



Australian Government

**Department of Health
and Aged Care**

ASKMBS ADVISORY

Updated July 2024

MBS telehealth established clinical relationship requirement—clarification of exemptions

This information is accurate as of July 2024 and may change in response to circumstances.



MBS telehealth established clinical relationship requirement – Clarification of exemptions

It is a legislative requirement that general practitioners (GPs), as well as prescribed medical practitioners¹ (PMPs), working in general practice must only perform a Medicare Benefits Schedule (MBS) telehealth service where they have an established clinical relationship with the patient (see definition below).

As outlined in this advisory, there are exemptions from this requirement for specific patient groups and MBS items. This will allow eligible patients who meet one of more of these criteria to receive an MBS telehealth or phone consultation without needing to meet the established clinical relationship requirement.

This advisory also notes the cessation on 30 June 2024 of certain temporary exemptions. Other temporary exemptions have now been made permanent.

To support longitudinal and person-centred primary health care that is associated with better health outcomes, from **1 November 2023**, patients can access new Level C (longer than 20 minutes) and Level D (longer than 40 minutes) phone items exclusively when they are registered in MyMedicare at their registered practice. For these specific services, MyMedicare registration replaces the requirement for an established clinical relationship (although in many cases it is anticipated this would also be met).

Note that even if an established clinical relationship or exemption applies to a patient, MBS telehealth services are not available to admitted hospital patients.

Providers of Medicare services should subscribe to www.mbsonline.gov.au for news on further developments in relation to the established clinical relationship and telehealth services generally.

Information on telehealth items available to GPs and PMPs is available in a factsheet on MBS Online at [MBS Online - MBS Telehealth Services - from 1 July 2024](#)

For guidance on specific issues related to the appropriate claiming of telehealth items, please contact askmbs@health.gov.au

¹ A prescribed medical practitioner is a medical practitioner who is not a general practitioner, specialist, or consultant physician – often referred to as an 'other medical practitioner' (OMP) or non-vocationally registered general practitioner (non-VR GP).

Definition of established clinical relationship

An 'established clinical relationship' is defined as:

- the medical practitioner who performs the service has provided a face-to-face service (that was billed to Medicare) to the patient in the last 12 months; or
- the medical practitioner who performs the service is located at a medical practice, and the patient has a face-to-face service arranged by that practice in the last 12 months. This can be a service 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
- the medical practitioner who performs the service is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider that employs 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.

Specific exemption categories

Under legislation, the established clinical relationship requirement does not apply to:

- Children under the age of 12 months
- Patients who are homeless (see Notes below)
- Patients receiving an urgent after-hours (unsociable hours) service (under Subgroup 29 of MBS Group A40)
- Patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service
- People isolating because of a COVID-related State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order. NB: This provision is retained in the regulation but is idle until activated by jurisdictions implementing relevant public health orders
- People affected by natural disaster, defined as living in a local government area declared a natural disaster by a State or Territory Government (see Notes below)
- Blood borne viruses, sexual or reproductive health (BBVSRH) consultations (under Subgroups 39 and 40 of MBS Group A40). NB: This previously temporary exemption has now been made permanent
- Mental health planning and treatment services including:
 - Focussed psychological strategies services (under Subgroups 3, 10, 19 and 20 of Group A40)
 - Eating disorder planning and treatment services (under Subgroups 21, 25, 26, 27 and 28 of MBS Group A40).

A complete list of exempt items is set out in Attachment A.

MyMedicare exemption

MyMedicare is a voluntary patient registration model that aims to formalise the relationship between patients and their preferred primary care teams.

From 1 November 2023, new Level C (longer than 20 minutes – item 91900) and D (longer than 40 minutes – item 91910) phone items were introduced. Patients are eligible for these services if they are registered with MyMedicare and the service is provided by their registered practice.

For these services only, MyMedicare registration replaces the requirement for an established clinical relationship. Patients who are registered by MyMedicare will be able to access these services from their MyMedicare practice even if they have not attended that practice in the previous 12 months. For more information on MyMedicare please see the [MyMedicare website](#)

Exemption status under specific scenarios

Scenario	Would this person be exempt?
Patient who is registered with a practice under MyMedicare and has a Level C phone attendance (item 91900) or Level D phone attendance (item 91910) provided by that practice	Yes— <u>for items 91900 and 91910 only</u>
Patient receiving a blood borne viruses, sexual or reproductive health telehealth consultation (under Subgroups 39 and 40 of MBS Group A40)	Yes
Patient receiving a non-directive pregnancy counselling support telehealth service (under Subgroups 39 and 40 of MBS Group A40)	No
Patient who has been tested for COVID-19 and is awaiting their result	No
Patient who has a chronic health condition/is immunocompromised	No

