

COVID-19 Bulk Billed Temporary MBS Telehealth Services

Aboriginal Health and Chronic Disease

From 13 March 2020 to 31 December 2021 (inclusive), temporary MBS items are available for telehealth and phone services, as part of the COVID-19 response.

The temporary MBS telehealth items are available to GPs, medical practitioners, specialists, consultant physicians, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery.

It is a legislative requirement that GPs and Other Medical Practitioners (OMPs) working in general practice can only perform a telehealth service where they have an established clinical relationship with the patient, with limited exemptions. Further exemptions to this requirement were introduced on 1 July 2021.

In addition, the broad range of temporary GP and OMP telephone attendances were replaced with a smaller number of telephone items as of 1 July 2021. Longer telephone items for mental health treatment will continue to be available until 31 December 2021.

A service may only be provided by telehealth where it is safe and clinically appropriate to do so.

GP and OMP COVID-19 telehealth services are eligible for MBS incentive payments when provided as bulk billed services to Commonwealth concession card holders and children under 16 years of age.

All providers are expected to obtain informed financial consent from patients prior to charging private fees for COVID-19 telehealth services.

A patient must assign their right to a Medicare benefit to an eligible provider by signing a completed assignment of benefit form.

Who is eligible?

The temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive these services if they have an established clinical relationship with a GP, OMP, or a medical practice. This requirement supports longitudinal and person-centred primary health care that is associated with better health outcomes.

What does this mean for providers?

The temporary MBS telehealth items allow providers to deliver essential health care services to their patients while ensuring continued quality is provided by a medical practitioner who knows the patient's medical history.

Providers do not need to be in their regular practice to provide telehealth services, but they must ensure that the established clinical relationship, as defined in the MBS, exists before providing telehealth services to their patient. Only a face-to-face attendance with the patient in the 12 months prior to the date of service of the proposed telehealth consultation satisfies this requirement, with limited exemptions.

Providers should use their provider number for their primary location and must provide safe services in accordance with normal professional standards.

For additional information on the use of telehealth items, please refer to the [Provider Frequently Asked Questions](#) document available on [MBSOnline](#).

Source: www.mbsonline.gov.au (June 2021) – refer to source for full item details including eligibility & restrictions.

*75% and/or 85%/100% rebate also applies to some of these item numbers

** Refer to MBS (Medicare Benefit Schedule) for full patient eligibility guidelines.

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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 www.health.gov.au/.
- **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.

GP Chronic Disease Item Numbers

Item	COVID-19 face to face	Fee*
721	GP management plan, prepare (GPMP)	\$150.10
723	GP team care arrangement, co-ordinate development (TCAs)	\$118.95
729	GP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	\$73.25
731	GP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	\$73.25
732	GP attendance to coordinate a GP management plan or team care arrangements	\$74.95
715	GP Aboriginal health assessment	\$220.85
Item	COVID-19 video conference	Fee*
92024	GP management plan, prepare	\$176.55
92025	GP team care arrangement, co-ordinate development	\$139.95
92026	GP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	\$86.15
92027	GP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	\$86.15
92028	GP attendance to coordinate a GP management plan or team care arrangements	\$88.20
92004	GP Aboriginal health assessment	\$259.80

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Other Medical Practitioner Chronic Disease Item Numbers

Item	COVID-19 face to face	Fee*
229	OMP management plan, prepare (GPMP)	\$120.10
230	OMP team care arrangement, coordinate development (TCAs)	\$95.15
231	OMP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	\$58.60
232	OMP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	\$58.60
233	OMP attendance to coordinate a GP management plan or team care arrangements	\$59.95
228	OMP Aboriginal health assessment	\$176.70
Item	COVID-19 video conference	Fee*
92055	OMP management plan, prepare	\$141.25
92056	OMP team care arrangement, coordinate development	\$111.90
92057	OMP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	\$68.95
92058	OMP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	\$68.95
92059	OMP attendance to coordinate a GP management plan or team care arrangements	\$70.55
92011	OMP Aboriginal health assessment	\$207.85

Eligible Allied Health Chronic Disease Item Numbers

Item	COVID-19 video conference	Fee*
93000	Allied Health CDM services (all 13 items)	\$64.80
93048	Allied Follow-up CDM services (all 13 items) for people of ATSI descent. Equivalent to items 81300-81360.	\$64.80
Item	COVID-19 telephone items	Fee*
93013	Allied Health CDM services (all 13 items)	\$64.80
93061	Allied Follow-up CDM services (all 13 items) for people of ATSI descent. Equivalent to items 81300-81360.	\$64.80

Eligible Practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner Chronic Disease Item Numbers

Item	COVID-19 video conference	Fee*
93200	Follow up service for an Indigenous person who has received a health assessment	\$29.35
93201	Service provided to a person with a chronic disease	\$14.70
Item	COVID-19 telephone items	Fee*
93202	Follow up service for an Indigenous person who has received a health assessment	\$29.35
93203	Service provided to a person with a chronic disease	\$14.70

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