



# MBS COVID-19 Management Support Service

Last updated: 17 January 2022

Commencing 8 November 2021 and available until 30 June 2022, a temporary Medicare Benefits Schedule (MBS) item has been made available to support medical practitioners providing clinically relevant treatment to COVID-19 patients.

**MBS item 93715** is available where a general practitioner (GP) or other medical practitioner (OMP) provides a clinically relevant face-to-face service to a patient who has been recently diagnosed with COVID-19 infection following positive laboratory PCR testing or a positive test via a COVID-19 rapid antigen self-test. The medical practitioner is required to either assist in or confirm the reporting of the positive test result from a rapid antigen self-test through the relevant state or territory reporting system.

MBS item 93715 can only be claimed in conjunction with another MBS item. The eligible MBS items that it can be claimed in conjunction with include the standard face-to-face business and after-hours general attendance items, urgent after-hours items, and residential aged care facility (RACF) attendance items.

Note: the COVID-19 management support service can only be provided in conjunction with a general attendance service that is undertaken in person and face-to-face by a medical practitioner treating a patient who has tested positive for COVID-19. The service cannot be delegated to another health professional. Item 93715 cannot be provided in conjunction with telehealth services.

MBS item 93715 is not available for a service provided by a specialist or a consultant physician. It can only be billed to Medicare in conjunction with a range of face-to-face GP and OMP MBS general attendance items (see attachment below).

The new item complements the standard MBS general attendance items used to provide services in business and after-hours periods. The item is not location-specific and can be used when providing services in a variety of locations, including doctors' consulting rooms, a RACF, a patient's home, or other location outside consulting rooms. The item descriptor is available on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

The item is applicable for non-admitted patients and cannot be claimed as a part of hospital treatment. Note: MBS item 93715 may be claimed in conjunction with general attendance service provided to an eligible patient whose condition subsequently deteriorates to such an extent that hospital treatment is required. Item 93715 is intended to be used for the assessment and management of patients with acute COVID-19 illness and is not available for the treatment of long COVID.

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## What are the changes?

As part of the Australian Government's ongoing response to the COVID-19 pandemic, a new temporary MBS item has been introduced to support the provision of care to COVID-19 positive patients who can be managed in the community effectively and safely.

**MBS item 93715** is listed in Group A46 of the Medicare Benefits Schedule.

A guide to the new item and a list of the existing items with which it must be co-claimed is attached to this fact sheet.



### Who is eligible?

A patient who:

- has had a recent diagnosis of COVID-19, confirmed by either a laboratory PCR test, or a COVID-19 rapid antigen self-test which has been approved for supply in Australia by the Therapeutic Goods Administration; and
- whose symptoms mean that their care can be managed safely and effectively in the community by a medical practitioner.

### Why are the changes being made?

As Australia moves into the next phase of living with the COVID-19 virus, a need for additional temporary support for medical practitioners called on to treat patients with COVID-19 symptoms has been identified.

MBS item 93715 is intended to support medical practitioners who are required to undertake additional measures, including PPE, in order to provide safe face-to-face services to patients with a confirmed diagnosis of COVID-19 infection.

To ensure that there is accurate reporting of COVID-19 cases in the community, the medical practitioner is required to ensure that the positive COVID-19 rapid antigen self-test result has been registered through the relevant state or territory reporting system.

### What does this mean for providers?

MBS item 93715 supports medical practitioners providing general attendance services to patients with COVID-19 whose care can be managed in the community.

The item must be co-claimed with:

- an item in Group A1, A2, A11, A22 or A23 of the General Medical Services Table (GMST).
- an item in sub-groups 2, 3 or 4 of Group A35 of the GMST.
- an item in sub-groups 2 or 10 of Group A7 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*.

MBS item 93715 cannot be co-claimed with:

- items 173, 193, 197 or 199 of the GMST
- items 721, 723, 729, 731, 732, 735, 739, 743, 747, 750 or 758 of the GMST
- an item in Group A14 or A20 of the GMST
- an item in subgroups 5, 6 or 9 of Group A7 of the *Health Insurance (Section 3C General Medical Services – Other Medical Practitioner) Determination 2018*.

