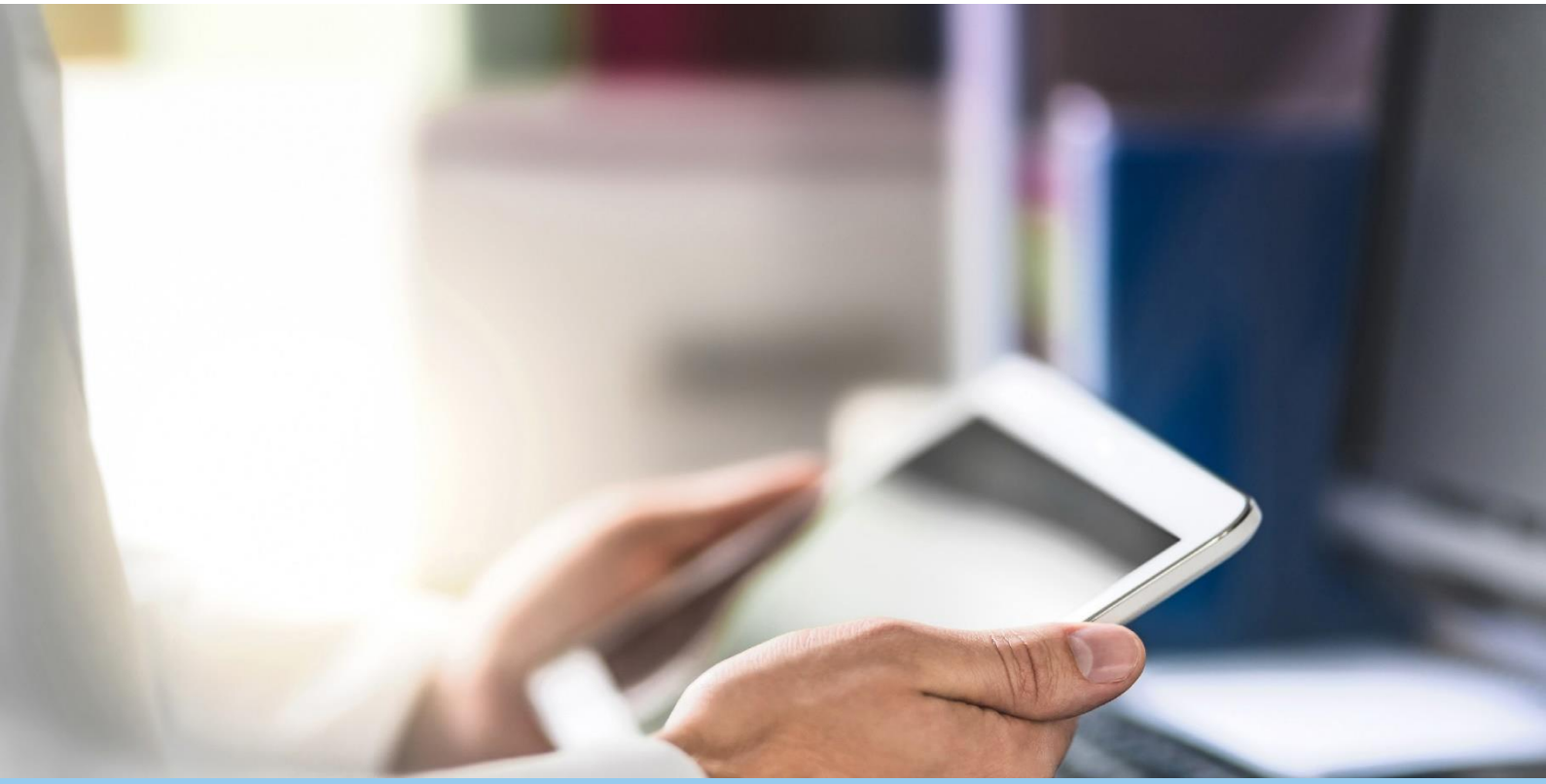
Australian Government
Department of Health

BE COVIDSAFE



COVID-19 Telehealth Items Guide

A Message from the Deputy Chief Medical Officer

Coronavirus (COVID-19) is having a significant impact on our health system. Australia's healthcare providers are playing an important and positive role in our response. I would like to thank you all for going above and beyond in providing necessary, and adapted services during these uncertain times.

