



## COVID-19 Bulk Billed MBS Allied Health Telehealth Services Frequently Asked Questions

Last updated: 30 March 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 new temporary MBS telehealth 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 temporary MBS telehealth items must be bulk billed and are for non-admitted patients.
- Please refer to the 'Provider Frequently Asked Questions' on [MBS Online](#) for general information on eligibility, telehealth arrangements, referrals, bulk-billing and claiming, and assignment of benefits.
- Please note that this information is accurate as of this date. This is an evolving situation and it is possible that some of this information could change in response to the circumstances. Please continue to check MBS Online ([www.mbsonline.gov.au](http://www.mbsonline.gov.au)) regularly for any further announcements.

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### ***Why are the changes being made?***

- The new temporary MBS telehealth items will allow people to access essential Medicare funded health services remotely and reduce their risk of exposure to COVID-19.
- 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.

### ***Which allied health providers are eligible to claim the new temporary MBS telehealth items?***

- The following allied health service providers are eligible to claim the new temporary MBS telehealth items that are within their scope of practice:
  - Aboriginal and Torres Strait Islander Health Workers and Health Practitioners
  - Psychologists
  - Dietitians
  - Occupational therapists
  - Audiologists
  - Optometrists
  - Orthoptists
  - Physiotherapists
  - Social workers



## ***Can I use the new temporary MBS telehealth items in place of existing MBS items?***

- Yes. The new temporary telehealth MBS items mirror existing face-to-face attendance items available under the MBS.
- Providers should claim the new MBS item which best describes the service that they have rendered. If the requirements of the item have been met, practitioners are able to bill the new MBS items.
- Providers should use their clinical judgement to determine if a service is clinically relevant. A clinically relevant service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

## ***Does the patient need a referral to be eligible for allied health services provided under new temporary MBS telehealth items?***

- All MBS items for allied health services require a valid referral to the relevant allied health professional. A patient must be referred by an eligible medical practitioner, and services can form part of an eligible treatment, management or care plan, including:
  - Chronic Disease Management Plans
  - GP Management Plans
  - Shared Care Plans
  - Team Care Plans
  - Multidisciplinary Care Plans
  - Pervasive Developmental Disorder Treatment Plan
  - Disability Treatment Plan
  - Eating Disorder Treatment and Management Plan
- If the allied health provider has already received a referral that is still valid, there is no need to obtain a specific referral for the purposes of claiming the new temporary MBS telehealth items.

## ***How many services under the new temporary MBS telehealth items can patients receive?***

- The new temporary MBS telehealth items for allied health services are equivalent to their existing MBS items, and are not to be provided as an additional set of items. If forming part of a treatment, care or management plan, a patient is eligible for the same number of services as outlined on their referral and plan.

## ***Are there specific eligibility criteria for the new temporary MBS telehealth items?***

- Clinicians should evaluate an individual patient's needs and suitability, and determine if the clinical procedures or treatments can be appropriately modified to be provided in a telehealth consultation.

## ***Am I insured to provide MBS telehealth services?***

- You will need to confirm with your professional indemnity insurance provider as to whether you are covered to provide telehealth services. Services must be provided within the allied health professional's scope of practice, and in accordance with all other professional responsibilities.



## ***I do not see any items that I am eligible to claim. Is that likely to change in the future?***

- Due to the rapid rate at which the COVID-19 pandemic is evolving, it is possible that the information provided could change in response to the circumstances. This might include provider eligibility, and availability of specific items and services. Please continue to check MBS Online ([www.mbsonline.gov.au](http://www.mbsonline.gov.au)) regularly for any further announcements.

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## Further Information

A list of the COVID-19 items is available at

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>

A series of fact sheets has been developed to support the introduction of these items, which are available at:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheet->

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 1973* and associated regulations. If you have a query relating to the COVID-19 telehealth items, please email [COVIDResponse@health.gov.au](mailto:COVIDResponse@health.gov.au). For all other queries relating to all other items in the Schedule, please email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

*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.*