

# Allied Health MBS Telehealth (video and phone) Services

Last updated: 13 March 2025

- Medicare Benefit Schedule (MBS) telehealth services include video and phone services provided by allied health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so
- Allied Health MBS telehealth items are for out-of-hospital patients.
- Providers are expected to obtain informed financial consent from patients prior to providing the service by providing details regarding their fees, including any out-of-pocket costs.

#### What are the changes?

From **1 March 2025**, the term 'telehealth attendance' will collectively refer to both video and phone attendances. Where an MBS item can only be claimed for a specific attendance format, it will specifically state 'phone attendance' or 'video attendance'.

#### Why are the changes being made?

The MBS item descriptors and notes are being updated in response to stakeholder feedback received during the MBS Review Advisory Committee (MRAC) post-implementation review of MBS telehealth. The change is intended to reduce misinterpretation, although the clinical requirements of the services will note change.

#### Information for providers

MBS telehealth items allow providers to continue to deliver essential health care services to patients within their care. The change only clarifies original regulations and does not impact fees or how the items work.

Providers do not need to be in their regular practice to provide telehealth services. Providers should use their provider number relevant to the appropriate practice and must provide safe services in accordance with normal professional standards.

MBS telehealth items can substitute for equivalent face-to-face consultations where it's clinically appropriate and safe to do so; these items have the same clinical requirements as the corresponding face-to-face consultation 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
- Team Care Plans
- Multidisciplinary Care Plans

- Complex Neurodevelopmental Disorder Treatment Plan
- Disability Treatment Plan

Providers are encouraged to stay up to date with changes to these telehealth services, and additional information will be made available ahead of future MBS updates.

Providers are also reminded of the November 2021 introduction of MBS items that better recognise allied participation in case conferencing, including by telehealth. More information can be found on Allied Health Case Conferencing - Factsheet.

#### Information for patients

The updated terminology clarifies original regulations and does not impact fees or how the items work and therefore does not impact a patients' experience.

Patients are encouraged to discuss with their service providers about the clinically appropriate telehealth options available to them.

#### Who was consulted on the changes?

The use of updated language was informed by stakeholder consultation, including a Post Implementation Review of MBS Telehealth by MRAC released in June 2024.

The MBS Review Advisory Committee – Telehealth Post-Implementation Review – Final report is available on the <u>Department of Health and Aged Care website</u> (the Department).

### Information about how changes are monitored and reviewed

The Department regularly reviews the use of MBS items in consultation with the profession.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the Department's compliance program can be found on its website at Medicare compliance.

#### Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website. You can also subscribe to future MBS updates by visiting 'Subscribe to the MBS' on the MBS Online website.

The Department provides an email advice service for providers seeking advice on interpretation of MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email <a href="mailto:askMBS@health.gov.au">askMBS@health.gov.au</a>.

Medicare Benefits Schedule

Allied Health MBS Telehealth Services – Factsheet

MBS Online

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Private health insurance information on the product tier arrangements is available at <a href="https://www.privatehealth.gov.au">www.privatehealth.gov.au</a>. Detailed information on the MBS item listing within clinical categories is available on the <a href="https://peartment's website">Department's website</a>. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the <a href="https://private.new.org/rivate.new.org/">Private Health Insurance (Benefit Requirements)</a> Rules 2011 found on the <a href="https://peartments.new.org/">Federal Register of Legislation</a>. If you have a query in relation to private health insurance, you should email <a href="https://peartments.new.org/">PHI@health.gov.au</a>.

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.

The data file for software vendors when available can be accessed via the **Downloads** page.

## Allied Health MBS face-to-face and telehealth items

Table 1: Chronic Disease Management (CDM) items introduced on 30 March 2020

Service	Face to Face Only items	Video & Phone items
Aboriginal or Torres Strait Islander health service	10950	93000 – Video 93013 – Phone
Diabetes education health service	10951	93000 – Video 93013 – Phone
Audiology health service	10952	93000 – Video 93013 – Phone
Exercise physiology service	10953	93000 – Video 93013 – Phone
Dietetics health service	10954	93000 – Video 93013 – Phone
Mental health service	10956	93000 – Video 93013 – Phone
Occupational therapy health service	10958	93000 – Video 93013 – Phone
Physiotherapy health service	10960	93000 – Video 93013 – Phone
Podiatry health service	10962	93000 – Video 93013 – Phone
Chiropractic health service	10964	93000 – Video 93013 – Phone
Osteopathy health service	10966	93000 – Video 93013 – Phone
Psychology health service	10968	93000 – Video 93013 – Phone

Speech pathology health	10970	93000 – Video
service		93013 – Phone

Table 2: Chronic Disease Management items introduced on 20 April 2020

Service	Face to Face Only item	Video & Phone items
CDM service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner	10997	93201 – Video 93203 – Phone

Table 3: Allied Health follow-up services for People of Aboriginal or Torres Strait Islander Descent introduced on 30 March 2020

Service	Face to Face Only items	Video & Phone items
Aboriginal or Torres Strait Islander health service	81300	93048 – Video 93061 – Phone
Diabetes education health service	81305	93048 – Video 93061 – Phone
Audiology health service	81310	93048 – Video 93061 – Phone
Exercise physiology service	81315	93048 – Video 93061 – Phone
Dietetics health service	81320	93048 – Video 93061 – Phone
Mental health service	81325	93048 – Video 93061 – Phone
Occupational therapy health service	81330	93048 – Video 93061 – Phone
Physiotherapy health service	81335	93048 – Video 93061 – Phone
Podiatry health service	81340	93048 – Video 93061 – Phone

Chiropractic health service	81345	93048 – Video 93061 – Phone
Osteopathy health service	81350	93048 – Video 93061 – Phone
Psychology health service	81355	93048 – Video 93061 – Phone
Speech pathology health service	81360	93048 – Video 93061 – Phone

Table 4: Allied Health follow-up services for People of Aboriginal or Torres Strait Islander Descent introduced on 20 April 2020

Service	Face to Face Only item	Video & Phone item
Follow up services provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner	10987	93200 – Video 93202 – Phone

Table 5: Non-directive Pregnancy Support Counselling items introduced on 30 March 2020

Service	Face to Face Only items	Video & Phone items
Non-directive pregnancy support counselling by eligible psychologist, social worker or mental health nurse	81000, 81005, 81010	93026 – Video 93029 – Phone

Table 6: Complex Neurodevelopmental Disorder (such as autism spectrum disorder) and Disability Services items introduced on 30 March 2020

Service	Face to Face Only items	Video & Phone items
Psychology assessment health service	82000	93032 – Video 93040 – Phone
Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy	82005, 82010, 82030	93033 – Video 93041 – Phone

Psychology treatment health service	82015	93035 – Video 93043 – Phone
Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy treatment health service	82020, 82025, 82035	93036 – Video 93044 – Phone

Table 7: Patient end support telehealth items retained from 1 January 2022

Service	Video items Only
A professional attendance not being a service to which any other item applies) of less than 15 minutes by an attending optometrist that requires the provision of clinical support to a patient	10945
A professional attendance (not being a service to which any other item applies) of at least 15 minutes by an attending optometrist that requires the provision of clinical support to a patient	10946
Service by a practice nurse or Aboriginal health worker or Aboriginal and Torres Strait Islander health practitioner provided on behalf of, and under the supervision of, a medical practitioner that requires the provision of clinical support to a patient	10983

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 factsheet is current as of the last updated date shown above and does not account for MBS changes since that date