

COVID-19 Temporary MBS Telehealth Services

Specialists, consultant physicians, psychiatrists, paediatricians, geriatricians, public health physicians and neurosurgeons

Last updated: 20 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 specialists, consultant physicians, psychiatrists, paediatricians, geriatricians, public health physicians and neurosurgeons.
- 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.
- As of 20 April 2020, specialist service providers are no longer required to bulk bill these new telehealth items.
- 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, seventy-eight (78) new items for specialists, consultant physicians, psychiatrists, geriatricians, paediatricians, public health physicians and neurosurgeons 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 telehealth and telephone items are:

Group A40, sub-groups 4-9:

- 4 new items for specialist attendances
- 10 new items for consultant physician attendances
- 2 new specialist and consultant physician early intervention services
- 4 new geriatrician services for assessment and management
- 34 new consultant psychiatrist services including consultations, group psychotherapy and interviews
- 6 new paediatrician services for early intervention and services for treatment of eating disorders
- 8 new services for public health physician attendances
- 10 new services for neurosurgeon attendances



MBS changes factsheet

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.

For specialist services, bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.

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. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. Information on how to select a web conferencing solution is available on the <u>Australian Cyber Security Centre website</u>.

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 can substitute for current face-to-face consultations that available under the MBS when the service/s cannot be provided due to COVID-19 considerations. The MBS telehealth items will have similar requirements to normal timed consultation items.

For additional information on the use of telehealth items, please refer to the <u>Provider Frequently Asked Questions</u> document available on MBSOnline.



Australian Government Department of Health

MBS changes factsheet

How will these changes affect patients?

Patients should ask their service providers about their telehealth options, where clinically appropriate.

Specialist telehealth items do not need to be bulk billed, however, the provider must ensure informed financial consent is obtained prior to the provision of the service.

A <u>consumer factsheet</u> 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 <u>Australian Government Department of Health website</u>.

The full item descriptors and information on other changes to the MBS can be found on the MBS Online website at <u>www.mbsonline.gov.au</u>. You can also subscribe to future MBS updates by visiting <u>MBS Online</u> 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 <u>askMBS@health.gov.au</u>.

Subscribe to '<u>News for Health Professionals</u>' 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

SPECIALIST, CONSULTANT PHYSICIAN, PSYCHIATRIST, PAEDIATRICIAN, GERIATRICIAN, PUBLIC HEALTH PHYSICIAN AND NEUROSURGEON ATTENDANCES

These services are for non-admitted patients					
Service	Existing Items	Telehealth items	Telephone items –		
	face to face	via video-	for when video-		
		conference	conferencing is not		
			available		
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	132	92422**	92431**		
with at least 2 morbidities, prepare a treatment					
and management plan, at least 45 minutes					
Consultant physician, Subsequent assessment,	133	92423**	92432**		
patient with at least 2 morbidities, review a					
treatment and management plan, at least 20					
minutes					
Specialist and Consultant Physician Services					
Specialist or consultant physician early	137	92141	92144		
intervention services for children with autism,					
pervasive developmental disorder or disability					
Geriatrician Services					
Geriatrician, prepare an assessment and	141	92623	92628		
management plan, patient at least 65 years,					
more than 60 minutes					
Geriatrician, review a management plan, more	143	92624	92629		
than 30 minutes					
Consultant Psychiatrist services					
Consultant psychiatrist, prepare a treatment and	289	92434	92474		
management plan, patient under 13 years with					
autism or another pervasive developmental					
disorder, at least 45 minutes					
Consultant psychiatrist, prepare a management	291	92435	92475		
plan, more than 45 minutes					
Consultant psychiatrist, review management	293	92436	92476		
plan, 30 to 45 minutes					



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Consultant psychiatrist, attendance, new patient	296	92437	92477
(or has not received attendance in preceding 24			
mths), more than 45 minutes			
Consultant psychiatrist. Consultation, not more	300	91827	91837
than 15 minutes			
Consultant psychiatrist. Consultation, 15 to 30	302	91828	91838
minutes			
Consultant psychiatrist. Consultation, 30 to 45	304	91829	91839
minutes			
Consultant psychiatrist. Consultation, 45 to 75	306	91830	91840
minutes			
Consultant psychiatrist. Consultation, more than	308	91831	91841
75 minutes			
Consultant psychiatrist, group psychotherapy, at	342	92455	92495
least 1 hour, involving group of 2 to 9 unrelated			
patients or a family group of more than 3			
patients, each referred to consultant psychiatrist			
Consultant psychiatrist, group psychotherapy, at		00.150	00400
least 1 hour, involving family group of 3 patients,	344	92456	92496
each referred to consultant psychiatrist			
Consultant psychiatrist, group psychotherapy, at		00457	00407
least 1 hour, involving family group of 2 patients,	346	92457	92497
each referred to consultant psychiatrist			
Consultant psychiatrist, interview of a person			
other than patient, in the course of initial	240	00/50	00/00
diagnostic evaluation of patient, 20 to 45	348	92458	92498
minutes			
Consultant psychiatrist, interview of a person			
other than patient, in the course of initial	250	00.450	00400
diagnostic evaluation of patient, 45 minutes or	350	92459	92499
more			
Consultant psychiatrist, interview of a person			
other than patient, in the course of continuing			
management of patient, not less than 20	352	92460	92500
minutes, not exceeding 4 attendances per			
calendar year			
Consultant psychiatrist, prepare an eating			
disorder treatment and management plan, more	90260	92162	92166
than 45 minutes			
Consultant psychiatrist, to review an eating	90266	00470	00470
disorder plan, more than 30 minutes	90200	92172	92178



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Paediatrician Services (see also Specialist and Consultant Physician 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			
Public Health Physician Services						
Public health physician, level A attendance	410	92513	92521			
Public health physician, level B attendance, less than 20 minutes	411	92514	92522			
Public health physician, level C attendance, at least 20 minutes	412	92515	92523			
Public health physician, level D attendance, at least 40 minutes	413	92516	92524			
Neuro	surgery attendanc	es				
Neurosurgeon, initial attendance	6007	92610	92617			
Neurosurgeon, minor attendance	6009	92611	92618			
Neurosurgeon, subsequent attendance, 15 to 30 minutes	6011	92612	92619			
Neurosurgeon, subsequent attendance, 30 to 45 minutes	6013	92613	92620			
Neurosurgeon, subsequent attendance, more than 45 minutes	6015	92614	92621			

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

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