



COVID-19 Temporary MBS Telehealth Services for private patients receiving specialist care in-hospital

Last updated: 13 September 2021

- As part of the management of the COVID-19 pandemic, the Australian Government has approved a temporary expansion of the existing COVID-19 specialist telehealth items to include consultations for private patients admitted to either a private or public hospital. The expansion will apply to a range of attendance items and enable specialist medical practitioners to provide telehealth services to admitted patients, where it is safe and appropriate to provide the service remotely.
- Commencing 15 September 2021, 40 new temporary MBS telehealth items (20 video and 20 phone) will be available when the admitting specialist medical practitioner is unable to attend their patient in hospital due to COVID-19 restrictions.
- The new items apply where:
 - a private patient has been admitted to hospital; and
 - the admitting specialist medical practitioner, at the time the attendance is provided, is:
 - located in an area determined by the Commonwealth Chief Medical Officer to be a COVID-19 hotspot; or
 - required to isolate because of a State or Territory COVID-19 public health order; or
 - required to be in quarantine because of a State or Territory COVID-19 public health order.
- The listing of COVID-19 hotspots by the Commonwealth Chief Medical Officer can be found at the Department's website www.health.gov.au and by searching COVID-19 hot spots.
- **The new items attract a Medicare rebate of 85% of the MBS Schedule Fee.**
- **Private health insurance benefits are not payable for these telehealth attendances.**
- Out of pocket costs for the new items will count towards the patient's Medicare Safety Nets.
- These changes, along with other temporary COVID-19 MBS telehealth items, will remain in place until 31 December 2021, with ongoing telehealth arrangements to be considered as part of broader Government consideration of MBS telehealth arrangements.

What are the changes?

From 15 September 2021, 40 new temporary telehealth items will be added to the MBS. The new items will enable admitted private patients to continue to receive essential Medicare services in circumstances where their specialist's (admitting medical practitioner's) access to the hospital is impacted by COVID-19 restrictions.



The new item structure for telehealth inpatient attendances comprises:

- 4 items for specialist attendances (video 91846, 91847 and phone 91848, 91849)
- 6 items for consultant physician attendances (video 92471, 92472, 92473 and phone 92425, 92526, 92427) – applicable to pain, palliative care, sexual health and addiction medicine practitioners
- 12 items for consultant psychiatrist services consultations (video 92461, 92462, 92463, 92464, 92465, 92466 and phone 92501, 92502, 92503, 92504, 92505, 92506)
- 8 items for public health physician attendances (video 92517, 92518, 92519, 92520 and phone 92525, 92526, 92527, 92528)
- 4 items for neurosurgeon attendances (video 92615, 92616 and phone 92625, 92626)
- 2 items for anaesthesia attendances (video 92702 and phone 92713)
- 4 items for approved dental practitioner attendances – oral and maxillofacial (video 54006, 54007 and phone 54011, 54012).

Why are the changes being made?

Recent COVID-19 outbreaks have meant that some medical specialists are required to isolate or quarantine for a period of time, limiting their ability to provide face-to-face Medicare consultations with their admitted private patients. These new items will extend the temporary MBS telehealth specialist items to some inpatient attendances.

What does this mean for providers?

These new telehealth inpatient items will apply to the following specialities:

- specialists
- consultant physicians
- pain, palliative care, sexual health and addiction medicine practitioners
- consultant psychiatrists
- public health physicians
- neurosurgeons
- anaesthetists
- approved dental practitioners.

To be eligible to bill these items, admitting practitioners must be impacted by COVID-19 restrictions (as explained above).

The MBS specialist telehealth items do not need to be bulk billed, although this is encouraged. As with all MBS services, where a private fee is charged, the medical practitioner must ensure informed financial consent is obtained prior to the provision of the service. Informed financial consent should be recorded and retained in medical practitioners' notes as evidence that the service was rendered as claimed.

The expanded telehealth arrangements will be subject to the usual MBS compliance processes and activities.



How will these changes affect patients?

From 15 September 2021, private inpatients will be able to receive a consultation from their admitting specialist by telehealth (phone or video) in circumstances where their specialist is unable to visit the hospital in person due to COVID-19 restrictions, and it is safe to safe and clinically appropriate to do so.

The new temporary telehealth items attract a Medicare rebate of 85% of the relevant MBS Schedule Fee. Private health insurance benefits are not payable for these telehealth attendances.

Out of pocket costs for the new items will count towards the patient's Medicare Safety Nets thresholds.

How will the changes be monitored and reviewed?

The Department of Health will closely monitor the use of these items and may take action where there is non-compliance with requirements set out in the item descriptors and other relevant Medicare legislation.

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 at www.mbsonline.gov.au You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The listing of COVID-19 hotspots by the Commonwealth Chief Medical Officer can be found at the Department's website www.health.gov.au and by searching COVID-19 hot spots.

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 the 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.