



# Commencement of New Prescribed Pattern of Services – 30/20 telephone rule

30 September 2022

From 1 October 2022, GP, [Other Medical Practitioners](#) (OMP) and consultant physicians that claim relevant Medicare telephone items will be subject to the new prescribed pattern of service 30/20 telephone rule.

## What you need to know

- From **1 October 2022** the new prescribed pattern of services called the 30/20 telephone rule will come into effect.
- Certain MBS telephone items for GP, [OMP](#) and consultant physicians will be included in the 30/20 telephone rule. A detailed list of these items is provided below.
- Under this rule any GP, [OMP](#) or consultant physician who **claims 30 or more relevant telephone attendance services on each of 20 or more (cumulative and/or consecutive) days in a rolling 12-month period** will be in breach of the 30/20 telephone rule.
- All breaches of the 30/20 telephone rule will be referred to the Director of the Professional Services Review ([PSR](#)).
- Only relevant telephone attendance services that have been provided and claimed **on or after 1 October 2022** will be subject to this rule. Telephone services provided and claimed prior to 1 October 2022 are not subject to this rule.
- For GPs and OMP, the new 30/20 telephone rule will apply alongside the 80/20 rule. Patterns of claiming for relevant telephone attendance services will be counted towards both the 80/20 and the 30/20 pattern of prescribed services.

## Prescribed pattern of service

A prescribed pattern of service occurs when a practitioner claims a specified type of Medical Benefits Schedule service at a frequency and quantity defined in the [Health Insurance \(Professional Services Review Scheme\) Regulations 2019](#) (the regulations).

If a practitioner provides services at a level that meets the definition of a prescribed pattern of service, they will be referred to the Director of [PSR](#).

## The 30/20 telephone rule

The 30/20 telephone rule recognises that the highest proportion of telehealth services are provided by GPs, [OMP](#) and consultant physicians with a large proportion of their telehealth services provided by telephone. With telephone items now a permanent feature of the MBS, high-value comprehensive patient care will be supported by this rule.

Video consultations remain the preferred medium when someone cannot see a medical practitioner in person. Practitioners are responsible for choosing how telehealth services are integrated into their model of care to best suit their patients.

This new rule seeks a balance between improved access to services enabled by telehealth and maintenance of high-quality care. This approach is consistent with and complements the existing clinical relationship required for most GP telehealth services.

Legislated rules, such as the 30/20 telephone rule, govern access to Australia's health programs to help ensure that public health funding is directed towards services that are clinically effective, cost effective and achieve their intended health outcomes for all Australians.

## Relevant telephone services and eligible practitioners

If you are a GP, [OMP](#) or consultant physician, claiming the relevant telephone attendance services listed in the table below, the new 30/20 telephone rule will apply to you.

Provider group	Items by MBS Group and Subgroup
Consultant physicians (excluding specialists and psychiatrists)	Group A40, Subgroup 8 – Consultant physician phone service – Item <b>91836</b>
General practitioners (vocationally recognised GPs)	Group A40, Subgroup 2 – General practice phone services – Items <b>91890, 91891, 91894</b>
	Group A40, Subgroup 10 – Focussed psychological strategies phone services – Items <b>91842, 91843</b>
	Group A40, Subgroup 16 – GP pregnancy support counselling phone service – Item <b>92138</b>
	Group A40, Subgroup 20 – GP mental health treatment plan phone service – Items <b>92126, 92127</b>
	Group A40, Subgroup 26 – Review of an eating disorder plan phone service – Item <b>92176</b>
	Group A40, Subgroup 28 – GP eating disorder focussed psychological strategies phone service – Items <b>92194, 92196</b>
	Group A40, Subgroup 40 – GP sexual and reproductive health consultation phone service – Items <b>92731, 92734, 92737, 92740</b>
	Group A41, Subgroup 1 – GP additional focussed psychological strategies – Items <b>93302, 93305</b>
	Group A42, Subgroup 2 – GP mental health treatment plan review for care recipients of a residential aged care facility – Item <b>93423</b>
Group A45, Subgroup 3 – GP smoking cessation services phone services – Items <b>93700, 93703</b>	
Other medical practitioners (non-	Group A40, Subgroup 2 – General practice phone services – Items <b>91892, 91893, 91895</b>

Provider group	Items by MBS Group and Subgroup
vocationally recognised GPs)	Group A40, Subgroup 10 – Focussed psychological strategies phone services – Items <b>91844, 91845</b>
	Group A40, Subgroup 16 – GP pregnancy support counselling phone service – Item <b>92139</b>
	Group A40, Subgroup 20 – GP mental health treatment plan phone service – Items <b>92132, 92133</b>
	Group A40, Subgroup 26 – Review of an eating disorder plan phone service – Item <b>92177</b>
	Group A40, Subgroup 28 – GP eating disorder focussed psychological strategies phone service – Items <b>92198, 92200</b>
	Group A40, Subgroup 40 – GP sexual and reproductive health consultation phone service – Items <b>92732, 92733, 92735, 92736, 92738, 92739, 92741, 92742</b>
	Group A41, Subgroup 2 – Non-specialist practitioner additional focussed psychological strategies – Items <b>93308, 93311</b>
	Group A42, Subgroup 4 – Non-specialist practitioner mental health treatment plan review for care recipients of a residential aged care facility – Item <b>93453</b>
Group A45, Subgroup 3 – GP smoking cessation services phone services – Items <b>93701, 93702, 93704, 93705</b>	

The telephone attendance services in the table above are listed in the [Health Insurance \(Section 3C General Medical Services – Telehealth and Telephone Attendances\) Determination 2021](#).