As part of the COVID-19 response, the Australian Government introduced new temporary Medicare Benefits Schedule (MBS) telehealth items in a staged process commencing on 13 March 2020.

This ensured continued access to essential Medicare rebated consultation services. These items, and the requirements for their use, have been evolving as the situation itself has changed. I want to support you to use the new temporary MBS items by sharing the most up to date information.

This guide will provide you with the most commonly asked questions from healthcare providers, and responses from the Australian Government.

Professor Michael Kidd AM Deputy Chief Medical Officer

Introduction

Since 13 March 2020, several tranches of new and temporary MBS telehealth attendance items have been available. These items help reduce the risk of community transmission and protect both patients and healthcare providers, from COVID-19.

The Australian Government has agreed to extend the COVID-19 specialist telehealth items in their current form, from 30 September 2020 to 31 March 2021. This applies to over 80 specialist specific items and supports advice from the Australian Health Protection Principal Committee (AHPPC).

The MBS telehealth items in place prior to 13 March 2020 continue to be available. The COVID-19 services are available to non-admitted patients only.

Videoconference services are the preferred option for face-to-face consultations. Healthcare providers can also offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.

To date, the Australian Government has introduced more than 300 COVID-19 items, including five pathology items.

The new items mirror and match existing MBS attendance items but with a unique new item number. Any conditions applying to the existing item also apply to the COVID-19 items. For example, if an existing item requires a valid referral, the COVID-19 item also requires a valid referral.

It's expected for new items that if a face-to-face attendance with a patient is indicated clinically during a telehealth attendance, this can be arranged. Where possible, the same healthcare provider who provided the telehealth service should also perform the face-to-face attendance. It's important healthcare providers ensure patients can arrange a face-to-face attendance if needed.

The COVID-19 items were initially available only to patients and healthcare providers with, or at risk of, community transmission. From 30 March 2020, these services were available to all Medicare-eligible persons for the treatment of any condition safe and clinically appropriate to be managed by telehealth. Any healthcare provider qualified to provide the service in line with normal MBS arrangements could do so. From 20 July 2020, the Australian Government made further refinements to the COVID-19 items. General Practitioners (GP) and other medical practitioners working in general practice can now only perform a COVID-19 telehealth service where they have an existing relationship with the patient.

The list of telehealth services continued to expand after 13 March 2020. Items are available to GPs, other medical practitioners, specialists and consultant physicians (including psychiatrists), nurse practitioners, participating midwives, allied health professionals, allied mental health providers and dental practitioners.

The full list of items for the various provider groups can be accessed online, including pathology items for COVID-19 testing.

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>.

When billing the new items, healthcare providers should be aware of the provider and patient eligibility criteria at the time of the service.

1. General Issues— All Provider Groups

1.1 "Can the COVID-19 telehealth services be provided by telephone?"

Yes. Prior to the introduction of the COVID-19 items, videoconferencing was the exclusive method for conducting MBS telehealth services. This remains the preferred option for face-to-face consultations. Healthcare providers can also offer audio-only services via telephone, under the appropriate COVID-19 item, if video is not available. There are separate items available for audio-only services.

1.2 "Do practitioners need to get a new provider number if they are providing COVID-19 services from a location other than their usual practice?"

Medicare-eligible healthcare providers may provide telehealth services from locations other than their usual practice, including their home.

Healthcare providers should use their provider number for their primary location. Healthcare providers must ensure safe services continue to align with normal professional standards.

Unrestricted health providers can work temporarily in another location for up to 12 weeks without applying for a new provider location number. This is while the COVID-19 items are available and as long as they are returning to their original location.

1.3 "Can a medical practitioner charge a fee for a service with no associated MBS item and patient benefit?"

Non-MBS services and the fees charged for them are a matter for the healthcare provider and the patient.

1.4 "Can a practitioner bill a COVID-19 telehealth item and a face-to-face item on the same day for the same patient?"

Yes, if meeting certain conditions. COVID-19 items are subject to the same requirements as standard attendance items. Healthcare providers may claim a COVID-19 telehealth or telephone item and a face-to-face attendance item for the same patient on the
same day, if:

- both are clinically necessary;
- meeting the requirements of both items; and
- the second attendance is not a continuation of the first.

