



Cessation of COVID-19 vaccine support items from 1 July 2025

Last updated: 7 May 2025

- The Medicare Benefits Schedule (MBS) items for COVID-19 vaccine suitability assessments, and associated items, will cease from 1 July 2025. This is an important step in transitioning the arrangements for COVID-19 vaccinations to business as usual arrangements.
- From 1 July 2025, general practitioners can use general attendance items when assessing a patient's suitability for a COVID-19 vaccination.

What are the changes?

Effective 1 July 2025, MBS items for the assessment of a patient's suitability for a COVID-19 vaccine, and associated items, will cease. The ceasing items are: 93644, 93645, 93646, 93647, 93653, 93654, 93655, 93656, 10660, 10661, 93660, 93661, and 90005.

From 1 July 2025, general practitioners should use the time-tiered general attendance items (or any other relevant items) when assessing a patient's suitability for a COVID-19 vaccination. This is consistent with the arrangements for other vaccinations, including those on the National Immunisation Program Schedule.

The standard MBS rules will continue to apply to attendance items. As a result:

- The service must be provided by a medical practitioner for an MBS benefit to be paid. It cannot be provided by a suitably qualified health practitioner on behalf of a medical practitioner, and
- Bulk billing will no longer be mandatory. Bulk billing incentives will be payable when an eligible patient is bulk billed.

Why are the changes being made?

From 1 July 2025, MBS treatment of COVID-19 vaccine support services will be brought in line with other vaccines, including those provided under the National Immunisation Program Schedule. This measure recognises the shift of the national response to COVID-19 from an emergency management response to a response which manages COVID-19 like other endemic diseases.

What does this mean for providers?

Providers will now be able to use the same items for delivering COVID-19 vaccine-related services as all other vaccinations. COVID-19 vaccination assessments will be able to be provided as part of a general consultation.

Providers will no longer be required to bulk bill COVID-19 vaccine-related services. Bulk billing incentives will be paid when eligible patients are bulk billed.

How will these changes affect patients?

Patients will still be able to access COVID-19 vaccine related services, including having their suitability assessed and administration of the vaccine. Arrangements will be simpler and consistent with other vaccinations. The requirements for a doctor to bulk bill will be removed, meaning doctors can set their own fees, which may be more than the relevant Medicare benefit.

Where can I find more information?

The full item descriptors and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the Department of Health and Aged Care's (the department) email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to 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.

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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.