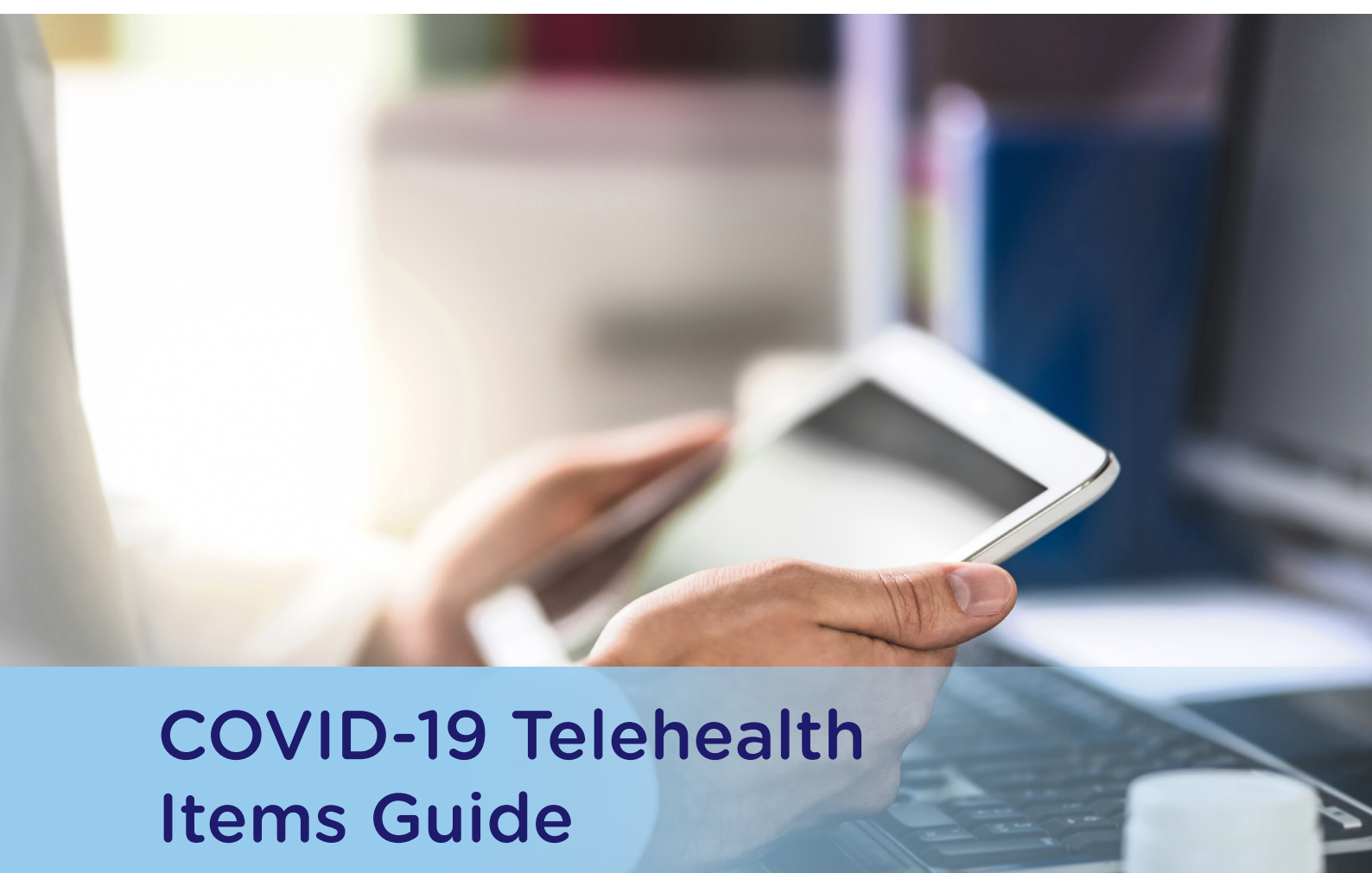




**Australian Government**  
**Department of Health**

**BE COVIDSAFE**

A photograph showing a person in a white lab coat holding a tablet computer. The background is a blurred clinical or office environment with a laptop and other equipment.

