



## COVID-19 Temporary MBS Telehealth Services Allied Health Providers

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 items are available to 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.

### What are the changes?

As part of the Australian Government's response to COVID-19, thirty-two (32) new allied health 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 M18, sub-groups 11-22:
  - 2 new items for Allied Health Services for Chronic Disease Management
  - 2 new follow-up allied health items for patient's of Aboriginal and Torres Strait Islander descent;
  - 2 new allied health items for pregnancy support counselling;
  - 8 new allied health items for early intervention services for children with autism, pervasive developmental disorder or disability; and
  - 18 new allied health eating disorders services.

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 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.

## 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 telehealth MBS items will substitute current face-to-face consultations that are available under the MBS. The MBS 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.

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 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.

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## 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

### 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>
<b>Chronic disease management</b>			
Allied CDM services (all 13 items)	10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, <b>10970</b>	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
<b>Speech pathology</b> 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
<b>Speech pathology</b> , 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
<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, 81310, 81315, 81320, 81325, 81330, 81335, 81340, 81345, 81350, 81355, <b>81360</b>	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