconference items (92455, 92456 & 92457) and 3 new telephone items (92495, 92496 & 92497) for group psychotherapy

PSYCHIATRIST ATTENDANCES (Group A40)			
These are for out-of-hospital patients.			
Service	Existing Items <i>Face-to-face</i>	COVID-19 Telehealth items <i>via video- conference</i>	COVID-19 Telephone items – <i>for when video- conferencing is not available</i>
Consultant psychiatrist, prepare a treatment and management plan, patient under 13 years with autism or another pervasive developmental disorder, at least 45 minutes	289	92434	92474
Consultant psychiatrist, prepare a management plan, more than 45 minutes	291	92435	92475
Consultant psychiatrist, review a management plan, 30 to 45 minutes	293	92436	92476
Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 mths), more than 45 minutes	296	92437	92477
Consultant psychiatrist. Consultation, not more than 15 minutes, fewer than 50 attendances	300	91827	91837
Consultant psychiatrist. Consultation, 15 to 30 minutes, fewer than 50 attendances	302	91828	91838
Consultant psychiatrist. Consultation, 30 to 45 minutes, fewer than 50 attendances	304	91829	91839
Consultant psychiatrist. Consultation, 45 to 75 minutes, fewer than 50 attendances	306	91830	91840
Consultant psychiatrist. Consultation, more than 75 minutes, fewer than 50 attendances	308	91831	91841
Consultant psychiatrist, group psychotherapy, at least 1 hour, involving group of 2 to 9 unrelated patients or a family group of more than 3 patients, each referred to consultant psychiatrist	342	92455	92495
Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 3 patients, each referred to consultant psychiatrist	344	92456	92496
Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 2 patients, each referred to consultant psychiatrist	346	92457	92497



Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 20 to 45 minutes	348	92458	92498
Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 45 minutes or more	350	92459	92499
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, not less than 20 minutes, not exceeding 4 attendances per calendar year	352	92460	92500
Consultant psychiatrist, prepare an eating disorder treatment and management plan, more than 45 minutes	90260	92162	92166
Consultant psychiatrist, to review an eating disorder plan, more than 30 minutes	90266	92172	92178

Can I use the new temporary MBS telehealth psychiatry initial attendance item in place of existing item 296?

Yes. The temporary telehealth MBS items mirror existing item 296 for new patients or patients who have not received a professional attendance from the provider in the preceding 24 months, providing they meet the item descriptor requirements.

Can I use the new temporary MBS telehealth psychiatry attendance time-tiered items for existing patients in place of the existing psychiatry MBS items?

Yes. The temporary telehealth MBS items mirror existing time-tiered psychiatry face-to-face attendance items available under the MBS.

Providers should claim the MBS item which best describes the service that they have rendered. If the item requirements have been met, practitioners are able to bill the new MBS items.

Providers should use their clinical judgement to determine if a service is clinically relevant. A clinically relevant service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

Can psychiatrists use the new temporary MBS telehealth psychiatry items for patients who have had more than 50 sessions per calendar year (e.g. in place of items 310, 312, 314, 316, 318)?

Yes. To support patients, the service limits that apply to existing psychiatry services do not currently apply to the new temporary telehealth psychiatry services. Patients who have received more than 50 attendances under existing standard psychiatry attendance items are eligible to receive services under the new telehealth psychiatry items, provided they meet the item descriptor requirements.



Are patients receiving treatment under existing MBS item 319 eligible to receive services under the new temporary MBS telehealth psychiatry items if they have exceeded 50 sessions per calendar year?

Yes. To support patients, the temporary MBS telehealth psychiatry items do not have a limit on the number of services provided. Patients who have received more than 50 attendances under MBS item 319 are eligible to receive services under the new telehealth psychiatry items, provided they meet the item descriptor requirements.

What are the claiming requirements for the new temporary MBS telehealth preparation and review of GP management plan services?

The MBS telehealth preparation and review of GP management plan items have the same diagnosis, assessment and record-keeping requirements as the existing face-to-face MBS items (291 and 293). Please refer to MBS Explanatory Note AN.0.30 for further information.

Does the limit of 4 services per calendar year under existing MBS item 352 apply to the new temporary MBS telehealth item?

Yes. All existing item descriptor requirements apply to the MBS telehealth interview items. Please refer to Explanatory Notes AN.0.5 and AN.0.32 for further information.

Can I co-claim the existing telehealth incentive item 288 in conjunction with an attendance for a new temporary MBS telehealth item?

No. The temporary MBS telehealth MBS items are stand-alone items. The new temporary items are to be used where services are provided via videoconference or telephone.

Can I co-claim the new temporary MBS telehealth items with existing telepsychiatry items?

No. The temporary MBS telehealth items are stand-alone items. Existing telepsychiatry items may not be co-claimed with the new temporary items.

What are the claiming requirements for the new temporary MBS telehealth eating disorder treatment and management plan services?

The MBS telehealth eating disorder treatment and management plan items have the same patient eligibility, model of care and record-keeping requirements as the existing face-to-face MBS items. Please refer to MBS Explanatory Notes AN.36.1 and AN.36.2 for further information.

Can I use the new temporary MBS telehealth items to treat patients who are admitted to a hospital?

No. Admitted patients (whether as part of an episode of hospital treatment or hospital substitute treatment) are not eligible for services under the new MBS items.



Can I use the new temporary MBS telehealth items to treat patients if I am a practitioner who is admitted to hospital?

No. Admitted patients (whether as part of an episode of hospital treatment or hospital substitute treatment) are not eligible for services under the temporary MBS telehealth items. Medicare rebates are not payable for video or telephone attendances if the practitioner is an admitted patient.

There are other psychiatry MBS items that are not mirrored by new temporary MBS telehealth items? Will they be added to the list of new items?

There is a process underway to review all specialist consultation items, including psychiatry, to identify any further items that are clinically appropriate for patient care to add to the current list of temporary MBS telehealth items.

This is an evolving situation and the list of items and information for providers is being updated regularly. Please continue to check MBS Online (www.mbsonline.gov.au) for any further announcements.

Further 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](http://www.health.gov.au).

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 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](http://www.health.gov.au)' 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.