



COVID-19 Temporary MBS Telehealth Services

Last updated: 6 April 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 temporary MBS telehealth items are available to GPs, medical practitioners, nurse practitioners, participating midwives and allied health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The new temporary MBS telehealth items are for non-admitted patients.
- From 6 April 2020, it is a legislative requirement that the new telehealth services must be bulk billed for Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19.
- Health providers may apply their usual billing practices to the telehealth items for patients who do not fit the above criteria. Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.
- The bulk billing incentive Medicare fees have temporarily doubled (until 30 September) for items relating to General Practice, Diagnostic Imaging and Pathology services. These items can be claimed with the telehealth items where appropriate. The fees are provided later in the factsheet.

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.

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

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.



Who is eligible?

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

All services provided using the MBS telehealth items must be bulk billed for Commonwealth concession card holders, children under 16 years of age, and patients who are more vulnerable to COVID-19. For all other patients, bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.

Vulnerable means a patient at risk of COVID-19, so a person who:

- is required to self-isolate or self-quarantine in accordance with guidance issued by the Australian Health Protection Principal Committee in relation to COVID-19; or
- is at least 70 years old; or
- if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or
- is pregnant; or
- is the parent of a child aged under 12 months; or
- is being treated for a chronic health condition; or
- is immune compromised; or
- meets the current national triage protocol criteria for suspected COVID-19 infection.

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.



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

The telehealth items must be bulk billed for vulnerable patients, concession card holders and children under 16 years at the time the service is being provided, 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 only for vulnerable patients, concession card holders and children under 16 years, so there will be no additional charge for these 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.

A [consumer factsheet](#) is available on MBSOnline which provides further information on how these changes will affect patients.

Who was consulted on the changes?

Targeted consultation with stakeholders has informed the new temporary MBS telehealth items. Due to the nature of the COVID-19 emergency, it was not reasonably possible to undertake normal, broad consultations prior to implementation.

How will the changes be monitored and reviewed?

The Department of Health will monitor the use of the new temporary MBS telehealth 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 descriptors 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 – TEMPORARY MBS TELEHEALTH ITEMS

GENERAL PRACTITIONER ATTENDANCES

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, 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 for people of Aboriginal or Torres Strait Islander descent			
GP 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



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 for vulnerable patients, concession card holders and children under 16 years, 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 for people of Aboriginal or Torres Strait Islander descent			
OMP 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



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



SPECIALIST, CONSULTANT PHYSICIAN, PSYCHIATRIST, PAEDIATRICIAN AND GERIATRICIAN ATTENDANCES

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, 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>
Specialist Services			
Specialist. Initial attendance	104	91822*	91832*
Specialist. Subsequent attendance	105	91823*	91833*
Consultant Physician Services			
Consultant physician. Initial attendance	110	91824 **	91834 **
Consultant physician. Subsequent attendance	116	91825**	91835**
Consultant physician. Minor attendance	119	91826**	91836**
Consultant physician. Initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes	132	92422**	92431**
Consultant physician. Subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes	133	92423**	92432**
Specialist and Consultant Physician Services			
Specialist or consultant physician early intervention services for children with autism, pervasive developmental disorder or disability	137	92141	92144
Geriatrician Services			
Geriatrician, prepare an assessment and management plan, patient at least 65 years, more than 60 minutes	141	92623	92628
Geriatrician, review management plan, more than 30 minutes	143	92624	92629
Consultant Psychiatrist services			
Consultant psychiatrist, prepare a treatment and management plan, patient under 13 years with autism or pervasive developmental disorder, at least 45 minutes	289	92434	92474
Consultant psychiatrist, prepare a management plan, more than 45 minutes	291	92435	92475
Consultant psychiatrist, review management plan, 30 to 45 minutes	293	92436	92476
Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 mths), more than 45 minutes	296	92437	92477



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
Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 20 to 45 minutes	348	92458	92498
Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 45 minutes or more	350	92459	92499
Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, not less than 20 minutes, not exceeding 4 attendances	352	92460	92500
Consultant psychiatrist, prepare an eating disorder treatment and management plan, more than 45 minutes	90260	92162	92166
Consultant psychiatrist, to review an eating disorder plan, more than 30 minutes	90266	92172	92178
Paediatrician Services			
Paediatrician early intervention services for children with autism, pervasive developmental disorder or disability	135	92140	92143
Paediatrician, prepare an eating disorder treatment and management plan, more than 45 minutes	90261	92163	92167
Paediatrician, to review an eating disorder plan, more than 20 minutes	90267	92173	92179

*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.



