

# PERMANENT TELEHEALTH ITEM NUMBERS IN A NUTSHELL



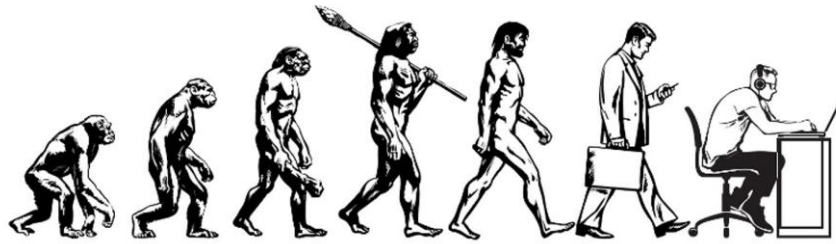
At Medical Billing Experts, our priority is ensuring that all our clients are minimising their audit risk by billing item numbers appropriately.

The Department of Health announced in December 2021 that many of the temporary telehealth MBS item numbers and a limited number of temporary telephone MBS item numbers will become permanent on 1 January 2022. To assist with the **compliant billing** of these new item numbers, we have put together this quick guide to explain how and when to bill the item numbers correctly.

To put this in context, on the following page is a brief history of the evolution of the COVID-19 temporary Telehealth MBS item numbers.



# EVOLUTION OF THE ITEM NUMBERS



13 March  
2020

- Release of limited number of TH/Phone item numbers where practitioner required to self-isolate or patient in self-isolation or considered vulnerable.

16 March  
2020

- TH/Phone items added for midwives.

23 March  
2020

- Access to TH/Phone item numbers expanded to vulnerable health professionals. Patient still required to be vulnerable or self-isolated.

30 March  
2020

- ITEM NUMBERS AVAILABLE FOR USE WITH ALL PATIENTS. Release of additional item numbers for Specialists. BULK BILLING STILL MANDATORY

April 2020

- Release of additional specialist item numbers with Bulk Billing still mandatory but only for “vulnerable” patients [ie most patients of Specialists] **6 April 2020**
- Bulk Billing requirement for Specialists removed on **20 April 2020**

15 Sept  
2021

- Release of COVID-19 temporary specialists item number for private patients receiving in-hospital specialist care

**1**  
**January**  
**2022**

- **Most COVID-19 telehealth item numbers and selected telephone item numbers made permanent**
- **MBS telehealth items for rural and remote areas ceased**
- **30/20 rule introduced**

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## SOME IMPORTANT GENERAL COMPLIANCE GUIDELINES

A few important points about the permanent Telehealth and Telephone MBS item numbers as at 1 January 2022 before we get into the detail:

- ✓ The services provided by Telehealth or Telephone must still have appropriate clinical content to qualify as a consultation.
- ✓ Clinical notes are critical so you must document the clinical content of your Telehealth and Telephone consultations.
- ✓ Telehealth and Telephone item numbers can only be used for outpatients.
- ✓ The item numbers for surgeons and physicians where a time requirement is not stated in the descriptor must be a consultation of at least five minutes in duration.
- ✓ The permanent Telehealth and Telephone item numbers apply to the following specialities:
  - Specialists
  - Consultant Physicians
  - Pain, palliative care, sexual health and addiction medicine practitioners
  - Consultant psychiatrists
  - Public health physicians
  - Neurosurgeons
  - Anaesthetists
  - Approved dental practitioners (oral and maxillofacial surgery only).
- ✓ A private fee can be charged and 85% of the MBS Schedule fee will be rebated to the patient, as long as informed financial consent has been obtained from the patient prior to the provision of the service.
- ✓ Whilst there is no requirement by the Department of Health (DoH) to bulk bill the Telehealth and Telephone item numbers, the DoH is encouraging practitioners to bulk bill these services.

## COMPLIANCE TIPS FOR THE PERMANENT TELEHEALTH ITEM NUMBERS

When the Telehealth and telephone items were a temporary measure for COVID-19, the Department of Health clearly stated that these item numbers will be subject to MBS compliance processes and activities. To keep you safe when billing these item numbers now that they have been made permanent, Medical Billing Experts recommends following some simple guidelines to ensure compliance when billing the in-hospital Telehealth item numbers.