# 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 health professionals 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 MBS telehealth items in a staged process commencing on 13 March 2020.

This was to ensure 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 health professionals, and responses from the Department.

**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 to help reduce the risk of community transmission of COVID-19. These items help protect both patients and healthcare providers from COVID-19.

The new items will be available until 30 September 2020, when the arrangements will be reviewed.

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 substitute for face-to-face consultations. However, providers can also offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.

The new items mirror existing MBS attendance items, with new telehealth and telephone attendance items (each with a unique new item number) corresponding to the existing item. To date, 279 COVID-19 items have been introduced, including 5 pathology items and 2 bulk billing incentive items.

The COVID-19 items are intended to be direct substitutes for the corresponding existing item. Any conditions applying to the existing item also apply to the COVID-19 items. For example, if a valid referral is required for the existing item, the COVID-19 items also require a valid referral.

There is also an expectation underpinning the new items that if a face-to-face attendance with a patient is clinically indicated during a telehealth attendance, then this can be arranged. Where possible, the face-to-face attendance should be performed by the same practitioner who provided the telehealth service, but the key point is that providers should ensure that they can arrange a face-to-face attendance if required.

The COVID-19 items were initially available only to patients and providers with, or at risk of, the virus. From 30 March 2020 this requirement was lifted. The services are now available to all Medicare-eligible persons for the treatment of any condition which is safe and clinically appropriate to manage by telehealth. Any practitioner qualified to provide the service in line with normal MBS arrangements can do so.

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

**[The full list of items for the various provider groups can be accessed online <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB)**

There are also pathology items for COVID-19 testing and bulk billing incentives for COVID-19 patients and those at risk of the virus.

When billing the new items, providers should be aware of the provider and patient eligibility criteria at the time of 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, MBS telehealth services were conducted exclusively by videoconference and this remains the preferred substitute for face-to-face consultations. However, 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 providers may provide telehealth services from locations other than their usual practice, including their home.

Practitioners should use their provider number for their primary location. Practitioners must provide safe services in accordance with normal professional standards.

While the COVID-19 items are available, unrestricted health professionals can work temporarily in another location for up to 12 weeks, as long as they are returning to their original location, without applying for a new provider location number.

## 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 practitioner 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 certain conditions are met. COVID-19 items are subject to the same requirements as standard attendance items. Practitioners 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;
- the requirements of both items are fully met; 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 issues, with appropriate documentation.

A practitioner may take the patient history in an initial telehealth attendance and, during that attendance, 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 together would comprise a single attendance for which item 23 (or the appropriate timed item for the combined durations of the two attendances) could be billed. In this case, the second attendance would be considered a continuation of the first.

Where a single service, provided by the same practitioner, is comprised of a telehealth and face-to-face component, the appropriate item to bill—that is telehealth or face-to-face—is determined by the type of service which took the greater amount of time.

Where a service is a continuation of a previous service on the same day, where possible the patient should be seen by the same practitioner. Where the two components of a single service are provided by different practitioners, each must bill the appropriate item for the individual service they provided.

**Note** that COVID-19 telehealth services should not be used solely for triaging, and services with new patients should not be initiated by the practitioner.

Claims with sufficient information to support the payment of both services on the same day may both be assigned a benefit by Services Australia.

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

For further details on claiming multiple attendances on the same day please refer to [MBS explanatory note AN.O.7 <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.O.7&qt=noteID&criteria=AN%2E0%2E7>](http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.O.7&qt=noteID&criteria=AN%2E0%2E7), which can be viewed on MBS Online.

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## 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 patient and practitioner must be located in Australia at the time of the service.

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## 1.6 “Can practitioners initiate services with their patients?”

Practitioners 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 practitioner.

However, where clinically relevant, a practitioner may contact an existing patient for a telehealth or telephone attendance as part of appropriate, ongoing care.

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## 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 health practitioners 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 difficulties, may need to communicate with the health professional 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 professional bodies may assist in determining whether another person is needed to support the patient during the telehealth or telephone consultation

For example, the Royal Australian College of General Practitioners provides GPs with a framework and standards, outlining 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 the COVID-19 mental health services interact with existing services?”

