



COVID-19 Bulk Billed MBS Telehealth Services

Last updated: 25 March 2020

- From 13 March 2020 to 30 September 2020 (inclusive), new MBS telehealth items are available for services provided to vulnerable people within the community or who are in isolation due to COVID-19, and services provided by providers who are in isolation due to COVID-19, or more susceptible to COVID-19.
- The new items are available to GPs, medical practitioners, nurse practitioners, participating midwives and allied mental health providers.
- The new services must be bulk billed.

What are the changes?

As part of the Australian Government's response to COVID-19, 92 new items have been introduced to provide services to vulnerable people within the community or in suspect cases self-isolation due to COVID-19, and enable provision of services via telehealth where the health professional has or is identified as at risk of COVID-19.

The new items are:

- Group A40, sub-groups 1-2 and Group M18, sub-groups 5 and 10:
 - 32 new GP, non-specialist medical practitioner and nurse practitioner items
- Group A40, sub-groups 4-7:
 - 20 new specialist and consultant physician items, including for psychiatric services
- Group A40, sub-group 3 and Group M18, sub-groups 1-4:
 - 4 new psychological therapy items for clinical psychologist services; and
 - 20 new Focussed Psychological Strategies items for services provided by a psychologist, GP, non-specialist medical practitioner, occupational therapist or social worker.
- Group M19 , sub-groups 1-2:
 - 8 new midwifery items.
- Group T1 , sub-group 1:
 - 8 new obstetric attendance items.

A guide to the new items and the existing items that they relate to is attached to this factsheet.

Who is eligible?

Medicare rebates will be paid for services provided to:

- people diagnosed with COVID-19 virus who are not a patient of a hospital;



- people isolating themselves at home on the advice of a medical practitioner or in accordance with [home isolation guidance](#) issued by the Australian Health Protection Principal Committee (AHPPC);
- people who are considered more susceptible to COVID-19, including:
 - o people aged over 70;
 - o Aboriginal and Torres Strait Islander people aged over 50;
 - o people with chronic health conditions or who are immunocompromised; and
 - o parents with new babies and people who are pregnant.
- people who meet the current national triage protocol criteria for suspected COVID-19 infection.

A guide to the new items and the existing items that they relate to is attached to this factsheet.

All services provided using the new MBS items must be bulk billed. The services will be available until 30 September 2020.

What telehealth options are available?

MBS telehealth services are videoconference services and this is 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 MBS telehealth items will allow people to access essential health services in their homes to support self-isolation and quarantine policies and reduce risk of exposure to COVID-19 for vulnerable people in the community.

What does this mean for providers?

Medicare rebates will also be paid for services by vulnerable providers who meet the same eligibility criteria as more susceptible patients. This will allow providers greater flexibility in delivering services to patients within their care.

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

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



The new telehealth services 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.)

A guide to the new items and the existing items that they relate to is attached to this fact sheet.

How will these changes affect patients?

Vulnerable patients, those in isolation and those who meet testing criteria for COVID-19 who are unable to attend a medical practice in person due to the COVID-19 emergency will be able to have continued access to essential medical and health services.

The new MBS items will require providers to bulk-bill their telehealth services, 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 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 by medical, nursing and allied mental health practitioners. 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 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 – MBS TELEHEALTH ITEMS

New Telehealth Items for COVID-19 vulnerable and/or isolated patients and providers

GENERAL PRACTITIONER ATTENDANCES

These services need to be bulk-billed, and are for non-admitted patients

Service	Existing Items <i>face to face</i>	COVID-19 Telehealth items <i>via video- conference</i>	COVID-19 Telephone items – <i>for when video- conferencing is not available</i>
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

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>	COVID-19 Telehealth items <i>via video- conference</i>	COVID-19 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



