## Frequently asked questions

## COVID-19 Temporary MBS Allied Health (Psychology) Telehealth Services Frequently Asked Questions

Last updated: 8 May 2020

- Commencing 13 March 2020, new 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.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The telehealth services are for out-of-hospital patients.
- As of 20 April 2020, specialist and allied health service providers are no longer required to bulk bill these new telehealth items.
- Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.
- Please refer to the 'Provider Frequently Asked Questions' on <u>MBS Online</u> for general information on eligibility, telehealth arrangements, referrals, bulk-billing and claiming, and assignment of benefits.
- Please note that this information is accurate as of this date. This is an evolving situation and it is possible that some of this information could change in response to the circumstances. Please continue to check MBS Online (<u>www.mbsonline.gov.au</u>) regularly for any further announcements.

### Why are these changes being made?

- The new temporary MBS telehealth items will allow people to access essential Medicare funded health services remotely and reduce their risk of exposure to COVID-19.
- 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.

#### Can I use the new temporary MBS telehealth items in place of existing MBS items?

- Yes. The new temporary telehealth MBS items mirror existing face-to-face attendance items available under the MBS
- Providers should claim the new MBS item which best describes the service that they have rendered. If the
  requirements of the item have been met, practitioners are able to bill the new MBS items.
- Providers should use their clinical judgement to determine if a service is clinically relevant. A clinically relevant service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

## Which new temporary MBS telehealth items can psychologists access?

Psyhologists can access items provided for both for Allied Health attendances and Mental Health attendances dependant on patient. Factsheets available for both suites of items at MBS Online. Please see tables below for all relevant items.



# Frequently asked questions

MENTAL HEALTH ATTENDANCES						
These services are for out-of-hospital patients						
Service	Existing Items	COVID-19 Telehealth items video- conference	Telephone items – for when video- conferencing is not available			
Clinical Psychologists						
Attendance lasting more than 30 minutes but less than 50 minutes	80001	91166	91181			
Attendance lasting at least 50 minutes	80011	91167	91182			
Psychologists						
Attendance lasting more than 20 minutes but less than 50 minutes	80101	91169	91183			
Attendance lasting at least 50 minutes	80111	91170	91184			

ALLIED HEALTH ATTENDANCES					
These services are for out-of-hospital patients					
Service	Existing Items	COVID-19 Telehealth items video- conference	Telephone items – for when video- conferencing is not available		
Autism management					
Psychology, early intervention services for children with autism, pervasive developmental disorder or disability, under 13 years	82000	93032	93040		
Psychology, early intervention services for children with autism, pervasive developmental disorder or disability, under 15 years	82015	93035	93043		

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Eating Disorder Management					
Clinical psychologist, eating disorders service, 30 to 50 minutes	82352	93076	93110		
Clinical psychologist, eating disorders service, at least 50 minutes	82355	93079	93113		
Psychologist, eating disorders service, 20 to 50 minutes	82360	93084	93118		
Psychologist, eating disorders service, at least 50 minutes	82363	93087	93121		

## Does the patient need a referral to be eligible for psychological therapy or focused psychological strategy services under the new temporary MBS telehealth items?

- All MBS items for psychological therapy and focused psychological strategies attendances by allied health providers require a valid referral. A patient must be referred by:
  - (i) a medical practitioner, either as part of a GP Mental Health Treatment Plan, or as part of a shared care plan or as part of a psychiatrist assessment and management plan; or
  - (ii) a specialist or consultant physician specialising in the practice of his or her field of psychiatry; or
  - (iii) a specialist or consultant physician specialising in the practice of his or her field of paediatrics.
- However, if the allied health provider has already received a referral that is still valid, there is no need to obtain a
  specific referral for the purposes of claiming the new temporary MBS telehealth items.

## How many services under the new temporary MBS telehealth items can patients receive?

- A patient is eligible for up to 10 psychological therapy or focused psychological strategies services per calendar year. This includes face to face, telehealth or telephone services.
- The new temporary MBS telehealth items are equivalent to their existing MBS items, and are not to be provided
  as an additional set of items. If forming part of a treatment, care or management plan, a patient is eligible for the
  same number of services as outlined on their referral and plan.

#### How do the new temporary MBS telehealth items differ from current Better Access arrangements?

- Unlike existing telehealth items, there are no location restrictions for patients.
- The new temporary MBS telehealth items for psychological therapy and focused psychological strategies are similar in that they provide rebates for up to ten individual mental health therapy sessions in a calendar year to patients with an assessed mental disorder and a valid referral.
- The ten individual services may consist of focused psychological strategies, psychological therapy services (provided by a clinical psychologist), and/or focused psychological strategies provided by an eligible health practitioner.



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## Am I insured to provide MBS telehealth services?

You will need to confirm with your professional indemnity insurance provider as to whether you are covered to provide telehealth services. Services must be provided within the professional's scope of practice, and in accordance with all other professional responsibilities.

## **Further 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.