Under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) Initiative, there are 4 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, general practitioner, 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 if the service is recommended in the patient’s Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the patient’s chronic condition and complex-care needs.

COVID-19 mental health items may be provided by psychologists, mental health nurses, occupational therapists, social workers, Aboriginal and Torres Strait Islander health practitioners, and Aboriginal health workers.

Providers are reminded that referred COVID-19 services may only be billed 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. The requirements to report back to the patient’s general practitioner also remain.

The COVID-19 telehealth items have similar requirements to normal timed consultation items. 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.
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## 2. Bulk billing COVID-19 services

### 2.1 “Which patients must be bulk billed?”

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

Between 6 April and 19 April 2020 (inclusive) the requirement to bulk bill only applied to Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19. However, from 20 April 2020, this requirement was removed for specialists and consultant physicians, nurse practitioners, midwives and allied health professionals.

This means that the bulk billing requirement now applies only to GP and Other Medical Practitioners (OMPs), and bulk billing for other providers of COVID-19 services is at their discretion, so long as the patient’s informed financial consent is obtained prior to the provision of the service.

However, GPs and OMPs claiming antenatal and postnatal services in Group T4 of the MBS are not subject to the bulk billing requirements.

#### Vulnerable patients

For the purposes of the COVID-19 items, a ‘vulnerable’ patient is a patient at risk of COVID-19. This is defined as a person who:

- is required to self-isolate or self-quarantine in accordance with guidance issued by the Australian Health Protection Principal Committee in relation to COVID-19; or
- is at least 70 years old; or
- if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or
- is pregnant; or
- is the parent of a child aged under 12 months; or
- is being treated for a chronic health condition; or
- is immune compromised; or
- meets the current national triage protocol criteria for suspected COVID-19 infection.

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### 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 provider by signing a completed assignment of benefit form.

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 can accept a signature on the 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 provider should make efforts to obtain a patient’s signature in whatever way is appropriate to their needs. 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 the COVID-19 items only, where the patient's agreement cannot be obtained in writing or by email, doctors should get verbal consent through the technology used for the attendance.

Agreement can be provided by the patient or another person such as the person's carer or family member.

Practitioners should keep records that show they provided a billed service, and the patient agreed that their Medicare benefit could be paid directly to the practitioner.

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>

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### **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 practitioner by pressing the 'OK' or 'YES' button on the EFTPOS terminal in the practice.

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

Until 30 September 2020, a practitioner can record the agreement for assignment of benefit in the patient's clinical notes then mark the box on the DB020 form that indicates a patient is 'unable to sign'.

The reason for a signature not being obtained can be given by annotations such as 'COVID-19/highly infectious pandemic/risk of exposure to COVID-19'.

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### **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.

The bulk billing incentive Medicare fees (for items 10990 (metropolitan areas) and 10991 (regional areas)) have temporarily doubled (until 30 September 2020) for items relating to general practice services. These items can be claimed with non-referred telehealth items where appropriate.

In addition, on 20 April 2020 two bulk billing incentive items, items 10981 and 10982, were introduced.

These items are equivalent to the existing metropolitan (10990) and regional (10991) bulk billing incentive items. They provide access to a bulk billing incentive where an un-referred face-to-face attendance, or a new COVID-19 telehealth and telephone attendance, is provided to a vulnerable patient. The definition of vulnerable patients, that is, patients at risk of COVID-19, is in 2.1.

These new bulk billing incentive items will cease on 30 September 2020, subject to a review of the MBS COVID-19 arrangements.

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## 3. General practice issues

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

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

From 20 July 2020 the 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 record for compliance purposes how their patients qualify for any exemptions to this requirement. An existing relationship is defined as:

An existing relationship means the medical practitioner performing the service:

- a) has provided a face-to-face service to the patient in the last 12 months (telehealth and telephone attendances prior to 20 July 2020 do not satisfy this requirement); or
- b) is located at a medical practice where the patient has had a face-to-face service arranged by that practice in the last 12 months (including services performed by another doctor located at the practice, or a service performed by another health professional located at the practice, such as a practice nurse or Aboriginal and Torres Strait Islander health worker); or
- c) is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a medical practice that has provided at least one face-to-face service to the patient in the last 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 person's movement is restricted by a State or Territory public health requirement that applies 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 listed at [www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19](http://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 focussed on telehealth in response to the COVID-19 pandemic will continue to be able to do so, but 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 comprised of a mix of telehealth and face-to-face services as appropriate.