SPECIALIST, CONSULTANT PHYSICIAN AND PSYCHIATRIST ATTENDANCES

These services need to be bulk-billed, and are for non-admitted patients

Service	Existing Items <i>face to face</i>	COVID-19 Telehealth items <i>via video-conference</i>	COVID-19 Telephone items – <i>for when video-conferencing is not available</i>
Specialist. Initial attendance	104	91822*	91832*
Specialist. Subsequent attendance	105	91823*	91833*
Consultant physician. Initial attendance	110	91824 **	91834 **
Consultant physician. Subsequent attendance	116	91825**	91835**
Consultant physician. Minor attendance	119	91826**	91836**
Consultant psychiatrist. Consultation, not more than 15 minutes, fewer than 50 attendances	300	91827	91837
Consultant psychiatrist. Consultation, 15 to 30 minutes, fewer than 50 attendances	302	91828	91838
Consultant psychiatrist. Consultation, 30 to 45 minutes, fewer than 50 attendances	304	91829	91839
Consultant psychiatrist. Consultation, 45 to 75 minutes, fewer than 50 attendances	306	91830	91840
Consultant psychiatrist. Consultation, more than 75 minutes, fewer than 50 attendances	308	91831	91841

*For all specialties that have an existing arrangement to access consultations at the specialist rate.

**For all specialties that have an existing arrangement to access consultations at the consultant physician rate.

PARTICIPATING NURSE PRACTITIONER ATTENDANCES

These services need to be bulk-billed, and are for non-admitted patients

Service	Existing Items <i>face to face</i>	COVID-19 Telehealth items <i>via video-conference</i>	COVID-19 Telephone items – <i>for when video-conferencing is not available</i>
Attendance for an obvious problem	82200	91192	91193
Attendance less than 20 minutes	82205	91178	91189
Attendance at least 20 minutes	82210	91179	91190
Attendance at least 40 minutes	82215	91180	91191



MENTAL HEALTH ATTENDANCES

These services need to be bulk-billed, and are for non-admitted patients

Service	Existing Items <i>current video-conference items</i> <u>Current geographic restrictions apply</u>	COVID-19 Telehealth items <i>via video-conference</i> <u>Geographic restrictions do not apply</u>	COVID-19 Telephone items – <i>for when video-conferencing is not available</i> <u>Geographic restrictions do not apply</u>
<i>General Practitioners (credentialed with CEM)</i>			
FPS treatment of 30 to 40 minutes	2729	91818	91842
FPS treatment of more than 40 minutes	2731	91819	91843
<i>Other Medical Practitioners</i>			
FPS treatment of 30 to 40 minutes	371	91820	91844
FPS treatment of more than 40 minutes	372	91821	91845
<i>Clinical Psychologists</i>			
Attendance lasting more than 30 minutes but less than 50 minutes	80001	91166	91181
Attendance lasting at least 50 minutes	80011	91167	91182
<i>Psychologists</i>			
Attendance lasting more than 20 minutes but less than 50 minutes	80101	91169	91183
Attendance lasting at least 50 minutes	80111	91170	91184
<i>Occupational Therapists</i>			
Attendance lasting more than 20 minutes but less than 50 minutes	80126	91172	91185
Attendance lasting at least 50 minutes	80136	91173	91186
<i>Social Workers</i>			
Attendance lasting more than 20 minutes but less than 50 minutes	80151	91175	91187
Attendance lasting at least 50 minutes	80161	91176	91188



PARTICIPATING MIDWIFE ATTENDANCES

These services need to be bulk-billed, and are for non-admitted patients

Service	Existing Items <i>face to face</i>	COVID-19 Telehealth items <i>via video-conference</i>	COVID-19 Telephone items – <i>for when video-conferencing is not available</i>
Short antenatal attendance lasting up to 40 minutes	82105	91211	91218
Long antenatal attendance lasting at least 40 minutes	82110	91212	91219
Short postnatal attendance lasting up to 40 minutes	82130	91214	91221
Long postnatal attendance lasting at least 40 minutes	82135	91215	91222

OBSTETRICIANS, GPs, MIDWIVES, NURSES OR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS ATTENDANCES

These services need to be bulk-billed, and are for non-admitted patients

Service	Existing Items <i>face to face</i>	COVID-19 Telehealth items <i>via video-conference</i>	COVID-19 Telephone items – <i>for when video-conferencing is not available</i>
Antenatal Service provided by a Nurse, Midwife or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner	16400	91850	91855
Postnatal attendance by an obstetrician or GP	16407	91851	91856
Postnatal attendance by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner	16408	91852	91857
Antenatal attendance	16500	91853	91858