



Medicare Compliance and Telehealth Services

Last updated: 4 October 2022

- MBS telehealth introduced on a temporary basis in response to the COVID-19 pandemic have now been made permanent. Telehealth services provided by GPs, consultant physicians, other medical practitioners (OMPs), nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery services will continue.
- A list of MBS telehealth services is provided in the [1 July 2022 Factsheets](#).

What are the changes?

- From 1 October 2022, a new prescribed pattern of service (30/20 rule) for telehealth phone consultations will commence. Under these new arrangements, a GP consultant physician or OMP who provides 30 or more phone attendances on each of 20 or more days in a 12-month period would be referred to the Professional Services Review (PSR).
- This supplements the inclusion of telehealth (video and phone) in the prescribed pattern of services ('80/20 rule) for GPs and OMPs from 1 July 2022.

Why are the changes being made?

From 1 October 2022:

- A new prescribed pattern of services will apply to GP, other medical practitioner, and consultant physician MBS telephone services (a new '30/20 rule').
- This rule means that for services provided from 1 October 2022, if a practitioner provides 30 or more relevant phone consultations on 20 or more days in a 12-month period, under section 86 of the [Health Insurance Act 1973](#) they are required to be referred directly to the Director of the PSR.
- For consultant physicians this will apply to services provided under MBS item 91836.
- Practitioners will be found to have engaged in inappropriate practice unless prescribed exceptional circumstances existed which affected the provision of these services.
- The [Health Insurance \(Professional Services Review Scheme\) Regulations 2019](#) define exceptional circumstances as:
 - (a) an unusual occurrence causing an unusual level of need for relevant services on the day
 - (b) an absence, on the day, of other medical services for the practitioner's patients, having regard to:
 - (i) the location of the practitioner's practice; and
 - (ii) the characteristics of the practitioner's patients.

- Further details about this change are published on the Department of Health and Aged Care's [website](#).

What does this mean for providers?

From 1 October 2022 the 30/20 rule for telephone consultations will apply. Any GP, OMP, or consultant physician who provides 30 or more telephone consultations per day on 20 or more days in a 12-month period would be referred to the PSR for peer-review of their telehealth practice.

To further support the integrity of the Medicare program the existing prescribed pattern of practice (80/20 rule) includes GP face-to-face, video and telephone consultations, excluding vaccine suitability assessments. This rule came into effect from 1 July 2022. Any GP who provides more than a combined 80 services per day on 20 or more days in a 12-month period will be referred to the Professional Services Review (PSR).

How will these changes affect patients?

Patients will continue to have access to MBS telehealth services. Changes to Medicare compliance for telehealth services do not impact patient eligibility requirements.

Who was consulted on the changes?

Consultation with stakeholders has informed the introduction and refinement of MBS telehealth items. The transition to permanent arrangements has also been informed by medical experts and key stakeholders within the health sector.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care continues to monitor the use of the new MBS items. Use of the items that does not seem to be in accordance with Medicare guidelines and legislation will be actioned appropriately.

Where can I find more information?

The full item descriptors and information on these changes are 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 and Aged Care 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.

For questions regarding the PHI classifications, please email <mailto:PHI@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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

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.