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### **3.3 “Are there COVID-19 telehealth items for health assessments?”**

COVID-19 telehealth items have been introduced for health assessments of Aboriginal and Torres Strait Islander people (equivalent to items 715 and 228) on the basis that this enables access to a wider range of services to support Aboriginal and Torres Strait Islander peoples.

COVID-19 telehealth items for health assessments for the general population have not been introduced.

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### **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 medical practitioner undertaking a health assessment for an Aboriginal or Torres Strait Islander person by telehealth or telephone (MBS items 92004, 92016, 92011 and 92023) is expected to complete all components of the health assessment that can safely be provided as a remote service.

Other components of the service that can only be delivered in the course of a face-to-face consultation with the patient, including any physical examinations and investigations that are clinically required, would need to be provided as a follow-up service by the medical practitioner.

In the case of patients living in remote locations, some components could be performed by another service provider (such as a remote area nurse or Aboriginal health practitioner).

This might include observing the patient’s vital signs, such as pulse, blood pressure and temperature, which could be communicated to the medical practitioner responsible for the service.

Medicare can only be billed when all components of the health assessment service—including elements that are remotely-delivered and the elements provided face-to-face by the medical practitioner directly or on their behalf by another health practitioner—have been provided to the patient.

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### **3.5 “Are there COVID-19 telehealth items for after-hours GP and other medical practitioner attendances?”**

COVID-19 telehealth items have been introduced 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 may be used for non-urgent after-hours attendances.

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### **3.6 “Can practice nurses provide COVID-19 telehealth services?”**

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

There are a limited number of MBS items that enable 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 medical practitioner, who retains clinical responsibility for the service and its outcomes. Items for two such services (items 10987 and 10997) are mirrored in the COVID-19 items.

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### **3.7 “Can you claim an MBS item for the preparation of a chronic disease management plan and an attendance on the same day?”**

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

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### **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 residential aged care facilities (RACFs).

However, the existing MBS items for doctors’ services in RACFs have not been replicated as COVID-19 telehealth or telephone services.

GPs and other medical practitioners 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.

These items must be bulk-billed for vulnerable patients, which includes patients aged 70 and older, concession card holders, and children under 16.

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.

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### **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 Schedule fees for the new general practice items have been adjusted so that an 85 per cent benefit for those items is equivalent to the 100 per cent benefit for the existing GP item to which the new item corresponds.

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### **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, although there are certain requirements that must be met before the referral is valid.

In general, it is best clinical practice if the psychologist is named in the referral. 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 focussed 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, or as part of 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 is required to send the report to the referring provider so they can consider the need for subsequent treatment.

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## 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 can be viewed on MBS Online by using the search function.

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### 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?”

Providers are expected to bill the MBS items which best describes the service that they are providing.

It should be noted that there are geographical restrictions on the non-COVID-19 telehealth items, which includes the requirement for 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, such as item 99 or 112, a telehealth eligible area is determined according to the Australian Standard Geographical Classification Remoteness Area (ASGC-RA) classifications.

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>](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 new telehealth items for COVID-19 are intended to continue access to essential care where the patient or the provider are unable to attend a face-to-face service due to the COVID-19 pandemic.

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### 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.

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## 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/>](https://www.health.gov.au/).

Full item descriptors 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 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>](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AskMBS-Email-Advice-Service) for providers seeking advice on the Medicare Benefits Schedule 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>](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>](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

<b>AskMBS</b>	<a href="#">email advice service</a> <a href="#">AskMBS webpage</a>
<b>COVID-19 Webinars</b>	<a href="https://www.health.gov.au/resources/webinars">https://www.health.gov.au/resources/webinars</a>
<b>Provider Education</b>	<a href="mailto:compliance.education@health.gov.au">compliance.education@health.gov.au</a>



