COVID-19 Bulk Billed MBS Telehealth Services
Nurse Practitioners

Last updated: 17 March 2020

- From 13 March 2020 to 30 September 2020 (inclusive), new MBS telehealth items are available for services to vulnerable people within the community or in suspect cases in self-isolation due to COVID-19.
- New items have also been introduced to enable eligible providers in self-isolation or quarantine due to COVID-19 to provide essential services where appropriate.
- The new services must be bulk billed.

What are the changes?

As part of the Australian Government’s response to COVID-19, six (6) new items for Nurse Practitioners have been introduced to provide services to vulnerable people within the community or in suspect cases in self-isolation due to COVID-19, and enable provision of services via telehealth where the health professional is in isolation or quarantine due to COVID-19.

The new item are:

- Group M18, sub-groups 5 and 10:
  - MBS items 91178, 91179, 91180, 91189, 91190 and 91191.

A guide to these services and the existing items that they relate to is attached to this factsheet.

Who is eligible?

Medicare rebates will be paid for services provided to:

- people isolating themselves at home on the advice of a medical practitioner or in accordance with home isolation guidance issued by the Australian Health Protection Principal Committee (AHPPC);
- people who meet the testing guidelines for COVID-19;
- people aged over 70;
- Aboriginal and Torres Strait Islander people aged over 50;
- people with chronic health conditions or who are immunocompromised; and
- parents with new babies and people who are pregnant.

A guide to these services, and their current equivalent MBS item is attached to this factsheet.

All services provided using the new MBS items must be bulk billed. The services will be available until 30 September 2020.
What telehealth options are available?

MBS telehealth services are videoconference services and this is 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 not available. There are separate items available for audio-only services.

No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting and others.

Why are the changes being made?

The new MBS telehealth items will allow people to access essential health services in their homes to support self-isolation and quarantine policies and reduce risk of exposure to COVID-19 for vulnerable people in the community.

What does this mean for providers?

Providers will benefit from greater flexibility in delivering services to vulnerable patients within their care.

Providers do not need to be in their regular practice to provide telehealth services. Providers who offer their services from home isolation or quarantine should use their provider number for their primary location, and must provide safe services in accordance with normal professional standards.

The new telehealth services will substitute current face-to-face consultations that are available under the MBS. The new items will have similar requirements to normal timed consultation items.

The new telehealth services must be bulk billed, meaning MBS rebates are paid to the provider.

A guide to the new items and the existing items that they relate to is attached to this fact sheet.

How will these changes affect patients?

Vulnerable patients, those in isolation and those who meet the testing criteria for COVID-19 who are unable to attend a medical practice in person due to the COVID-19 emergency will be able to have continued access to essential medical and health services.

The new MBS items will require providers to bulk-bill their telehealth services, so there will be no additional charge to patients. Patients are required to consent to their service being bulk-billed, as per normal practice. Services Australia provides guidance on how to bulk-bill telehealth services including consent via email.

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

Who was consulted on the changes?

Targeted consultation with stakeholders has informed the new items. Due to the nature of the COVID-19 emergency, it was not reasonably possible to undertake normal consultations prior to implementation.
How will the changes be monitored and reviewed?

The Department of Health will monitor the use of the new MBS items by medical, nurse and allied mental health practitioners. 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 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 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.
## COVID-19 – MBS TELEHEALTH ITEMS

### NURSE PRACTITIONER ATTENDANCES - videoconference

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<thead>
<tr>
<th>Existing Items</th>
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<tbody>
<tr>
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<td>91178 Professional attendance less than 20 minutes</td>
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<tr>
<td>82210 Professional attendance at least 20 minutes</td>
<td>91179 Telehealth attendance at least 20 minutes</td>
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<tr>
<td>82215 Professional attendance at least 40 minutes</td>
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### NURSE PRACTITIONER ATTENDANCES - telephone

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