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

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, 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>
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

PARTICIPATING NURSE PRACTITIONER ATTENDANCES

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, 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 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

GP mental health attendances and OMP mental health attendances are included under the GP and OMP tables above.

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, and are for non-admitted patients

Service	Existing Items <i>current video-conference items</i> <u>Current geographic restrictions apply</u>	Telehealth items <i>via video-conference</i> <u>Geographic restrictions do not apply</u>	Telephone items – <i>for when video-conferencing is not available</i> <u>Geographic restrictions do not apply</u>
Clinical Psychologists			
Attendance lasting more than 30 minutes but less than 50 minutes	80001	91166	91181
Attendance lasting at least 50 minutes	80011	91167	91182
Psychologists			
Attendance lasting more than 20 minutes but less than 50 minutes	80101	91169	91183
Attendance lasting at least 50 minutes	80111	91170	91184
Occupational Therapists			
Attendance lasting more than 20 minutes but less than 50 minutes	80126	91172	91185
Attendance lasting at least 50 minutes	80136	91173	91186
Social Workers			
Attendance lasting more than 20 minutes but less than 50 minutes	80151	91175	91187
Attendance lasting at least 50 minutes	80161	91176	91188



ALLIED HEALTH ATTENDANCES

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, and are for non-admitted patients

Service	Existing Items <i>face to face</i>	Telehealth items <i>video-conference</i>	Telephone items – <i>for when video-conferencing is not available</i>
Chronic disease management			
Allied CDM service (all 13 items)	10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970	93000	93013
Pregnancy support			
Pregnancy support counselling, eligible psychologist, at least 30 minutes	81000	93026	93029
Autism management			
Psychology, early intervention services for children with autism, pervasive developmental disorder or disability, under 13 years	82000	93032	93040
Speech pathology or Occupational therapy, early intervention services for children with autism, pervasive developmental disorder or disability, under 13 years	82005 82010	93033	93041
Psychology, early intervention services for children with autism, pervasive developmental disorder or disability, under 15 years	82015	93035	93043
Speech pathology, Occupational therapy, Audiology, Optometry, Orthoptic or Physiotherapy early intervention services for children with autism, pervasive developmental disorder or disability, under 15 years	82020, 82025, 82030, 82035	93036	93044
Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent			
Allied Follow-up CDM services (all 13 items)	81300, 81305, 81310, 81315, 81320, 81325, 81330, 81335, 81340, 81345, 81350, 81355, 81360	93048	93061



Eating Disorder Management			
Dietetics, eating disorders service, at least 20 minutes	82350	93074	93108
Clinical psychologist, eating disorders service, 30 to 50 minutes	82352	93076	93110
Clinical psychologist, eating disorders service, at least 50 minutes	82355	93079	93113
Psychologist, eating disorders service, 20 to 50 minutes	82360	93084	93118
Psychologist, eating disorders service, at least 50 minutes	82363	93087	93121
Occupational therapist, eating disorders service, 20 to 50 minutes	82368	93092	93126
Occupational therapist, eating disorders service, at least 50 minutes	82371	93095	93129
Social worker, eating disorders service, 20 to 50 minutes	82376	93100	93134
Social worker, eating disorders service, at least 50 minutes	82379	93103	93137

PARTICIPATING MIDWIFE ATTENDANCES

These services need to be bulk-billed for vulnerable patients, concession card holders and children under 16 years, 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>
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



MBS changes factsheet

Bulk Billing Incentives*		
Item	Temporary Fee (30 March – 30 September 2020)	Temporary Benefit (30 March – 30 September 2020)
10990	\$15.00	\$12.75
10991	\$22.70	\$19.30
10992	\$22.70	\$19.30
64990	\$14.10	\$12.00
64991	\$21.30	\$18.15
74990	\$14.10	\$12.00
74991	\$21.30	\$18.15

* Note: bulk billing incentives are paid at the 85% MBS rate. While the fee for an incentive for a service provided by a metropolitan practice is \$15.00, the MBS rebate – which is paid to the practitioner rather than the patient – is \$12.75. For non-metropolitan practices, the fee is \$22.70 and the actual payment received by the practitioner is \$19.30. These arrangements have applied to the MBS bulk billing incentive payments since their introduction.