- The services provided by Telehealth or Telephone must still have appropriate clinical content to qualify as a consultation.
- **Clinical notes are critical** when billing any MBS item number. You must fully document the clinical content of your Telehealth and Telephone consultations.

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- As with all MBS services billed, where a private fee is charged, informed financial consent must be obtained from the patient prior to the provision of the service. The informed financial consent must be recorded in the specialist's notes and retained in the medical records.
- Before billing any of the permanent Telehealth or Telephone item numbers, carefully read the item number descriptor and ensure that you complete ALL aspects of the item number prior to billing the item number.
- Pay close attention to time requirements for attendances contained in the item number descriptors and make sure that your clinical treatment during the telehealth consultation complies with the requirement.
- Always note in the medical record the start and end time of the Telehealth or Telephone clinical consultation you will be billing for.
- Telephone services should only be provided if video is not available for the patient. Every reasonable effort must be made to provide services via Telehealth prior to resorting to providing patient consultations by telephone.

### NEW 30/20 RULE

**The new 30/20 rule is the most important compliance change to consider.**

As at 1 January 2022, the Department of Health has introduced a new 30/20 rule that will apply to telephone attendances provided by consultant physicians. **Any consultant physician who provides 30 or more telephone attendances (item 91836) on each of 20 or more days in a 12 month period will be referred to the Professional Services Review (PSR).** A similar 30/20 rule is being introduced for GP's from 1 January 2022. Whilst other specialists are not named specifically in the 30/20 rule but all practitioners who bill the telephone item numbers should do so in a way that complies with the 30/20 rule to avoid possible future compliance activities.

### CLINICAL CONTENT OF CONSULTATION

The services provided by Telehealth or Telephone, as with any consultation billed, must still have appropriate clinical content to qualify as a consultation. **Clinical notes are critical** to document the clinical content of your Telehealth and Telephone consultations. Please contact us at [billing@medbill.com.au](mailto:billing@medbill.com.au) if you want further information regarding the standards for clinical content for a billable consultation.

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## TELEHEALTH vs TELEPHONE CONSULTATIONS

Whilst both Telehealth and Telephone COVID-19 item numbers are still available, Services Australia has stated that videoconference services are the preferred approach for substituting face-to-face consultations. Telephone services should only be provided if video is not available for the patient. Every reasonable effort must be made to provide services via Telehealth prior to resorting to providing patient consultations by telephone.

For consultant physicians, the telephone MBS item number for initial consultations (item 110 equivalent) and subsequent consultations (item 116 equivalent) have been deleted as at 1 January 2022. Only the minor attendance (item 119 equivalent) remains in the MBS as at 1 January 2022 and as noted above, this item number will be closely monitored for compliance with the newly established 30/20 rule.

To access the COVID-19 item numbers for Telehealth or Telephone consultations, a visual or audio link with the patient must occur. This does NOT include online chat box/messaging or email as these do not provide either a visual or audio link to the patient.

## DELETION OF ITEM NUMBERS FOR RURAL AND REMOTE AREAS

It is important to note that the item numbers introduced in 2011 to encourage the use of video telehealth in rural and remote areas and other specific settings have been deleted as at 1 January 2022. The permanent telephone and telehealth item numbers will replace the rural and remote telehealth item numbers and there will no longer be a 50% loading for telehealth consultations performed for patients in rural and remote areas. There will also not be geographical constraints on the usage of the permanent telehealth item numbers.

For example telehealth item 99 for specialist attendances, item 112 for consultant physician attendances, item 149 for geriatric medicine attendances and item 288 for psychiatrist attendances will be deleted from the Medicare Benefits Schedule on 31 December 2021. See below for a list of item numbers that have been deleted.

SPECIALTY	ITEM NUMBERS DELETED ON 31 DECEMBER 2022
Specialist attendances	99, 113
Consultant physician attendances	112, 114
Geriatric medicine attendances	149

SPECIALTY	ITEM NUMBERS DELETED ON 31 DECEMBER 2022
Consultant psychiatrist attendances	288
Consultant occupational physician attendances	384, 389
Pain medicine attendances	2799, 2820
Palliative medicine attendances	3003, 3015
Neurosurgery attendances	6004, 6016
Assisted reproductive services	13210
Obstetrics	16399
Anaesthesia	17609

### DELETION OF TEMPORARY TELEHEALTH ITEM NUMBERS FOR SPECIALIST INPATIENT SERVICES

The temporary COVID-19 MBS item numbers for telehealth services for private inpatients receiving specialist in-hospital that commenced on 15 September 2021 have been deleted from the MBS as at 31 December 2021. The temporary telehealth item numbers that have been deleted are shown in the below table.

