



## 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](http://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](mailto: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<br>face to face | Telehealth items<br>via video-<br>conference | Telephone items –<br>for when video-<br>conferencing is not<br>available |
|---|--------------------------------|--|--|
| <b>Standard GP Attendance</b>   |                                |  |  |
| 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  |
| <b>Health assessment for people of Aboriginal or Torres Strait Islander descent</b>   |                                |  |  |
| GP health assessment  | 715                            | 92004  | 92016  |
| <b>Chronic Disease Management</b>   |                                |  |  |
| 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  |
| <b>Autism Management</b>  |                                |  |  |
| GP early intervention services for children with autism, pervasive developmental disorder or disability                               | 139                            | 92142  | 92145  |
| <b>Pregnancy Support</b>  |                                |  |  |
| GP pregnancy support item, more than 20 minutes   | 4001                           | 92136  | 92138  |



| <b>Eating Disorder Management</b>   |       |       |       |
|---|-------|-------|-------|
| 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 |
| <b>Mental Health</b>  |       |       |       |
| <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 |
| <b>Urgent After Hours</b>   |       |       |       |
| 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<br>face to face | Telehealth items<br>via video-<br>conference | Telephone items –<br>for when video-<br>conferencing is not<br>available |
|--|--------------------------------|--|--|
| 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  |
| <b>Health assessment for people of Aboriginal or Torres Strait Islander descent</b>  |                                |  |  |
| OMP health assessment  | 228                            | 92011  | 92023  |
| <b>Chronic Disease Management</b>  |                                |  |  |
| 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  |
| <b>Pregnancy support</b>   |                                |  |  |
| OMP pregnancy support item, more than 20 minutes   | 792                            | 92137  | 92139  |



# MBS changes factsheet

| <b>Eating Disorder Management</b>  |       |       |       |
|--|-------|-------|-------|
| 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 |
| <b>Urgent after hours</b>  |       |       |       |
| OMP urgent after hours, unsociable   | 600   | 92211 | 92217 |
| <b>Mental Health</b>   |       |       |       |
| 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 |



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## 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<br><i>face to face</i> | Telehealth items<br><i>via video-conference</i> | Telephone items –<br><i>for when video-conferencing is not available</i> |
|---|---------------------------------------|---|--|
| <b>Specialist Services</b>  |                                       |   |  |
| Specialist. Initial attendance  | 104                                   | 91822*  | 91832*   |
| Specialist. Subsequent attendance   | 105                                   | 91823*  | 91833*   |
| <b>Consultant Physician Services</b>  |                                       |   |  |
| 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**  |
| <b>Specialist and Consultant Physician Services</b>   |                                       |   |  |
| Specialist or consultant physician early intervention services for children with autism, pervasive developmental disorder or disability                       | 137                                   | 92141   | 92144  |
| <b>Geriatrician Services</b>  |                                       |   |  |
| 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  |
| <b>Consultant Psychiatrist services</b>   |                                       |   |  |
| 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  |



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|   |       |       |       |
|---|-------|-------|-------|
| 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 |
| <b>Paediatrician Services</b>   |       |       |       |
| 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<br><i>face to face</i> | Telehealth items<br><i>via video-conference</i> | Telephone items –<br><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:<br><br>(i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or<br><br>(ii) an obstetrician; or<br><br>(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<br><i>face to face</i> | Telehealth items<br><i>via video-conference</i> | Telephone items –<br><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<br><i>current video-conference items<br/><u>Current geographic restrictions apply</u></i> | Telehealth items<br><i>via video-conference<br/><u>Geographic restrictions do not apply</u></i> | Telephone items –<br><i>for when video-conferencing is not available<br/><u>Geographic restrictions do not apply</u></i> |
|--|--|---|--|
| <b>Clinical Psychologists</b>                                    |  |   |  |
| Attendance lasting more than 30 minutes but less than 50 minutes | 80001  | 91166   | 91181  |
| Attendance lasting at least 50 minutes                           | 80011  | 91167   | 91182  |
| <b>Psychologists</b>   |  |   |  |
| Attendance lasting more than 20 minutes but less than 50 minutes | 80101  | 91169   | 91183  |
| Attendance lasting at least 50 minutes                           | 80111  | 91170   | 91184  |
| <b>Occupational Therapists</b>                                   |  |   |  |
| Attendance lasting more than 20 minutes but less than 50 minutes | 80126  | 91172   | 91185  |
| Attendance lasting at least 50 minutes                           | 80136  | 91173   | 91186  |
| <b>Social Workers</b>  |  |   |  |
| Attendance lasting more than 20 minutes but less than 50 minutes | 80151  | 91175   | 91187  |
| Attendance lasting at least 50 minutes                           | 80161  | 91176   | 91188  |



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## 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<br><i>face to face</i>   | Telehealth items<br><i>video-conference</i> | Telephone items –<br><i>for when video-conferencing is not available</i> |
|---|---|---|--|
| <b>Chronic disease management</b>   |   |   |  |
| Allied CDM service (all 13 items)   | 10950, 10951,<br>10952, 10953,<br>10954, 10956,<br>10958, 10960,<br>10962, 10964,<br>10966, 10968,<br>10970 | 93000                                       | 93013  |
| <b>Pregnancy support</b>  |   |   |  |
| Pregnancy support counselling, eligible psychologist, at least 30 minutes   | 81000   | 93026                                       | 93029  |
| <b>Autism management</b>  |   |   |  |
| 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<br>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,<br>82030, 82035   | 93036                                       | 93044  |
| <b>Follow-up Allied Health Services for people of Aboriginal or Torres Strait Islander descent</b>  |   |   |  |
| Allied Follow-up CDM services (all 13 items)  | 81300, 81305,<br>81310, 81315,<br>81320, 81325,<br>81330, 81335,<br>81340, 81345,<br>81350, 81355,<br>81360 | 93048                                       | 93061  |



| <b>Eating Disorder Management</b>                                     |       |       |       |
|---|-------|-------|-------|
| 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<br><i>face to face</i> | Telehealth items<br><i>via video-conference</i> | Telephone items –<br><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.