For example, the most common GP attendance item, item 23, is a 'Level B' attendance of less than 20 minutes. Its corresponding COVID-19 items are 91800 for video and 91809 for telephone attendances. The requirements of item 23 as set out in the descriptor are that the service include any of the following that are clinically relevant:

a) taking a patient history;
b) performing a clinical examination;
c) arranging any necessary investigation;
d) implementing a management plan;
e) providing appropriate preventive health care;
f) for one or more health-related issue, with appropriate documentation.

A healthcare provider may take the patient history during an initial telehealth attendance and, then decide to schedule a face-to-face attendance later that day. The other components of the service are provided at the second attendance. The two services would then comprise a single attendance for which item 23 (or the appropriate timed item for the combined durations) could be billed. In this case, the MBS considers the second attendance a continuation of the first.

Where a single service, provided by the same health care provider, includes both telehealth and face-to-face components, the service which took the greater amount of time needs to be billed.

Where a service is a continuation of a previous service on the same day, where possible the same healthcare provider should see the patient. Where different healthcare providers provide two components of a single service, each must bill the appropriate item for the individual service they provided.

Note: COVID-19 telehealth services should not be used solely for triaging, and healthcare providers should not initiate services with new patients.

Services Australia may assign benefits to claims with sufficient information to support the payment of both services on the same day.

Healthcare providers should include in the patient's clinical notes the time each service occurred, how they met both item descriptors, and why they are separate services.

For further details on claiming multiple attendances on the same day, please refer to MBS explanatory note AN.0.7.

1.5 "Can practitioners residing overseas provide the COVID-19 telehealth items?"

No. Medicare benefits are only payable for services, including telehealth services, provided in Australia. Both the patient and healthcare provider must be in Australia at the time of the service.

1.6 "Can practitioners initiate services with their patients?"

Healthcare providers providing COVID-19 telehealth or telephone services may not initiate the services with new patients. Only patients may do that on self-presentation or on referral from another healthcare provider.

Where clinically relevant, a healthcare provider may contact an existing patient for a telehealth or telephone attendance as part of appropriate and ongoing care.

1.7 "Does the patient have to be present for a telehealth attendance?"

Patients, including residents of Residential Aged Care Facilities (RACFs), must be present when receiving MBS services whether face-to-face, by video or by telephone.

Nurses or other healthcare providers cannot represent a patient in a consultation with a doctor without the patient being present.

Third parties, such as parents of young children or carers of people with communication barriers, may need to communicate with the healthcare provider. This may be at certain times during, or for the entirety of, a telehealth consultation. They may also need to facilitate activities at the patient end of the consultation - e.g. checking whether a patient has a fever.

Guidance issued by healthcare providers may assist in determining whether the patient needs another person for support during the telehealth or telephone consultation.

For example, the Royal Australian College of General Practitioners provides GPs with a framework and standards. It outlines the criteria for video consultations with patients accompanied by a third party or requiring assistance due to cognitive impairment or disability.

1.8 "How do COVID-19 mental health services interact with existing services?"

The Australian Government introduced temporary telehealth and phone items to support patients to access mental health support during the COVID-19 pandemic.

Psychologists, mental health nurses, occupational therapists, social workers, GPs and OMPs (other medical practitioner) may provide COVID-19 mental health items.

Under the Better Access to Psychiatrists, Psychologists and GPs through the MBS (Better Access) Initiative, there are four new COVID-19 psychological therapy items. These items are for clinical psychologist services.

There are also 20 new Focused Psychological Strategies items for services provided by a psychologist, GP, non-specialist medical practitioner, occupational therapist or social worker. These services are only available to non-admitted patients.

Mental health care services are also available for patients with chronic health conditions. These are available where the service is recommended in the patient's:

- Team Care Arrangements,
- multidisciplinary care plan or shared care plan, and
- contributes to the management of the patient's chronic condition and complex care needs.

Remember, healthcare providers may only bill referred COVID-19 services when a valid referral is in place.

Where service limits apply to existing allied mental health MBS items, these limits also apply to COVID-19 telehealth items. Requirements to report back to the patient's GP also remain.

The COVID-19 telehealth items have similar requirements to normal face-to-face consultation items. Healthcare providers should ensure their records substantiate that the service met the MBS item requirements.

