



Continuing MBS Telehealth Services

Mental Health Services

Last updated: 8 March 2023

- MBS telehealth services introduced on a temporary basis in response to the COVID-19 pandemic will now be permanent. Telehealth services provided by GPs, medical practitioners, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery services will continue.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- MBS telehealth items are only for out-of-hospital patients.
- 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.

What are the changes?

From 1 January 2022 the MBS items for COVID-19 mental health telehealth services introduced in response to the pandemic will continue to be available, this will include:

- 4 psychological therapy items for clinical psychologist services; and
- 20 Focused Psychological Strategies items for services provided by a psychologist, GP, non-specialist medical practitioner, occupational therapist, or social worker.
- Information regarding mental health telehealth services provided by GP and OMP can be found in the GP factsheet on the MBS Telehealth Services from 1 July 2022.
- Please see the separate factsheet for allied health, providers and specialists, including consultant physicians and psychiatrists for information about these telehealth services. These resources are available on [MBSOnline](#).

As the Government progresses MBS modernisation, telehealth items will be consolidated into a single national program. This means that the now-obsolete items introduced in 2017 will be progressively removed, this will include location specific telehealth services provided by GPs and allied health professionals.

Why are the changes being made?

The Australian Government committed on 13 December 2021 to make telehealth services that were introduced in response to COVID-19 a permanent part of Medicare. The introduction of these telehealth services has been a critical part of the COVID-19 National Health Plan and transformational to Australia's universal health care program. Telehealth will continue to offer greater flexibility to patients and health care providers.

Who is eligible?

The MBS telehealth items are available for a wide range of allied mental health consultations. All Medicare eligible Australians can now receive these services.

What telehealth options are available?

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, 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.

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 MBS telehealth items will allow providers to continue to deliver essential services to patients within their care.

Providers do not need to be in their regular practice to provide telehealth services. Providers should use their provider number for their primary location and must provide safe services in accordance with normal professional standards.

The telehealth MBS items can substitute for current face-to-face consultations that available under the MBS where it's clinically appropriate and safe to do so. The MBS telehealth items will have the same clinical requirements to normal timed consultation items.

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

Consolidation of the MBS telehealth program will result in the pre-COVID telehealth items progressively being removed. In anticipation of these changes, providers are encouraged to transition from these telehealth items, introduced in 2017, to the MBS item numbers introduced in response to COVID-19, which are able to be claimed nationally. Additional information will be provided in the context of future updates to the MBS

How will these changes affect patients?

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

Telehealth services may be used to substitute equivalent face-to-face consultations.

Who was consulted on the changes?

Consultation with stakeholders has informed the introduction and refinement of MBS telehealth items. The transition to permanent arrangements has also been informed by medical experts and key stakeholders within the health sector.

How will the changes be monitored and reviewed?

The Department of Health will monitor the use of the 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?

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 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.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@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.

Mental Health Telehealth Services

Table 1: Mental health telehealth items

Service	Existing Items Current video-conference items <i>Current geographic restrictions apply</i>	Telehealth items via video conference <i>Geographic restrictions do not apply</i>	Telephone items <i>Geographic restrictions do not apply</i>
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
Occupational Therapists			
Attendance lasting more than 20 minutes but less than 50 minutes	80126	91172	91185
Attendance lasting at least 50 minutes	80136	91173	91186
Social Workers			
Attendance lasting more than 20 minutes but less than 50 minutes	80151	91175	91187
Attendance lasting at least 50 minutes	80161	91176	91188

Table 2: Eating Disorder telehealth items

Service	Existing Items	Telehealth items	Telephone items
	Face to face	via video conference	
Dietitian, eating disorders service, at least 20 minutes	82350	93074	93108
Clinical psychologist, eating disorders service lasting more than 30 minutes, but less than 50 minutes	82352	93076	93110
Clinical psychologist, eating disorders service, at least 50 minutes	82355	93079	93113
Psychologist, eating disorders service, lasting more than 20 minutes, but less than 50 minutes	82360	93084	93118
Psychologist, eating disorders service, at least 50 minutes	82363	93087	93121
Occupational therapist, eating disorders service, lasting more than 20 minutes, but less than 50 minutes	82368	93092	93126
Occupational therapist, eating disorders service, at least 50 minutes	82371	93095	93129
Social worker, eating disorders service, lasting more than 20 minutes, but less than 50 minutes	82376	93100	93134
Social worker, eating disorders service, at least 50 minutes	82379	93103	93137

Table 3: Dietitian Group Service telehealth items

Service	Existing Items	Telehealth items	Telephone items
	Face to face	via video conference	
Dietitian, eligible, assessment for a group service	81120	93284	93286
Dietitian, eligible, group service	81125	93285	

Table 4: Pre-COVID mental health telehealth items for phased removal

Item Description	Item
Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist, lasting more than 30 minutes but less than 50 minutes.	80001
Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting at least 50 minutes.	80011
Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes.	80101
Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes.	80111
Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes.	80126
Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as	80136

meeting the credentialing requirements for provision of this service - lasting more than 50 minutes.	
Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes.	80151
Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a social worker registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 50 minutes.	80161

Table 5: Pre-COVID eating disorder health telehealth items for phased removal

Item Description	Item
Dietetics health service provided to an eligible patient by an eligible dietitian if the service is recommended in the patient's eating disorder treatment and management plan and the service is of at least 20 minutes duration	82351
Eating disorder psychological treatment service provided to an eligible patient by an eligible clinical psychologist if the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 30 minutes but less than 50 minutes in duration.	82353
Eating disorder psychological treatment service provided to an eligible patient by an eligible clinical psychologist the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 50 minutes in duration.	82356
Eating disorder psychological treatment service provided to an eligible patient by an eligible psychologist if the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 20 minutes but less than 50 minutes in duration.	82361
Eating disorder psychological treatment service provided to an eligible patient by an eligible psychologist if the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 50 minutes in duration.	82364
Eating disorder psychological treatment service provided to an eligible patient by an eligible occupational therapist if the service is recommended in the patient's eating disorder treatment and	82369

management plan and the service is at least 20 minutes but less than 50 minutes in duration.	
Eating disorder psychological treatment service provided to an eligible patient by an eligible occupational therapist if the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 50 minutes in duration.	82372
Eating disorder psychological treatment service provided to an eligible patient by an eligible social worker if the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 20 minutes but less than 50 minutes in duration.	82377
Eating disorder psychological treatment service provided to an eligible patient by an eligible social worker if the service is recommended in the patient's eating disorder treatment and management plan and the service is at least 50 minutes in duration.	82380

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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.