



# MBS Telehealth Eligibility for COVID-19 positive patients

## GPs and Other Medical Practitioners

Last updated: 20 December 2022

- A temporary exemption to the established clinical relationship requirement will be provided for people with a confirmed COVID-19 diagnosis to enable them to access telehealth services with any GP or OMP while voluntarily self-isolating. This temporary exemption will cease after 31 December 2023 (not 31 December 2022 as previously scheduled).
- A list of MBS telehealth services to which the established clinical relationship requirement applies is provided in [the 1 July 2022 GPs and Other Medical Practitioners Factsheet](#).

## Why are the changes being made?

- From 13 October 2022, patients diagnosed with COVID-19 will be exempt from the established relationship requirement for telehealth services until 31 December 2023.
- Under these new arrangements, a GP or OMP can provide a telehealth consultation to patients who do not meet the established clinical relationship requirement, and who have received a positive COVID-19 test result less than or equal to seven days ago, confirmed by either a laboratory testing (PCR) or a COVID-19 rapid antigen self-test (RAT) which has been approved for supply in Australia by the Therapeutic Goods Administration.
- These changes will enable COVID positive patients to continue to access medical care through telehealth while voluntarily isolating.

## Who is eligible?

From 13 October 2022, the updated exemption for positive COVID-19 patients from the established relationship for telehealth consultations by video and telephone will apply.

## What does this mean for providers?

Patients with a confirmed COVID-19 diagnosis (verified by an approved PCR or RAT test) will continue to have access to MBS telehealth services.

## How will these changes affect patients?

Patients with a confirmed COVID-19 diagnosis (verified by an approved PCR or RAT test) will continue to have access to MBS telehealth services.

## Who was consulted on the changes?

Consultation with stakeholders has informed the refinement of MBS telehealth items.

## How will the changes be monitored and reviewed?

The Department of Health and Aged Care continues to monitor the use of the new MBS items. Use of the items that does not seem to be in accordance with 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).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto: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.

**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.**