



# Fee loading for bulk billed consultant psychiatrist telehealth attendance – New MBS item 294

Last updated: 26 October 2022

- From **1 November 2022**, new Medicare Benefits Schedule (MBS) item 294 will be introduced to apply a 50 per cent fee loading to bulk billed psychiatry attendances delivered by video telehealth to regional and rural patients, care recipients of residential aged care facilities and patients of Aboriginal Medical Services and Aboriginal Community Controlled Health Services.
- The introduction of MBS item 294 will replicate the former fee loading item 288. Item 288 ceased on 31 December 2021 with the transition to the national permanent telehealth program on 1 January 2022.
- Item 294 will assist eligible psychiatry patients, facing affordability and access challenges, to receive the mental health support they require with no cost to the patient.

## What are the changes?

In the October 2022-23 Budget the Australian Government agreed to the introduction of a new 50 per cent fee loading item to ensure eligible patients have affordable access to appropriate video telehealth psychiatry attendances for mental health support under the MBS. The fee loading is applicable to bulk billed psychiatry attendances delivered by video telehealth to patients who are not admitted to hospital (hospital also includes hospital-substitute treatment, such as hospital in the home patients).

The new fee loading item will apply a 50 per cent increase to the schedule fee of the appropriate psychiatry attendance item being billed, where it is delivered by video conference to:

- Regional and rural patients in eligible geographical areas outside of major cities, and where the psychiatrist is located at least 15km by road away from the patient at the time of the attendance;
- Care recipients in a residential aged care facility;
- Patients of Aboriginal medical services and Aboriginal Community Controlled Health Services.

The new item will be available from 1 November 2022 and will apply to psychiatric attendance services provided under a range of items, including items 291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352. Please refer to the table at the end of this fact sheet for further detail of eligible items.

## Why are the changes being made?

The introduction of MBS item 294 ensures that Australians living in regional and rural areas, residents of aged care facilities and patients of Aboriginal Medical and Community Controlled Health services are able to access timely and affordable health care, by ensuring the services are bulk billed and there is no cost to the patient.

## What does this mean for providers?

Consultant psychiatrists can access the fee loading for eligible video telehealth psychiatry attendances through claiming the fee loading item (MBS item 294) together with the corresponding applicable attendance item (291, 293, 296, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 348, 350 or 352). These two items will need to be itemised on the same bulk bill claim. It is important to note, as with previous fee loading item (288) providers will not bill the corresponding video telehealth item (92435, 92436, 92437, 91827, 91828, 91829, 91830, 91831, 92458, 92459 or 92460).

The clinical requirements of the attendance item claimed (other than the requirement to provide the service face-to-face) will apply to the video-telehealth service. This means the current service limits applied to psychiatry attendance items, per patient per calendar year will continue to apply. A service may only be provided by video telehealth where it is safe and clinically appropriate to do so. The decision to provide clinically relevant support to the patient is the responsibility of the consultant psychiatrist.

## Telehealth equipment

Whilst no specific equipment is required to provide Medicare-compliant telehealth services. Practitioners must ensure that their chosen telecommunication 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 MBS Online:

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

Further information can be found on the [Australian Cyber Security Centre website](#).

## Eligible geographical areas:

Geographic eligibility for telehealth services provided to rural and remote patients under item 294 are determined according to the Modified Monash Model classification. Eligible patients must be located in Modified Monash (MM) areas classified MM 2 to MM 7. People living in these rural and remote areas can find it harder to access medical care. Providers are able to check patient eligibility through the Health Workforce locator interactive map, found at: [Health Workforce Locator | Australian Government Department of Health and Aged Care](#)

In addition to the MM 2 to MM 7 requirement, there is a requirement for the patient and consultant psychiatrist to be located a minimum of 15km apart at the time of the attendance. Minimum distance between the consultant psychiatrist and patient telehealth video attendance are measured by the most direct (i.e. least distance) route by road. The patient or the consultant psychiatrist is not permitted to travel to an area outside the minimum 15 km distance in order to claim a telehealth attendance.