SPECIALTY	TEMPORARY TELEHEALTH ITEM NUMBERS DELETED ON 31 DECEMBER 2021
Specialists	91846, 91847, 91848, 91849
Consultant Physician	92471, 92472, 92473, 92425, 92426, 92427
Consultant Psychiatrist	92461, 92462, 92463, 92464, 92465, 92466, 92501, 92502, 92503, 92504, 92505, 92506
Public health Physician	92517, 92518, 92519, 92520, 92525, 92526, 92527, 92528
Neurosurgery	92615, 92616, 92625, 92626
Anaesthesia	92702, 92713
Approved dental practitioner	54006, 54007, 54011, 54012



## PERMANENT TELEHEALTH AND TELEPHONE ITEM NUMBERS AS AT 1 JANUARY 2022

Below is a brief summary of the item numbers for Surgeons, Physicians and Psychiatrists. A full list of item numbers (including item numbers for Public Health Physician Services, Neurosurgery attendance, Oral and Maxillofacial Surgery attendances, Eating Disorder attendances and O&G services) can be found on MBSonline. Please read the detailed item numbers in the MBS to ensure that you fulfil all aspects of the item numbers before billing them. As with all MBS item numbers, you must fulfil all aspects of the item number before billing the item number. Please ensure that you carefully read the full item number descriptors before billing any item number!

TELEHEALTH (via video-conference)			
EQUIVALENT ITEM #	COVID- 19 ITEM #	SHORT DESCRIPTION	MBS Schedule Fee
104	91822	Specialist. Initial attendance	\$ 90.35
105	91823	Specialist. Subsequent attendance	\$ 45.40
110	91824	Consultant physician. Initial attendance	\$ 159.35
116	91825	Consultant physician. Subsequent attendance	\$ 79.75
119	91826	Consultant physician. Minor attendance	\$ 45.40
132	92422	Consultant physician, initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes	\$ 278.75
133	92423	Consultant physician, subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes	\$ 139.55
141	92623	Geriatrician, prepare an assessment and management plan, patient at least 65 years, more than 60 minutes.	\$ 478.05
143	92624	Geriatrician, review a management plan, more than 30 minutes.	\$ 298.85
17615	92701	Anaesthetist professional attendance, advanced or complex	\$ 76.80
300	91827	Consultant psychiatrist. Consultation, not more than 15 minutes, fewer than 50 attendances	\$ 45.45
302	91828	Consultant psychiatrist. Consultation, 15 to 30 minutes, fewer than 50 attendances	\$ 91.30
304	91829	Consultant psychiatrist. Consultation, 30 to 45 minutes, fewer than 50 attendances	\$ 140.55
306	91830	Consultant psychiatrist. Consultation, 45 to 75 minutes, fewer than 50 attendances	\$ 194.00
308	91831	Consultant psychiatrist. Consultation, more than 45 minutes, fewer than 50 attendances	\$ 225.10
289	92434	Consultant psychiatrist, prepare a treatment and management plan, patient under 13 years with autism or another pervasive developmental disorder, at least 45 minutes	\$ 278.75

291	92435	Consultant psychiatrist, prepare a management plan, more than 45 minutes	\$ 478.05
293	92436	Consultant psychiatrist, review management plan, 30 to 45 minutes	\$ 298.85
296	92437	Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 mths), more than 45 minutes	\$ 274.95
348	92458	Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 20 to 45 minutes	\$ 133.85
350	92459	Consultant psychiatrist, interview of a person other than patient, in the course of initial diagnostic evaluation of patient, 45 minutes or more	\$ 184.80
352	92460	Consultant psychiatrist, interview of a person other than patient, in the course of continuing management of patient, not less than 20 minutes, not exceeding 4 attendances per calendar year	\$ 133.85
342	92455	Consultant psychiatrist, group psychotherapy, at least 1 hour, involving group of 2 to 9 unrelated patients or a family group of more than 3 patients, each referred to consultant psychiatrist	\$ 52.05 Each patient
344	92456	Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 3 patients, each referred to consultant psychiatrist	\$ 69.10 Each patient
346	92457	Consultant psychiatrist, group psychotherapy, at least 1 hour, involving family group of 2 patients, each referred to consultant psychiatrist	\$ 102.20 Each patient

