



COVID-19 Temporary MBS Telehealth Services

Obstetric Attendances

Last updated: 18 September 2020

- Commencing 13 March 2020 and extending until 31 March 2021, 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 temporary MBS telehealth items are available to obstetricians, GPs, Other Medical Practitioners (OMPs), nurse practitioners, participating midwives and 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 are for out-of-hospital patients.
- It is a legislative requirement that GPs and OMPs working in general practice can only perform a telehealth or telephone service where they have an established clinical relationship with the patient. There are limited exemptions to this requirement.
- GP and OMP COVID-19 telehealth services are eligible for MBS incentive payments when provided as bulk billed services to Commonwealth concession card holders and children under 16 years of age.
- All providers are expected to obtain informed financial consent from patients prior to charging private fees for COVID-19 telehealth services.
- The temporary GP and OMP bulk billing incentive items for patients who are vulnerable to COVID-19 and the temporary doubling of all Medicare bulk-billing incentive fees ceased as of 1 October 2020.

What are the changes?

The Government has extended its national COVID-19 emergency health response for a further six months, to 31 March 2021. This will ensure that patients continue to have access to key health initiatives, including Medicare-subsidised telehealth services.

As part of the Australian Government's response to COVID-19, eight (8) items for Obstetricians, GPs, Midwives, Nurses or Aboriginal and Torres Strait Islander health practitioners are available to ensure continued access to essential Medicare rebated consultation services.

The new items are:

Group T4, sub-group1:

- 4 new videoconference items for obstetric telehealth services – MBS items 91850, 91851, 91852 and 91853.
- 4 new telephone items for obstetric telehealth services – MBS items 91855, 91856, 91857 and 91858.



From 1 October 2020:

- GPs and OMPs providing COVID-19 telehealth services are not required to bulk bill their patients.
- Temporary MBS COVID-19 bulk billing incentive items 10981 (for GPs) and 10982 (for OMPs) ceased.
- The temporary doubling of fees for all MBS bulk billing incentive items ceased.

Why are the changes being made?

The temporary MBS telehealth items allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19 within the community. Previous updates made on 20 July 2020 ensure patients receive care from a GP, an OMP or a general practice with whom they have an established clinical relationship.

Who is eligible?

The temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive these services. GPs and OMPs working in general practice may only provide a telehealth service where they have an established clinical relationship with the patient.

Additional detail is provided in the 'GPs and Other Medical Practitioners' factsheet, and 'Provider' FAQ.

Bulk billing is at the discretion of all providers, so long as informed financial consent is obtained prior to the provision of the service.

Bulk billed GP and OMP services provided using the MBS telehealth items are eligible for MBS incentive payments when provided to Commonwealth concession card holders and children under 16 years of age.

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.

Note: The temporary obstetric telephone services provided under items 91855, 91856, 91857 and 91858 must not be performed in cases where the practitioner and patient have the capacity to undertake an attendance by video conference.

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. To assist providers with their privacy obligations, a privacy checklist for telehealth services has been made available on MBSOnline: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist>. Further information can be found on the [Australian Cyber Security Centre website](#).

What does this mean for providers?

The temporary MBS telehealth items 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. GPs and OMPs working in general practice must ensure that they have an established clinical relationship with their telehealth patients, or be able to explain how their patients qualify for exemptions to this requirement. Additional detail is in the 'GPs and Other Medical Practitioners' factsheet.

The telehealth MBS items can substitute for current face-to-face consultations that are available under the MBS when the service/s cannot be provided due to COVID-19 considerations. The telehealth items have the same clinical requirements as face-to-face consultation items. Providers should use their provider number for their primary location, and must provide safe services in accordance with normal professional standards.

Rebates for services provided by GPs and OMPs are paid at 85% of the new item fees - these fee amounts have been increased so that the Medicare rebates paid for the new GP and OMP telehealth services are at the same level as the rebates paid for the equivalent face-to-face services. (Due to the urgency of the new telehealth arrangements, the Department of Health has not been able to amend the legislation that establishes 100% rebates for GP/OMP services.)

For additional information on the use of telehealth items, please refer to the [Provider Frequently Asked Questions](#) document available on MBSOnline.

How will these changes affect patients?

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

The obstetrician and allied health 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.

Patients are eligible for GP and OMP obstetric telehealth services if they have an established clinical relationship with a GP, OMP, or a medical practice. This requirement supports longitudinal and person-centred primary health care that is associated with better health outcomes.

An *established relationship* is defined as the patient having seen the same practitioner for a face-to-face service in the last 12 months, or having seen a doctor or other health practitioner (such as a practice nurse or Aboriginal and Torres Strait Islander health worker) at the same medical practice for a face-to-face service in the last 12 months.

This requirement does not apply to people who are homeless; patients receiving an urgent after-hours (unsociable hours) service; children under the age of 12 months; patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; and people living in a COVID-19 impacted area.

A COVID-19 impacted area is one where a person's movement is restricted by a state or territory public health requirement that applies to the person's location. This includes patients subject to quarantine, and other restrictions intended to support infection control.

A [consumer factsheet](#) 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 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.

The extension of the temporary COVID-19 telehealth measures for another six months, until 31 March 2021, was a recommendation of the Australian Health Protection Principal Committee.

How will the changes be monitored and reviewed?

The Department of Health continues to monitor the use of the 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 [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 www.mbsonline.gov.au. 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.



COVID-19 – TEMPORARY MBS TELEHEALTH ITEMS

OBSTETRICIANS, GPs, MIDWIVES, NURSES OR ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTITIONERS ATTENDANCES			
These services are for out-of-hospital patients		Items introduced 13 March 2020	
Service	Existing Items <i>face to face</i>	COVID-19 Telehealth items <i>via video-conference</i>	COVID-19 Telephone items – <i>for when video-conferencing is not available</i>
Antenatal Service provided by a Nurse, Midwife or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner	16400	91850	91855
Postnatal attendance by an obstetrician or GP	16407	91851	91856
Postnatal attendance by: (i) a midwife (on behalf of and under the supervision of the medical practitioner who attended the birth); or (ii) an obstetrician; or (iii) a general practitioner	16408	91852	91857
Antenatal attendance	16500	91853	91858