**Note:** there are no geographical limitations to care recipients of residential aged care facilities, patients of Aboriginal Medical Services and Aboriginal Community Controlled Health Services.

## What does this mean for patients?

The introduction of item 294 will ensure eligible patients have access to bulk billed video telehealth attendances. When a patient receives a service under this item, the service will be billed directly to Medicare. The patient assigns their right to the Medicare benefit to the consultant psychiatrist, who is accepting the Medicare benefit as full payment for the service. There are no additional costs for the service to the patient.

### Eligible patients include:

- Care recipients of residential aged care facilities; or
- Patients of Aboriginal Medical Services; or
- Aboriginal Community Controlled Health Services; or
- Regional and Rural patients located in a MM 2-7 area and where the psychiatrist is located at least 15km by road away from the patient at the time of the attendance (for further information see eligible geographical areas under heading “What does this mean for providers” for more information).

## Billing Requirements:

The billing of item 294 must be accompanied by the appropriate face-to-face attendance item. The clinical requirements of this accompanying item must be met, but rather than a face-to-face delivery, it will occur through a video telehealth delivery. To ensure the Services Australia claiming system can accurately calculate the derived fee (the fee loading applied to the face-to-face attendance item schedule fee), the two items will need to be itemised on the same bulk bill claim.

Note: If a patient receives a bulk billed service, additional charges for that service are not permissible. This includes, but is not limited to:

- any consumables used, including bandages and dressings
- record keeping fees
- a booking fee to be paid before each service
- an annual administration or registration fee

Further information about bulk billed payments can be found at: [Bulk bill payments to health professionals - Health professionals - Services Australia](#)

## Who was consulted on the changes?

The Department of Health and Aged Care informed key stakeholders of the introduction of this fee loading, including members of the Royal Australian and New Zealand College of Psychiatrists, Australian Medical Association, Royal Australian College of General Practitioners, Australian Rural and Remote College of Medicine, National Association of Practising Psychiatrists and Lived Experience.

## How will the changes be monitored and reviewed?

The Department of Health and Aged Care continues to monitor the use of new MBS items. Use of the item not in accordance with the relevant Medicare guidelines and legislation will be actioned appropriately.

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

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the [Health Insurance Act 1973](#) and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto: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.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

**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.**

## Summary of eligible Consultant Psychiatry Attendance services billed with Item 294:

### Initial Item

**296**

Attendance, new patient, more than 45 minutes

### Time-tiered consultation items – where total attendances provided under items 296 and 300-308 do not exceed 50 attendances per calendar year

**300**

Attendance, not more than 15 minutes,

**302**

Attendance, 15 to 30 minutes,

**304**

Attendance, 30 to 45 minutes,

**306**

Attendance, 45 to 75 minutes,

**308**

Attendance, more than 75 minutes,

### Time-tiered consultation items – where total attendances provided under items 296 and 300-308 do exceed 50 attendances per calendar year

**310**

Attendance, not more than 15 minutes,

**312**

Attendance, 15 to 30 minutes,

**314**

Attendance 30 to 45 minutes,

**316**

Attendance, 45 to 75 minutes,

**318**

Attendance, more than 75 minutes,

### Develop Management Plans and Review items

**291**

Prepare a management plan, more than 45 minutes

**293**

Review a management plan, 30 to 45 minutes

### Non-Patient Interview items

**348**

Interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 20 to 45 minutes

**350**

Interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 45 minutes or more

**352**

Interview of a person other than patient, not less than 20 minutes, not exceeding 4 attendances per calendar year

### Diagnosis specific consultation item - where total attendances provided under items 296, 300-308 and 319 do not exceed 160 attendances per calendar year

**319**

Attendance, more than 45 minutes for specific diagnostic criteria,