COVID-19 items for telehealth and telephone services may not be claimed for counselling sessions provided to employees under employer funded Employee Assistance Programs (EAP). This includes EAP services funded by Government

agencies and similar private sector services.

Medicare benefits are not payable where:

- the service is rendered by or on behalf of, or under an arrangement with:
  - the Australian Government,
  - a State or Territory,
  - a local government body, or
  - an authority established under Commonwealth, State or Territory law; or
- the medical expenses are incurred by the employer of the person to whom the service is rendered; or
- the person receiving the service is employed in an industrial undertaking and that service is rendered for the purposes related to the operation of the undertaking.

2. Bulk billing COVID-19 services

2.1 "Which patients must be bulk billed?"

Between 13 March and 5 April 2020 (inclusive) legislation required all services provided under the COVID-19 items to be bulk billed for all patients.

Between 6 - 19 April 2020 (inclusive) the requirement to bulk bill only applied to:

- Commonwealth concession card holders children under 16 years
- patients with higher vulnerability to COVID-19.

From 20 April 2020, the Australian Government removed this requirement for specialists and consultant physicians, nurse practitioners, midwifes and allied health professionals. This meant the bulk billing requirement only applied to GPs and OMPs. Bulk billing for other healthcare providers of COVID-19 services was at their discretion.

- From 1 October 2020, the Australian Government removed the requirement that GPs and OMPs must bulk bill patients receiving COVID-19 telehealth services. In addition, temporary MBS COVID-19 bulk billing incentive items 10981 (for GPs) and 10982 (for OMPs) for patients who are vulnerable to COVID-19 have ceased.
- GPs and OMPs continue receiving incentive payments for bulk billed telehealth and face-to-face services provided to Commonwealth concession card holders and children under 16 years. The temporary doubling of fees for the following MBS bulk billing incentive items also ceased on 1 October 2020:
- 10990, 10991 and 10992 (for GPs and OMPs),
- 64990 and 64991 (for diagnostic imaging), and
- 74990 and 74991 (for pathology).
- The Australian Government expects all healthcare providers to obtain the patient's informed financial consent prior to the provision of a service that is not bulk billed.

2.2 "When bulk billing a telehealth service, how can a patient assign their Medicare benefit to the practitioner?"

Under normal bulk billing arrangements, a patient can assign their right to a Medicare benefit to an eligible healthcare provider. They can do this by signing a completed assignment of benefit form.

Healthcare providers can use the approved assignment of benefit form for manual or online claiming. The patient or other responsible person must not sign a blank or in-complete assignment of benefit form.

If the patient is unable to assign their right to a Medicare benefit for manual and online claiming, Services Australia accepts a signed assignment form from a third party. This includes the patient's parent, guardian, power of attorney or other responsible person.

For telehealth services, where practicable each healthcare provider should make

efforts to obtain a patient's signature in whatever way is appropriate to their needs. Healthcare providers can:

- post the completed assignment of benefit form to the patient to obtain their signature and return;
- obtain the patient's agreement by email; or
- request assistance from a supporting person or practitioner (where available).

For COVID-19 items, where the patient cannot provide written agreement, doctors should get verbal consent through the technology used for the attendance.

The patient or another person such as the person's carer or family member can provide agreement.

Healthcare providers should keep records showing they provided a billed service, and the patient agreed to their Medicare benefit being paid directly to them.

Services Australia provides guidance on how to bulk-bill services provided by telehealth including processes for gaining consent via email. This information can be accessed

at: https://www.servicesaustralia.gov.au/organisations/health-professionals/services/ medicare/mbs-and-telehealth/claiming/bulk-billing-telehealth-video-consultation

2.3 "Can a patient assign their MBS benefit without a physical signature if they come into the practice?"

Yes. With Medicare Easyclaim. A patient assigns their right to a Medicare benefit to the healthcare provider by pressing the 'OK' or 'YES' button on the EFTPOS terminal in the practice.

Additionally, a patient can assign their benefit to an eligible healthcare provider by email or through the signature of a responsible third party.

Until 31 March 2021, a healthcare provider can record the agreement for assignment of benefit in the patient's clinical notes. They are also then able to mark the box on the DB020 form that indicates a patient is 'unable to sign'.