## Other Exclusions

The following are not included in the new 30/20 telephone rule:

- temporary MBS items for telephone services for assessing patients' suitability for COVID-19 oral antiviral medications (item 93716 for GPs, and 93717 for OMP)
- MBS telephone items for midwives, allied health practitioners, allied mental health practitioners and nurse practitioners
- MBS items for services provided on behalf of a medical practitioner (items 93202 and 93203)
- obstetric services (items 91855, 91856, 91857 and 91858).

## Breaches of the 30/20 telephone rule

The Department of Health and Aged Care will identify breaches through regular data monitoring. A breach can be identified at any time within a 12-month period from 1 October 2022. A full 12-months of cumulative claiming is not required to identify a breach. A breach can be identified at any time during a rolling 12-month period.

Under the [Health Insurance Act 1973](#) the Chief Executive Medicare or delegate is required to request a review by the Director of the [PSR](#) of any practitioner who is breaching the

prescribed pattern of services rules. This referral is undertaken through the [Practitioner Review Program](#) which is administered by the Department of Health and Aged Care.

## Exceptional Circumstances

If a medical practitioner is identified as providing a prescribed pattern of services, they will be [referred to the Director of the PSR](#) as they are deemed to have engaged in inappropriate practice.

A limited set of exceptional circumstances exist, as defined in the [Health Insurance \(Professional Services Review Scheme\) Regulations 2019](#), which may be taken into account when breaches are identified.

## Ensuring compliant claiming

The Department of Health and Aged Care recognises that most health practitioners maintain high professional standards and adhere to the rules that govern access to the MBS.

One of the easiest and most effective ways for practitioners to ensure high compliance standards in their own practice is through **making sure they know what is being claimed under their provider number and taking steps to remedy any errors.**

Applying the following simple measures, can also help to avoid inadvertent non-compliance:

- ensuring awareness and education about the rules and requirements of the MBS utilising the range of services and resources provided by the Department and Services Australia
- using professional judgment to ensure that only clinically relevant services and referrals that are necessary for the appropriate treatment of the patient are provided
- ensuring that only eligible services are claimed
- creating and retaining contemporaneous clinical and administrative records
- [proactively contacting the Department of Health and Aged Care and Services Australia](#) if errors in claiming are identified.

Practitioners can avoid inadvertent breaches of the 30/20 telephone rule by utilising video-conferencing where appropriate.

## Further support, contacts and resources

Additional information and resources on health payment programs compliance and enforcement for practitioners include the following.

**AskMBS** – The AskMBS email service responds to enquiries from providers of services listed on the MBS seeking advice on the interpretation of MBS items, explanatory notes and associated legislation.

More information about AskMBS can be found on the [AskMBS Email Advice Service](#) page.

**Record Keeping** – Guidelines for administrative and clinical record keeping can be found at the Department of Health and Aged Care website on the [Administrative record keeping guidelines for health professionals](#) page.

**Medicare Billing Toolkit** – Information to assist with the prevention of non-compliance and to assist healthcare professionals to bill correctly can be found at the [Compliance education for health professionals Medicare Billing Assurance Toolkit](#) on the Department of Health and Aged Care website.

**Services Australia** – Services Australia is responsible for the administration of Medicare. More information can be found on the Services Australia website at [Medicare information for health professionals](#).

### E-learning

**Introduction to compliance within Medicare** – This is a three-module introductory course targeted at practitioners and designed to help practitioners understand compliance. The course can be accessed on the Department of Health and Aged Care's website at: [Introduction to Compliance within Medicare](#).

**Billing Medicare in public hospitals** – Online learning for practitioners billing Medicare in public hospitals can be found at the Department of Health and Aged Care's website on [Billing Medicare in Public Hospitals](#).

### Medicare Program Information

**Medicare Benefits Schedule** – Information on the MBS, eligible services and the rules under which services are subsidised can be found on [MBS Online](#).

**Pharmaceutical Benefits Scheme** – Information on the PBS and subsidised medicines can be found on the [Pharmaceutical Benefits Scheme \(PBS\)](#) website.

**Child Dental Benefits Schedule** – Information about the CDBS is available at: The [Child Dental Benefits Schedule](#) page on the Department of Health and Aged Care website.

**Practice Incentive Programs** – Information about PIP can be found on the Services Australia website at the [Practice Incentives Program](#) page.

**Pathology and Diagnostic Imaging** – Guidance on prohibited practices in relation to pathology and diagnostic imaging can be found in [The Red Book](#) on the Department of Health and Aged Care website.

### Compliance Contacts

Key contact details can be found on the Department of Health and Aged Care website at [Medicare Compliance](#) These contacts include:

- [Voluntary Acknowledgement of Incorrect Payments](#)
- [Tip-offs](#)
- [Review of Decision of a Compliance Audit](#)
- [Pathology Rents](#)