



COVID-19 Temporary MBS Telehealth Services

GPs and Other Medical Practitioners

Last updated: 21 July 2020

- Commencing 13 March 2020, 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 items are available to GPs and Other Medical Practitioners (OMP).
- 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 out-of-hospital patients.
- From 20 July 2020, it will be a legislative requirement that GPs and Other Medical Practitioners (OMP) working in general practice can only perform a telehealth or telephone service where they have an existing relationship with the patient. There are limited exemptions to this requirement.
- It is a legislative requirement that the GP and OMP COVID-19 telehealth services, must be bulk billed for Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19.
- Health providers can may apply their usual billing practices to the telehealth items for patients who do not fit the above criteria. 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.
- The bulk billing incentive Medicare fees have doubled (until 30 September) for items relating to GP and OMP services, diagnostic imaging services (items 64990 and 64991) and pathology services (items 74990 and 74990). These items can be claimed with the new temporary MBS telehealth items where appropriate. As of 20 April 2020, two new bulk-billing incentive items have been introduced for services provided to patients who are more vulnerable to COVID-19.

What are the changes?

As part of the Australian Government's response to COVID-19, these items have been updated to ensure continuity of care for patients.

As of 30 March 2020 these items became general in nature and have no relation to diagnosing, treating or suspecting COVID-19.

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



Why are the changes being made?

Updates were made on 20 July to ensure patients receive care from a GP or practice with whom they have an existing relationship.

Who is eligible?

The new 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.

From 20 July 2020, patients will be eligible for GP and OMP telehealth services if they have seen their GP or another medical practitioner or health practitioner (such as a practice nurse or Aboriginal and Torres Strait Islander health worker) within the same practice at least once in the preceding 12 months.

An *existing relationship* means the medical practitioner performing the service:

- has provided a face-to-face service to the patient in the last 12 months; or
- is located at a medical practice where the patient has had a face-to-face service arranged by that practice in the last 12 months (including services performed by another doctor located at the practice, or a service performed by another health professional located at the practice, such as a practice nurse or Aboriginal and Torres Strait Islander health worker); or
- is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a medical practice that has provided at least one face-to-face service to the patient in the last 12 months.

The *existing relationship* requirement does not apply to:

- children under the age of 12 months;
- people who are homeless;
- patients living in a COVID-19 impacted area;
- patients receiving an urgent after-hours (unsociable hours) service; or
- patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.

A *COVID-19 impacted area* is one where a person's movement is restricted by a State or Territory public health requirement that applies to the person's location. This includes patients subject to quarantine, and other restrictions intended to support infection control.

Current COVID-19 impacted areas in Victoria are listed at: <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>

New patients of a practice and regular patients who have not attended the practice in the last 12 months are encouraged to book their next appointment as a face-to-face attendance. Subsequent services may be provided by telehealth, if it is safe and clinically appropriate to do so.

For GP and OMP services, it is a legislative requirement that the new MBS telehealth items must be bulk billed for Commonwealth concession card holders, children under 16 years of age, and patients who are more vulnerable to



COVID-19. For all other patients, bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.

Vulnerable means a patient at risk of COVID-19, so a person who:

- is required to self-isolate or self-quarantine in accordance with guidance issued by the Australian Health Protection Principal Committee in relation to COVID-19; or
- is at least 70 years old; or
- if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or
- is pregnant; or
- is the parent of a child aged under 12 months; or
- is being treated for a chronic health condition; or
- is immune compromised; or
- meets the current national triage protocol criteria for suspected COVID-19 infection.

A chronic health condition is medical condition that has been present (or is likely to be present) for at least six months or is terminal. The Department of Health website provides additional detail online: <https://www.health.gov.au/health-topics/chronic-conditions/about-chronic-conditions>. The diagnosis of immune compromised is a clinical decision made by the patient's treating doctor. Please note this is guidance only, and does not constitute MBS claiming advice.

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](#).

What does this mean for providers?

The new temporary MBS telehealth items will allow providers to deliver essential health care services to their patients while ensuring continued quality is provided by a medical practitioner who knows the patient's medical history.

Providers do not need to be in their regular practice to provide telehealth services, but they must ensure that the existing relationship, as defined in the MBS, exists before providing telehealth services to their patient. Only a face-to-face attendance with the patient in the 12 months prior to the date of service of the proposed telehealth consultation satisfies this new requirement. Telehealth and telephone attendances prior to 20 July 2020 do not satisfy the new requirement.

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.

GP and OMP telehealth items must be bulk billed for vulnerable patients, concession card holders and children under 16 years at the time the service is being provided, meaning MBS rebates are paid to the provider. Rebates for services provided by GPs and non-vocationally registered medical practitioners will be paid at 85% of the new item fees - these fee amounts have been increased so that the Medicare rebates paid for the new GP and medical practitioner telehealth services are at the same level as the rebates paid for the equivalent face-to-face services. (Due to the urgency of the new telehealth arrangements, the Department of Health has not been able to amend the legislation that establishes 100% rebates for GP/medical practitioner services.)

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?

The new temporary MBS telehealth items will require GPs and OMPs to bulk-bill only for vulnerable patients, concession card holders and children under 16 years, so there will be no additional charge for these patients. Patients are required to consent to their service being bulk-billed. Eligible patients should ask their service providers about their telehealth options, where clinically appropriate.

To ensure telehealth services support safe, high quality and comprehensive care, patients will only be eligible for these services if they have seen their GP or another medical practitioner or health practitioner (such as a practice nurse or Aboriginal and Torres Strait Islander health worker) within the same practice at least once in the preceding 12 months. This new safeguard will support longitudinal and person-centred primary health care that is associated with better health outcomes.