In addition, it is a requirement that MBS item 93715 only be co-claimed in conjunction with another face-to-face MBS attendance item. It therefore cannot be claimed in conjunction with any MBS telehealth item.

Note: eligible patients may also receive telehealth services, where clinically appropriate, as part of their treatment regime. The key point is that the telehealth services cannot be co-claimed with MBS 93715, which is only billable in conjunction with another face-to-face MBS service.



Please note, for patients that have received a positive result via a COVID-19 rapid antigen self-test, the medical practitioner is required to either assist in or confirm the reporting of the positive test result through the relevant state or territory reporting system. The medical practitioner is required to make a record in the patient's notes confirming that the result has been reported.

Patients who are still in their infectious stage are eligible for the service if they have had a test confirming their status. Medical practitioners are nevertheless expected to exercise their clinical judgement in deciding whether a confirmed diagnosis is recent. Patients experiencing longer term sequelae due to the virus would not normally be eligible for the additional assessment and support service, which is intended to support practitioners treating patients during the infectious stage of their illness, where additional protective measures may be required to provide treatment safely.

### How will these changes affect patients?

Patients with a confirmed diagnosis of COVID-19 infection whose symptoms are assessed to be mild to moderate, or are asymptomatic, may receive treatment from a medical practitioner in the community. Patients with severe COVID-19 symptoms will continue to receive hospital treatment, including emergency care.

Where a community patient's health status worsens, the medical practitioner is expected to undertake an immediate review of the patient's health status and initiate further treatment and care, including hospital admission.

If the patient has received a positive result via a COVID-19 rapid antigen self-test, the medical practitioner will assist in the reporting of the positive result through the relevant state or territory reporting system.

### How will the changes be monitored and reviewed?

The Department of Health will monitor the use of the new MBS item by medical practitioners. Use of the item that does not seem to be in accordance with the relevant Medicare guidelines and legislation will be actioned appropriately.

### Where can I find more information?

COVID-19 National Health Plan resources for the general public, health professionals and industry are available from the [Australian Government Department of Health website](#).

The item descriptor 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 provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act 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).

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 Services Australia on the Provider



Enquiry Line – 13 21 50.

*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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.*



**MBS COVID-19 – Management Support Item + Eligible Co-Claimed Attendance Items**

Service	Item
<p>Attendance by a medical practitioner (other than a specialist or consultant physician) for the assessment and management of a person with COVID-19 infection of recent onset and confirmed by either:</p> <ul style="list-style-type: none"> <li>(a) laboratory testing; or</li> <li>(b) a COVID-19 rapid antigen self-test which has been approved for supply in Australia by the Therapeutic Goods Administration, where:               <ul style="list-style-type: none"> <li>(i) the treating practitioner makes a record in the patient's notes that the relevant state and territory reporting requirements have been met, if applicable, and either:                   <ul style="list-style-type: none"> <li>a. confirms the patient has reported the positive test result to the relevant state or territory public health unit where reporting requirements are in place from time to time; or</li> <li>b. assists the patient to report the positive result to the relevant state or territory public health unit where reporting requirements are in place from time to time.</li> </ul> </li> </ul> </li> </ul>	93715

**Co-Claimed MBS items**

Group and Sub-Group	Items
A1	3, 4, 23, 24, 36, 37, 44, 47
A2	52, 53, 54, 57, 58, 59, 60, 65
A11	585, 588, 591, 594, 599, 600
A22	5000, 5003, 5010, 5020, 5023, 5028, 5040, 5043, 5049, 5060, 5063, 5067



A23	5200, 5203, 5207, 5208, 5220, 5223, 5227, 5228, 5260, 5263, 5265, 5267
s2/A35	90020, 90035, 90043, 90051
s3/A35	90092, 90093, 90095, 90096
s4/A35	90183, 90188, 90202, 90212
s2/A7	179, 181, 185, 187, 189, 191, 203, 206
s10/A7	733, 737, 741, 745, 761, 763, 766, 769, 772