COVID-19 Temporary MBS Allied Health Telehealth Services Frequently Asked Questions

Last updated: 27 April 2021

- Commencing 13 March 2020 and extending until 31 December 2021, 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.
- Temporary telehealth are available to allied health practitioners.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The temporary MBS telehealth items are for out-of-hospital patients.
- Allied health practitioners are not required to bulk bill the telehealth items.
- All providers are expected to obtain informed financial consent from patients prior to charging private fees for COVID-19 telehealth services.
- 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.

Why have the changes been made?

The temporary MBS telehealth items 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 may also offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.

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

Yes. The 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.

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

The following providers are eligible to provide MBS allied health telehealth services:

Aboriginal and Torres Strait Islander Health Practitioners	Aboriginal Health Workers
Audiologists	Chiropractors
Diabetes Educators	Dietitians
Exercise Physiologists	Mental Health Workers
Mental Health Nurses	Occupational Therapists
Optometrists	Orthoptists
Osteopaths	Physiotherapists
Podiatrists	Psychologists
Social Workers	Speech Pathologists

Does the patient need a referral to be eligible for the allied health telehealth services?

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 temporary MBS telehealth items can patients receive?

The temporary MBS telehealth items for allied health services are equivalent to their MBS face-to-face 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 procedure or treatment 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 (MBS Online) regularly for any further announcements.

Further 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 MBS Online. 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.

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.