Telehealth services for all other patients 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 items. Due to the nature of the COVID-19 emergency, it was not reasonably possible to undertake normal consultations prior to implementation.

How will the changes be monitored and reviewed?

The Department of Health will 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

GENERAL PRACTITIONER ATTENDANCES

These services must be bulk-billed for vulnerable patients, concession card holders and children under 16 years, and are for out-of-hospital patients

Service	Existing Items <i>face to face</i>	Telehealth items <i>via video-conference</i>	Telephone items – <i>for when video-conferencing is not available</i>
Standard GP Attendance Items introduced 13 March 2020			
Attendance for an obvious problem	3	91790	91795
Attendance less than 20 minutes	23	91800	91809
Attendance at least 20 minutes	36	91801	91810
Attendance at least 40 minutes	44	91802	91811
Health assessment for people of Aboriginal or Torres Strait Islander descent Items introduced 30 March 2020			
Health assessment	715	92004	92016
Chronic Disease Management Items introduced 30 March 2020			
Preparation of a GP management plan (GPMP)	721	92024	92068
Coordination of Team Care Arrangements (TCAs)	723	92025	92069
Contribution to a Multidisciplinary Care Plan, or to a review of a Multidisciplinary Care Plan, for a patient who is not a care recipient in a residential aged care facility	729	92026	92070
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility	731	92027	92071
Review of a GPMP or Coordination of a Review of TCAs	732	92028	92072
Autism, Pervasive Developmental Disorder and Disability Services Items introduced 30 March 2020			
Assessment, diagnosis and preparation of a treatment and management plan for patient under 13 years with an eligible disability, at least 45 minutes.	139	92142	92145
Pregnancy Support Counselling program Items introduced 30 March 2020			
Non-directive pregnancy support counselling, at least 20 minutes	4001	92136	92138



Eating Disorder Management			
Items introduced 30 March 2020			
GP without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90250	92146	92154
GP without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90251	92147	92155
GP with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90252	92148	92156
GP with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90253	92149	92157
Review of an eating disorder treatment and management plan	90264	92170	92176
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes	90271	92182	92194
EDPT service, at least 40 minutes	90273	92184	92196
Mental Health Services			
Items introduced 30 March 2020			
GP without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2700	92112	92124
GP without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2701	92113	92125
Review of a GP mental health treatment plan or Psychiatrist Assessment and Management Plan	2712	92114	92126
Mental health treatment consultation, at least 20 minutes	2713	92115	92127
GP with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2715	92116	92128
GP with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2717	92117	92129



Items introduced 13 March 2020			
Focused Psychological Strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes	2721 and 2729	91818	91842
FPS treatment, at least 40 minutes	2725 and 2731	91819	91843
Urgent After Hours Attendance			
Items introduced 30 March 2020			
Urgent attendance, unsociable after hours	599	92210	92216

OTHER MEDICAL PRACTITIONER ATTENDANCES

These services must be bulk-billed for vulnerable patients, concession card holders and children under 16 years, and are for out-of-hospital patients

Service	Existing Items <i>face to face</i>	Telehealth items <i>via video-conference</i>	Telephone items – <i>for when video-conferencing is not available</i>
Standard Attendance			
Items introduced 13 March 2020			
Attendance of not more than 5 minutes	52	91792	91797
Attendance of more than 5 minutes but not more than 25 minutes	53	91803	91812
Attendance of more than 25 minutes but not more than 45 minutes	54	91804	91813
Attendance of more than 45 minutes	57	91805	91814
Attendance of not more than 5 minutes	179	91794	91799
Attendance of more than 5 minutes but not more than 25 minutes. Modified Monash 2-7 area	185	91806	91815
Attendance of more than 25 minutes but not more than 45 minutes. Modified Monash 2-7 area	189	91807	91816
Attendance of more than 45 minutes. Modified Monash 2-7 area	203	91808	91817
Health assessment for people of Aboriginal or Torres Strait Islander descent			
Items introduced 30 March 2020			
Health assessment	228	92011	92023
Chronic Disease Management			
Items introduced 30 March 2020			
Preparation of a GP management plan (GPMP)	229	92055	92099
Coordination of Team Care Arrangements (TCAs)	230	92056	92100
Contribution to a Multidisciplinary Care Plan, or to a review of a Multidisciplinary Care Plan, for a	231	92057	92101



patient who is not a care recipient in a residential aged care facility			
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility	232	92058	92102
Review of a GPMP or Coordination of a Review of TCAs	233	92059	92103
Pregnancy support Counselling program Items introduced 30 March 2020			
Non-directive pregnancy support counselling of at least 20 minutes	792	92137	92139
Eating Disorder Management Items introduced 30 March 2020			
Medical Practitioner without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90254	92150	92158
Medical Practitioner without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90255	92151	92159
Medical Practitioner with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90256	92152	92160
Medical Practitioner with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90257	92153	92161
Review of an eating disorder treatment and management plan	90265	92171	92177
Eating disorders psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes	90275	92186	92198
EDPT service, at least 40 minutes	90277	92188	92200
Urgent After Hours Attendance Items introduced 30 March 2020			
Urgent attendance, unsociable after hours	600	92211	92217
Mental Health Services Items introduced 30 March 2020			
Medical Practitioner without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	272	92118	92130



Medical Practitioner without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	276	92119	92131
Review of a GP mental health treatment plan or Psychiatrist Assessment and Management Plan	277	92120	92132
Medical Practitioner mental health treatment consultation, at least 20 minutes	279	92121	92133
Medical Practitioner with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	281	92122	92134
Medical Practitioner with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	282	92123	92135
Items introduced 13 March 2020			
Focused Psychological Strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes	283 and 371	91820	91844
FPS treatment, at least 40 minutes	286 and 372	91821	91845