TELEPHONE ITEM NUMBERS			
ONLY TO BE USED WHEN VIDEO-CONFERENCING IS NOT AVAILABLE			
EQUIVALENT ITEM #	COVID-19 ITEM #	SHORT DESCRIPTION	BULK BILL BENEFIT
104	DELETED	Specialist. Initial attendance	N/A
105	91833	Specialist. Subsequent attendance	\$ 45.40
110	DELETED	Consultant physician. Initial attendance	N/A
116	DELETED	Consultant physician. Subsequent attendance	N/A
119	91836	Consultant physician. Minor attendance ( <b>ensure compliance with 30/20 rule if billing this item number</b> )	\$ 45.40
132	DELETED	Consultant physician, initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes	N/A
133	DELETED	Consultant physician, subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes	N/A
17615	DELETED	Anaesthetist professional attendance, advanced or complex	N/A
141	DELETED	Geriatrician, prepare an assessment and management plan, patient at least 65 years, more than 60 minutes.	N/A

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TELEPHONE ITEM NUMBERS			
ONLY TO BE USED WHEN VIDEO-CONFERENCING IS NOT AVAILABLE			
EQUIVALENT ITEM #	COVID-19 ITEM #	SHORT DESCRIPTION	BULK BILL BENEFIT
143	DELETED	Geriatrician, review a management plan, more than 30 minutes.	N/A
300	91837	Consultant psychiatrist. Consultation, not more than 15 minutes, fewer than 50 attendances. <b>Can not be used with a new patient.</b>	\$ 45.75
302	91838	Consultant psychiatrist. Consultation, 15 to 30 minutes, fewer than 50 attendances. <b>Can not be used with a new patient.</b>	\$ 91.30
304	91839	Consultant psychiatrist. Consultation, 30 to 45 minutes, fewer than 50 attendances. <b>Can not be used with a new patient.</b>	\$ 140.55
306	DELETED	Consultant psychiatrist. Consultation, 45 to 75 minutes, fewer than 50 attendances	N/A
308	DELETED	Consultant psychiatrist. Consultation, more than 45 minutes, fewer than 50 attendances	N/A
289, 291, 293, 296, 348, 350, 352, 342, 344, 346	DELETED	Various Psychiatrist Telephone Consultations	N/A

## SUMMARY

Medical Billing Experts is supporting medical practices to keep their medical billing current as item number changes occur. There have been substantial changes to the Telehealth and Telephone item numbers since their inception. We expect more changes in the months ahead.

Our team can help relieve the pressure and take care of these constant changes for you. We stay up-to-date with all changes from the DoH and reduce your risk by ensuring your billing is MBS compliant once outsourced to us.

If you have staffing shortages, we can also assist with short-term or long-term arrangements to process your medical billing.

Our goal is to keep your cash flow stable while ensuring Medicare compliance at all times.

If you need further information on the permanent Telehealth and Telephone item numbers, please email our expert team at [billing@medbill.com.au](mailto:billing@medbill.com.au).

Please feel free to email me at [loryn@medbill.com.au](mailto:loryn@medbill.com.au) for more information about how Medical Billing Experts can assist you.

*This article is current as at 31 December 2021. Please look for further updates on our website [www.medbill.com.au](http://www.medbill.com.au).*

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**Short staffed during the COVID-19 crisis?**

**Keep your cash flowing with  
outsourced medical billing!**



**Medical Billing Experts is supporting  
medical practices to keep their medical  
billing current during the COVID-19 crisis.**

If you close your rooms or have staffing shortages, you can make short-term arrangements to process your medical billing through outsourcing the work to us. Our goal is to keep your cash flow stable during the COVID-19 crisis as well as ensuring Medicare compliance.

- Short-term or long-term medical billing services available
- No setup fee for Genie, Gentu or Shexie users
- Billing can be performed in your software or ours
- Billing of current claims
- **Cleanup of billing and rejections**
- Reasonable fees for all doctors
- Patient data security assured

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