# COVID-19 Temporary MBS Telehealth Services

## Blood borne viruses, sexual or reproductive health services

Last updated: 21 June 2021

* From 1 July 2021 new items are available for telehealth services related to blood borne viruses, sexual or reproductive health where delivered by General Practitioners (GPs) and Other Medical Practitioners (OMPs). These items will be in place until 31 December 2021.
* The new telehealth items will allow for Medicare-benefits to be paid for health care services relating to blood borne viruses, sexual or reproductive health without the requirement for the patient to have an established clinical relationship with the physician.
* These items are intended to support patient access to medical services where there may be barriers due to privacy or limited service provision, and are not intended to replace routine services that a patient’s usual practitioner might provide.
* There are 24 MBS items for the provision of video or phone services by GPs and OMPs related to blood borne viruses, sexual or reproductive health.

## Who is eligible?

The temporary MBS telehealth items are available to all Medicare eligible patients seeking GP or OMP telehealth services for services relating to blood borne viruses, sexual or reproductive health, excluding services related to assisted reproductive technology and antenatal care.

## 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 can also offer audio-only services via telephone in some circumstances and where clinically appropriate. There are separate items available for the audio-only services.

**Video consultation**

* Item 92715 – services provided by a General Practitioner (level A)
* Item 92716 – services provided by an Other Medical Practitioner - urban
* Item 92717 – services provided by an Other Medical Practitioner – rural
* Item 92718 – services provided by a General Practitioner (level B)
* Item 92719 – services provided by an Other Medical Practitioner - urban

Item 92720 – services provided by an Other Medical Practitioner – rural

* Item 92721 – services provided by a General Practitioner (level C)
* Item 92722 – services provided by an Other Medical Practitioner - urban
* Item 92723 – services provided by an Other Medical Practitioner – rural
* Item 92724 – services provided by a General Practitioner (level D)
* Item 92725 – services provided by an Other Medical Practitioner – urban
* Item 92726 – services provided by an Other Medical Practitioner – rural

**Phone consultation**

* Item 92731 – services provided by a General Practitioner (level A)
* Item 92732 – services provided by an Other Medical Practitioner - urban
* Item 92733 – services provided by an Other Medical Practitioner – rural
* Item 92734 – services provided by a General Practitioner (level B)
* Item 92735 – services provided by an Other Medical Practitioner - urban
* Item 92736 – services provided by an Other Medical Practitioner – rural
* Item 92737 – services provided by a General Practitioner (level C)
* Item 92738 – services provided by an Other Medical Practitioner - urban
* Item 92739 – services provided by an Other Medical Practitioner – rural
* Item 92740– services provided by a General Practitioner (level D)
* Item 92741– services provided by an Other Medical Practitioner – urban
* Item 92742 – services provided by an Other Medical Practitioner – rural

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](https://www.cyber.gov.au/).

## What does this mean for providers?

The new temporary MBS telehealth items allow providers to deliver essential health care services to patients where there may be barriers due to privacy or limited service provision.

Providers do not need to be in their regular practice to provide telehealth services, however they must have a formal agreement with a medical practice that provides onsite face-to-face services to patients.

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 are available under the MBS when the service/s cannot be provided due to COVID-19 considerations. These new MBS telehealth items have the same clinical requirements as a face-to-face consultation item for services related to blood borne viruses, sexual or reproductive health.

For additional information on the use of telehealth items, please refer to the [Provider Frequently Asked Questions](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB) document available on MBSOnline.

## What services can be offered using these items?

These items should be used for services related to blood borne viruses, sexual or reproductive health, excluding assisted reproductive technology and antenatal care.

Section 100 drugs can be prescribed under these items, if clinically relevant.

## Do I have to have seen the patient in the last 12 months?

No, an established clinical relationship with a patient is not required to use these items, however GPs and OMPs may also use these items for consults with existing patients when appropriate.

## Does a telehealth consult constitute the establishment of a relationship with a patient?

No, to have a defined established clinical relationship with a patient, the provider, or another provider within the medical practice the provider is located, must have to have seen the patient in-person for a face‑to-face consultation within the preceding 12 months. Further information on established clinical relationships can be found at [MBS Online](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB).

## 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](https://www.health.gov.au/resources/collections/coronavirus-covid-19-national-health-plan-resources).

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](http://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](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ 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.