Annotate the reason for not obtaining a signature, such as 'COVID-19/highly infectious pandemic/risk of exposure to COVID-19'.

2.4 "Which patients and services are eligible for a bulk billing incentive?"

The normal arrangements for bulk billing incentives apply to the COVID-19 items. Incentives are available for general practice, diagnostic imaging and pathology services.

The bulk billing incentive items can be claimed with COVID-19 items for patients who would normally be eligible for them i.e. Commonwealth concession card holders and children under 16 years of age.

The bulk billing incentives are not available for COVID-19 services provided by specialists, consultant physicians or allied health practitioners.

On 20 April 2020, the Australian Government introduced two new temporary bulk billing incentive items, 10981 and 10982, for patients vulnerable to COVID-19. In addition, the Australian Government temporarily doubled the incentive payment for the following MBS bulk billing incentive items:

- 10990, 10991 and 10992 (for GPs and OMPs),
- 64990 and 64991 (for diagnostic imaging), and
- 74990 and 74991 (for pathology).

The new bulk billing incentive items and the doubled incentive payments ceased on 30 September 2020.

3. General practice issues

3.1 Which patients are eligible for the COVID-19 GP telehealth services?

The COVID-19 items were initially available only to patients and healthcare providers with or at risk community transmission. From 30 March 2020, the services became available to all Medicare-eligible persons. This was for the treatment of any condition, provided by any healthcare provider qualified to provide the service, in line with normal MBS arrangements.

From 20 July 2020, the Australian Government introduced further refinements to the COVID-19 items. As of that date, GPs and other medical practitioners working in general practice must only perform a COVID-19 telehealth service where they have:

- an existing relationship with the patient, or
- a record for compliance purposes on how their patients qualify for any exemptions to this requirement.

An existing relationship is defined below.

An existing relationship means the medical practitioner performing the service:

(a) has provided at least one service to the patient in the past 12 months; or

(b) is located at a medical practice at which at least one service to the patient was provided, or arranged by, in the past 12 months; or

(c) is a participant in the Approved Medical Deputising Service program if:

  (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

  (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

(d) is a general practitioner employed by an Approved Medical Deputising Service provider, if:

  (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

  (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

(e) is a medical practitioner employed by an accredited Medical Deputising Service, if:

  (i) the accredited Medical Deputising Service has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

  (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months.

The existing relationship requirement does not apply to:

a) children under the age of 12 months;
b) people who are homeless;
c) patients living in a COVID-19 impacted area;
d) patients receiving an urgent after-hours (unsociable hours) service; or
e) patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.

A COVID-19 impacted area is one where a State or Territory public health requirement restricts a person's movement due to the person's location. This includes patients subject to quarantine, and other restrictions intended to support infection control.

Current COVID-19 impacted areas in Victoria are available at

www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19

Restricting COVID-19 video and telephone services to a patient's usual GP will support longitudinal, person-centred primary health care, associated with better health outcomes. Practices that have focused on telehealth in response to the COVD-19 pandemic can continue doing so. However, they must see patients face-to-face, if they haven't in the previous 12 months, to continue providing telehealth services to those patients.

3.2 "Do COVID-19 allied health telehealth services provided under a GP Management Plan and Team Care Arrangements count towards the patient's service allowance?"

Yes. The COVID-19 items are intended to substitute directly for the existing MBS items to which they correspond. Any conditions applying to the existing items also apply to the COVID-19 items.

The patient's allowance of up to five MBS-eligible allied health services per calendar year can be a mix of telehealth and face-to-face services as appropriate.

3.3 "Are there COVID-19 telehealth items for health assessments?"

The Australian Government introduced COVID-19 telehealth items for health assessments for Aboriginal and Torres Strait Islander people (equivalent to MBS items 715 and 228). This enables members of an extremely vulnerable patient group to access a wider range of services, including allied health follow-up services.

The Australian Government has not introduced COVID-19 telehealth items for health assessments more broadly. Members of eligible patient groups under the health assessment arrangements continue to have access to essential medical services by telehealth. Potential services include the full range of GP and OMP general attendance items and, for patients with complex and chronic health conditions, the MBS chronic disease management (CDM) items, which include allied health services.

3.4 "What are the requirements of the COVID-19 telehealth services for a health assessment of an Aboriginal and Torres Strait Islander person (items 92004, 92016, 92011 and 92023)?"

