



COVID-19 Bulk Billed MBS Telehealth Services

GPs and Other Medical Practitioners

Last updated: 30 March 2020

- From 13 March 2020 to 30 September 2020 (inclusive), 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.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The new temporary MBS telehealth items must be bulk billed and are for non-admitted patients.
- On 30 March 2020, the bulk billing incentive Medicare fees will double for items relating to General Practice, Diagnostic Imaging and Pathology services. These items can be claimed with the new temporary MBS telehealth items where appropriate.

What are the changes?

As part of the Australian Government's response to COVID-19, new temporary MBS telehealth items have been introduced to ensure continued access to essential Medicare rebated consultation services. As of 30 March 2020 these items have become general in nature and have no relation to diagnosing, treating or suspecting COVID-19.

The new items are:

- Group A40, sub-groups 1-2:
 - 24 new items for GP and non-specialist medical practitioners - MBS items 91790-91817.

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

Who is eligible?

The new temporary MBS telehealth items are available to providers of bulk billed telehealth services for a wide range of consultations. All Medicare eligible Australians can now receive these services.

All services provided using the new temporary MBS telehealth items must be bulk billed.

The services will be available until 30 September 2020. The continuing availability of these items will be reviewed prior to 30 September 2020.

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. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting and others.

Free versions of these applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.

Why are the changes being made?

The new temporary MBS telehealth items will allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19 within the community.

What does this mean for providers?

The new temporary MBS telehealth items will allow providers to continue to deliver essential health care services to patients within their care.

Providers do not need to be in their regular practice to provide telehealth services. Providers should use their provider number for their primary location, and must provide safe services in accordance with normal professional standards.

The new temporary telehealth MBS items will substitute current face-to-face consultations that are available under the MBS. The new temporary MBS telehealth items will have similar requirements to normal timed consultation items.

The new temporary telehealth items must be bulk billed, 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 information regarding the Medicare assignment of benefit, 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 providers to bulk-bill, so there will be no additional charge to 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.

Who was consulted on the changes?

Targeted consultation with stakeholder 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 descriptor(s) 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 to the COVID-19 telehealth items, please email COVIDResponse@health.gov.au. For all other queries relating to all other items in the Schedule, please 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 need to be bulk-billed, and are for non-admitted 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			
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			
GP ATSI health assessment	715	92004	92016
Chronic Disease Management			
GP management plan, prepare	721	92024	92068
GP team care arrangement, co-ordinate development	723	92025	92069
GP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	729	92026	92070
GP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	731	92027	92071
GP attendance to coordinate a GP management plan or team care arrangements	732	92028	92072
Autism Management			
GP early intervention services for children with autism, pervasive developmental disorder or disability	139	92142	92145
Pregnancy Support			
GP pregnancy support item, more than 20 minutes	4001	92136	92138

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Eating Disorder Management			
GP without mental health training, prepare an eating disorder treatment and management plan, 20 to 40 minutes	90250	92146	92154
GP without mental health training, prepare an eating disorder treatment and management plan, more than 40 minutes	90251	92147	92155
GP with mental health training, prepare an eating disorder treatment and management plan, 20 to 40 minutes	90252	92148	92156
GP with mental health training, prepare an eating disorder treatment and management plan, more than 40 minutes	90253	92149	92157
GP to review an eating disorder plan	90264	92170	92176
GP eating disorder FPS treatment, 30 to 40 minutes	90271	92182	92194
GP eating disorder FPS treatment, more than 40 minutes	90273	92184	92196
Mental Health			
<i>General Practitioners (credentialed with CEM)</i>			
GP without mental health training, prepare a mental health plan, 20 to 40 minutes	2700	92112	92124
GP without mental health training, prepare a mental health plan, more than 40 minutes	2701	92113	92125
GP to review a mental health plan	2712	92114	92126
GP mental health consult, more than 20 minutes	2713	92115	92127
GP with mental health training, prepare a mental health plan, 20 to 40 minutes	2715	92116	92128
GP with mental health training, prepare a mental health plan, more than 40 minutes	2717	92117	92129
FPS treatment of 30 to 40 minutes	2729	91818	91842
FPS treatment of more than 40 minutes	2731	91819	91843
Urgent After Hours			
GP urgent after hours, unsociable	599	92210	92216



OTHER MEDICAL PRACTITIONER ATTENDANCES

These services need to be bulk-billed, and are for non-admitted 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>
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			
OMP ATSI health assessment	228	92011	92023
Chronic Disease Management			
OMP management plan, prepare	229	92055	92099
OMP team care arrangement, coordinate development	230	92056	92100
OMP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	231	92057	92101
OMP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	232	92058	92102
OMP attendance to coordinate a GP management plan or team care arrangements	233	92059	92103
Pregnancy support			
OMP pregnancy support item, more than 20 minutes	792	92137	92139

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Eating Disorder Management			
OMP with mental health training, prepare an eating disorder treatment and management plan, 20 to 40 minutes	90256	92152	92160
OMP with mental health training, prepare an eating disorder treatment and management plan, at least 40 minutes	90257	92153	92161
OMP to review an eating disorder plan	90265	92171	92177
OMP eating disorder FPS treatment, 30 to 40 minutes	90275	92186	92198
OMP eating disorder FPS treatment, more than 40 minutes	90277	92188	92200
Urgent after hours			
OMP urgent after hours, unsociable	600	92211	92217
Mental Health			
OMP without mental health training, prepare a mental health plan, 20 to 40 minutes	272	92118	92130
OMP without mental health training, prepare a mental health plan, more than 40 minutes	276	92119	92131
OMP to review a mental health plan	277	92120	92132
OMP mental health consult, more than 20 minutes	279	92121	92133
OMP with mental health training, prepare a mental health plan, 20 to 40 minutes	281	92122	92134
OMP with mental health training, prepare a mental health plan, more than 40 minutes	282	92123	92135
FPS treatment of 30 to 40 minutes	371	91820	91844
FPS treatment of more than 40 minutes	372	91821	91845
OMP without mental health training, prepare an eating disorder treatment and management plan, 20 to 40 minutes	90254	92150	92158
OMP without mental health training, prepare an eating disorder treatment and management plan, more than 40 minutes	90255	92151	92159