Temporary exemption changes

From **1 July 2024** the following temporary exemptions for patients who do not meet the established clinical relationship requirement **ceased**:

- Non-directive pregnancy counselling support items (under Subgroups 39 and 40 of MBS Group A40). NB: While these items will continue, they are no longer exempt from the established clinical relationship requirement. Where clinically relevant, BBVSRH items can be used instead of non-directive pregnancy counselling support items. For services relating to antenatal care which cannot be performed under BBVSRH items, GPs may consider specific antenatal items available to them. For perinatal mental health care, the Better Access items may also be a consideration.
- As part of the staged de-escalation of the COVID-19 response, specific COVID-19 measures including:

- Exemptions for patients that have tested COVID-19 positive within the last 7 days verified by either a laboratory test or COVID-19 rapid antigen self-test (RAT) which has been approved for supply in Australia by the Therapeutic Goods Administration
- Exemptions for patients who require a polymerase chain reaction (PCR) referral test to confirm diagnosis
- Exemptions for Level C phone consultations for persons who require an assessment for Pharmaceutical Benefits Schedule (PBS) COVID-19 oral antiviral therapy under items 93716 and 93717.

Assessment for COVID-19 anti-viral treatments remain available through standard GP time-tiered telehealth consultations. Patients interested in ongoing telehealth consultations are encouraged to maintain their eligibility by having in-person consultations as required.

Expired items

Prior to **31 December 2023**, temporary nicotine and smoking cessation counselling items (under Subgroups 1, 2 and 3 of MBS Group A45) were exempt from the established clinical relationship requirement. However, as of **1 January 2024**, these items expired and are no longer available from the MBS.

Notes

General requirements

A patient's participation in a previous video or phone consultation does not constitute a face-to-face service for the purposes of ongoing video and phone eligibility. New patients of a practice and regular patients who have not attended the practice face-to-face in the preceding 12 months, must have a face-to-face attendance if they do not satisfy any of the above exemptions. Subsequent services may be provided by video or phone, if safe and clinically appropriate to do so.

Practitioners should confirm that patients have either received an eligible face-to-face attendance, meet one or more of the relevant exemption criteria or, with regard to Level C and D phone attendances, are registered in MyMedicare, prior to providing a video or phone attendance. Failure to meet the established clinical relationship or the MyMedicare requirement may result in incorrect claiming.

There are no exemptions for specific providers or new practices. Patients seeking to maintain their access to telehealth services who have not received a face-to-face service in the past 12 months are encouraged to do so. The established clinical relationship requirement is to ensure patients continue to receive quality, ongoing care from a GP or PMP who knows their medical history and needs. The requirement responds to advice from medical experts, such as the Australian Medical Association and the Royal Australian College of General Practitioners.

Making a claim using an exemption to the established clinical relationship or MyMedicare registration

Note that record-keeping requirements for services claimed under an exemption from the established clinical relationship requirement must be consistent with long-standing Medicare rules requiring practitioners to maintain adequate and contemporaneous records, helping to ensure the integrity of Medicare payments. Practitioners using exemptions to claim Medicare telehealth services for patients who are not eligible based on the 'established clinical relationship' requirements, must record appropriate justifications.

For some criteria and services, the reason/s for an exemption will be straightforward and may already be in patient information held at the practice—for example, for patients aged under 12 months at the time of the service. In other cases, relevant information may be recorded in notes—for example, a record of a patient's circumstances making them eligible for a homelessness exemption.

Natural disaster exemption

Patients' exemption from normal established clinical relationship requirements for GP and PMP telehealth services in relation to natural disasters remains in place. Critically, however, determination of eligibility rests with a State or Territory's declaration of an affected local government area. Confirming and documenting that this declaration applies to the region the patient is in at the time of the service/s is a suggested requirement for a valid claim of the exemption.

Homelessness exemption

A person who is experiencing homelessness means a person who does not have suitable accommodation alternatives. They are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate; or
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to, space for social relations.

Attachment A – MBS telehealth (video) and telephone items exempt from the established clinical relationship requirement

Subject to specific item requirements, these items can be provided to any Medicare-eligible patient in any location in Australia. The corresponding face-to-face items have been included, where applicable, for reference. Some item descriptors have been truncated. Full item descriptors, Schedule fees, Medicare benefits and explanatory notes can be viewed by searching MBS Online for the item number at www.mbsonline.gov.au.