A healthcare provider must complete all components that they can safely provide as a remote service, when performing a health assessment for an Aboriginal or Torres Strait Islander person by telehealth or telephone. These MBS items include 92004, 92016, 92011 and 92023.

The healthcare provider needs to provide a follow-up face-to-face consultation where components of a service can only be delivered in a face-to-face consultation with the patient. This includes any physical examinations and investigations that are clinically required.

In the case of patients living in remote locations, another service provider may perform some components. For example, a remote area nurse or Aboriginal health practitioner.

This might include observing the patient's vital signs, such as pulse, blood pressure and temperature. The service provider could then communicate these to the medical practitioner responsible for the service.

Medicare can only be billed when the patient has received all components of the health assessment service. This includes elements that are remotely-delivered and elements provided face-to-face by the healthcare provider directly or on their behalf by another healthcare provider.

3.5 "Are there COVID-19 telehealth items for after-hours GP and other medical practitioner attendances?"

The Australian Government has introduced COVID-19 telehealth items for urgent after-hours attendances in the unsociable hours period (11pm – 7am), equivalent to items 599 and 600.

The new COVID-19 standard attendance items are not time-specific, and healthcare providers may use them for non-urgent after-hours attendances.

3.6 "Can practice nurses provide COVID-19 telehealth services?"

The COVID-19 items are substitutes for existing MBS services. Only healthcare providers who have an MBS provider number can bill COVID-19 services.

There is limited MBS items enabling practice nurses and Aboriginal and Torres Strait Islander Health Workers to provide Medicare services to eligible patients.

These services are provided on behalf of a healthcare provider, who retains clinical responsibility for the service and its outcomes. Items for two such services (10987 and 10997) are mirrored in the COVID-19 items.

Practice nurses and Aboriginal and Torres Strait Islander healthcare providers may contribute to an Aboriginal and Torres Strait Islander Health Assessment undertaken by telehealth. This is in the same manner they would contribute to a health assessment service provided face-to-face. Under MBS items 92004, 92016, 92011 and 92023.

3.7 "Can you claim an MBS item for the preparation of a chronic disease management plan and a general attendance on the same day?"

No. The face-to-face MBS service requirements for the preparation of a GP chronic disease management plan also apply to the COVID-19 telehealth items.

3.8 "Are there COVID-19 telehealth services for patients in residential aged care facilities?"

The new COVID-19 standard attendance items may be claimed for services provided to patients in RACFs.

The Australian Government has not replicated the existing MBS items for doctors' services in RACFs as COVID-19 telehealth or telephone services.

GPs and other healthcare providers providing telehealth or telephone services to RACF residents should claim the appropriate standard attendance items:

- GP items 91790, 91800, 91801, 91802, 91795, 91809, 91810, 91811; and
- Other medical practitioner items 91792, 91803, 91804, 91805, 91794, 91806, 91807, 91808, 91797, 91812, 91813, 91814, 91799, 91815, 91816, 91817.

They should not be billed for services which are not ordinarily billed to the MBS. For example, seeking the telephone advice of a doctor on patient management in a RACF or discussing a patient case with a professional colleague does not meet the requirements for a Medicare-rebateable service.

3.9 "Why are benefits for the COVID-19 telehealth items for general practice paid at the 85 per cent rate instead of the 100 per cent rate?"

Due to the urgency of the new telehealth arrangements, the Department of Health has not been able to amend the legislation which specifies services with a 100 per cent benefit, to include the COVID-19 general practice items.

This means the benefit for these items must be set at 85 per cent.

To ensure GPs bulk billing the COVID-19 items are not financially disadvantaged, the MBS fees for the new general practice items have been adjusted. This means an 85 per cent benefit for those items is equivalent to the 100 per cent benefit for the existing corresponding GP item.

3.10 "Can medical practitioners use COVID-19 items to refer patients to psychologists practising interstate or in locations distant from the doctor or patient?"

Yes. Patients with a referral can see the psychologist of their choice. However, they must meet certain requirements before the referral is valid.

In general, it is best clinical practice if the referral names the psychologist. It is also important to note that any receiving psychologist is not obliged to accept any referral, whether named on the referral or not.