Group A40 – Telehealth and phone attendance services

Subgroup 2 – General practice phone services (MyMedicare)

Service	Face-to-face items		Telephone items (only available with MyMedicare)
Phone attendance by a general practitioner to a patient registered under MyMedicare with the billing practice, lasting at least 20 minutes	36		91900
Phone attendance by a general practitioner, to a patient registered under MyMedicare with the billing practice, lasting at least 40 minutes	44		91910

Subgroup 3 (telehealth) & 10 (phone) – Focussed psychological strategies services

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Focussed psychological strategies (FPS) treatment, lasting at least	2721	91818	91842

Service	Face-to-face items	Telehealth items via video conference	Telephone items
30 minutes, but less than 40 minutes–GP			
FPS treatment, at least 40 minutes–GP	2725	91819	91843
Focussed psychological strategies (FPS) treatment, lasting at least 30 minutes, but less than 40 minutes–OMP	283	91820	91844
FPS treatment, at least 40 minutes–OMP	286	91821	91845

Subgroup 19 (telehealth) & 20 (phone) – GP mental health treatment plans

Service	Face-to-face items	Telehealth items via video conference	Telephone items
GP without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2700	92112	
GP without mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	2701	92113	
Review of a GP mental health treatment plan or psychiatrist assessment and management plan	2712	92114	92126
Mental health treatment consultation, at least 20 minutes	2713	92115	92127
GP with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	2715	92116	
GP with mental health skills training, preparation	2717	92117	

Service	Face-to-face items	Telehealth items via video conference	Telephone items
of a GP mental health treatment plan, at least 40 minutes			
Medical practitioner without mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	276	92119	
Review of a GP mental health treatment plan or Psychiatrist Assessment and Management Plan	277	92120	92132
Medical practitioner mental health treatment consultation, at least 20 minutes	279	92121	92133
Medical practitioner with mental health skills training, preparation of a GP mental health treatment plan, lasting at least 20 minutes, but less than 40 minutes	281	92122	
Medical practitioner with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	282	92123	

Subgroup 21 – GP eating disorder treatment and management plan – Telehealth service

Service	Face-to-face items	Telehealth items via video conference	Telephone items
GP without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90250	92146	

Service	Face-to-face items	Telehealth items via video conference	Telephone items
GP without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90251	92147	
GP with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90252	92148	
GP with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90253	92149	
Medical practitioner without mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90254	92150	
Medical practitioner without mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90255	92151	
Medical practitioner with mental health skills training, preparation of an eating disorder treatment and management plan, lasting at least 20 minutes, but less than 40 minutes	90256	92152	
Medical practitioner with mental health skills training, preparation of an eating disorder treatment and management plan, at least 40 minutes	90257	92153	
Medical practitioner with mental health skills training, preparation of a GP mental health treatment plan, at least 40 minutes	282	92123	

Subgroups 25 (telehealth) & 26 (phone) – Review of an eating disorder plan

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Review of an eating disorder treatment and management plan	90264	92170	92176

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Review of an eating disorder treatment and management plan	90265	92171	92177

Subgroups 27 (telehealth) & 28 (phone) – GP eating disorder focussed psychological strategies

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Eating disorder psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes–GP	90271	92182	92194
EDPT service, at least 40 minutes–GP	90273	92184	92196
Eating disorders psychological treatment (EDPT) service, lasting at least 30 minutes, but less than 40 minutes–OMP	90275	92186	92198
EDPT service, at least 40 minutes–OMP	90277	92188	92200

Subgroup 29 – GP and other medical practitioner – Urgent after-hours service in unsociable hours – Telehealth service

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Urgent attendance, unsociable after-hours–GP	599	92210	
Urgent attendance, unsociable after-hours–OMP	600	92211	

Subgroups 39 (telehealth) & 40 (phone) – GP sexual and reproductive health consultation

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes		92715	92731

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes		92716	92732
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of not more than 5 minutes—Modified Monash 2-7 area		92717	92733
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes—GP		92718	92734
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes—OMP		92719	92735
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 5 minutes in duration but not more than 20 minutes. Modified Monash 2-7 area—OMP		92720	92736
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes—GP		92721	92737
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes—OMP		92722	92738
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner of more than 20 minutes in duration but not more than 40 minutes. Modified Monash 2-7 area—OMP		92723	92739

Service	Face-to-face items	Telehealth items via video conference	Telephone items
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration–GP		92724	92740
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration–OMP		92725	92741
Professional attendance for the provision of services related to blood borne viruses, sexual or reproductive health by a general practitioner lasting at least 40 minutes in duration. Modified Monash 2-7 area–OMP		92726	92742