The same requirements apply to COVID-19 items for therapy or focused psychological strategy services as for the standard Better Access to Mental Health Services arrangements. Patients must be referred by:

- a medical practitioner, either as part of a GP Mental Health Treatment Plan, a shared care plan or as part of a psychiatrist assessment and management plan; or
- a specialist or consultant physician specialising in the practice of their field of psychiatry; or
- a specialist or consultant physician specialising in the practice of their field of paediatrics.

Referrals to psychologists may be provided face-to-face or under the COVID-19 items for:

- GP mental health plan consultations and reviews,
- standard attendances, or
- with no attendance item at all.

It is a decision for the GP as to what item, if any, they use. The psychologist must send the report to the referring provider so they can consider the need for subsequent treatment.

4. Specialist and Consultant Physician issues

4.1 "Can a practitioner bill a COVID-19 initial specialist consultation by video conference or telephone (item 91822 or 91832) and then a face-to-face initial specialist consultation?"

An initial specialist attendance item is only payable once in a single course of treatment, regardless of the method by which the attendance is delivered.

Where an initial attendance has already been claimed for an existing patient during the same course of treatment, another is not payable. For more on initial attendances and a single course of treatment please refer to MBS explanatory note GN.6.16 which is available on MBS Online by using the search function.

4.2 "If a patient is eligible for the non-COVID-19 specialist telehealth (video conference) items (introduced in 2011), can practitioners bill these items instead of the COVID-19 telehealth specialist items?"

Healthcare providers must bill the MBS items which best describes the service they are providing.

Note: there are geographical restrictions on the non-COVID-19 telehealth items. These include the patient to be at least 15km by road from the provider and in a telehealth-eligible area at the time of the service.

For specialist telehealth items, for example 99 or 112, the Australian Standard Geographical Classification Remoteness Area (ASGC-RA) classifications determine a telehealth eligible area.

Telehealth eligible areas are those regions that are outside a Major City (RA2-5). You can check if a location is telehealth eligible by using the Health Workforce Locator Map on the DoctorConnect website <https://www.health.gov.au/initiatives-and-programs/doctorconnect?utm_source=doctorconnect.gov.au&utm_medium=redirect&utm_campaign=digital_transformation>.

The standard telehealth arrangements are specifically intended to improve access to specialist services for patients in rural and remote areas.

The intention of the new telehealth items for COVID-19 is to continue access to essential care. Specifically, where the patient or the provider are unable to attend a face-to-face service due to the COVID-19 pandemic.

4.3 "Can a specialist charge a private unrebateable 'deposit' which is put towards the patient's next face-to-face initial or subsequent consultation (item 104 or 105)?"

No. The fee charged for an MBS service can only relate to the service for which the MBS benefit is being claimed. It cannot include fees for another service.

4.4 "After 30 September 2020, does a specialist need to have an existing clinical relationship with the patient in order to provide a specialist telehealth service"

The Australian Government has agreed to extend the COVID-19 specialist telehealth items in their current form, from 30 September 2020 to 31 March 2021. As part of this extension, there have been no changes to require that a specialist must have an existing clinical relationship with the patient in order to provide the service. As with the arrangements prior to 30 September 2020, a specialist can provide a service by telehealth but only where it is safe and clinically appropriate to do so.

5. Where can I find more information?

COVID-19 National Health Plan resources are available from the Australian Government Department of Health website <https://www.health.gov.au/>.

Full item descriptors and information on other changes to the MBS are available on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to MBS updates by visiting MBS Online and clicking 'Subscribe'.

The Department of Health provides an 'AskMBS' email advice service <https://www1. health.gov.au/internet/main/publishing.nsf/Content/AskMBS-Email-Advice-Service> for healthcare providers seeking advice on the MBS items and rules.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals <https://www.servicesaustralia. gov.au/organisations/health-professionals> page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50. Subscribe <https:// www.servicesaustralia.gov.au/organisations/health-professionals/news/all> to 'News for Health Professionals' to receive regular news highlights.

Peak bodies, colleges and organisations seeking to discuss broader aspects of Medicare billing education may contact the Department of Health Provider Education Section.

Contact details

AskMBS	email advice service AskMBS webpage
COVID-19 Webinars	https://www.health.gov.au/resources/webinars
Compliance Education	compliance.education@health.gov.au

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