



COVID-19 Telehealth Services

Consumer Factsheet

Last updated: 25 June 2021

- Commencing 13 March 2020 and extending until 31 December 2021, temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.
- The temporary MBS telehealth items are available to GPs, medical practitioners, specialists, consultant physicians, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The temporary MBS telehealth items are for out-of-hospital patients.
- It is a legislative requirement that GPs and Other Medical Practitioners (OMPs) working in general practice can only perform a telehealth or telephone service where they have an established clinical relationship with the patient, with limited exemptions. Further exemptions to this requirement were introduced on 1 July 2021.
- In addition, a smaller number of telephone items replace the broad range of temporary GP and OMP telephone attendances as of 1 July 2021. Note: Longer telephone items for mental health treatment services will continue to be available until 31 December 2021.
- GP and OMP COVID-19 telehealth services are eligible for MBS incentive payments when provided as bulk billed services to Commonwealth concession card holders and children under 16 years of age.
- All providers are expected to obtain informed financial consent from patients prior to charging private fees for COVID-19 telehealth services.
- The temporary GP and OMP bulk billing incentive items for patients who are vulnerable to COVID-19 and the temporary doubling of all Medicare bulk billing incentive fees ceased as of 1 October 2020.

Why are the changes being made?

The temporary MBS telehealth items allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19 within the community.

As part of the 2021–22 Budget, the Government is investing an additional \$204.6 million to support continued access to MBS COVID-19 telehealth services until 31 December 2021, building on previous investment of \$3.6 billion since March 2020.

From 1 July 2021, GP and OMP telephone items will be streamlined to align with how they are commonly used by providers and expert advice on the use of telephone based services. This means that the broad range of telephone services established in response to the COVID-19 pandemic will be replaced with a smaller number of MBS items:



- a short consultation item (less than six minutes) for straightforward care, such as repeat prescriptions and diagnostic referrals; and
- a longer telephone consultation item (six minutes and over) for more complex attendances.

Note: Longer telephone items for mental health treatment will continue to be available until 31 December 2021, to ensure timely access to essential mental health services is maintained.

The GP video items will continue to mirror the items for face to face services.

GPs and OMPs working in general practice can only perform a telehealth service where they have an established clinical relationship with the patient, with limited exemptions.

Who is eligible?

The temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive these services.

Patients are eligible for GP and OMP telehealth services if they have an established clinical relationship with a GP, OMP, or a medical practice, with limited exemptions. This requirement supports longitudinal and person-centred primary health care that is associated with better health outcomes.

An *established relationship* is defined as the patient having seen the same practitioner for a face-to-face service in the last 12 months, or having seen a doctor or other health practitioner (such as a practice nurse or Aboriginal and Torres Strait Islander health worker) at the same medical practice for a face-to-face service in the last 12 months.

This requirement does not apply to people who are homeless; patients receiving an urgent after-hours (unsociable hours) service; children under the age of 12 months; patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; and people living in a COVID-19 impacted area.

As of 1 July 2021, this requirement also does not apply to patients claiming MBS items for:

- blood borne viruses, sexual or reproductive health consultations (new items); and
- pregnancy counselling services (under MBS Group A40).

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.

How do I make a telehealth appointment?

When making an appointment with your health professional, you can indicate that you would like your consultation performed via telehealth. Your health professional may confirm your eligibility and also offer any pre-booked appointments as a telehealth appointment, if clinically appropriate.



What telehealth options are available?

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, health practitioners will also be able to offer audio-only services via telephone if video is not available.

No specific equipment is required to provide Medicare-compliant telehealth services.

Patients can now access MBS telehealth consultations with:

General Practitioners	Diabetes Educators	Orthoptists
Specialists (Psychiatrists and Surgeons among others)	Dietitians	Osteopaths
Aboriginal and Torres Strait Islander Health Practitioners and Health Workers	Exercise physiologists	Physiotherapists
	Mental health workers	Podiatrists
	Midwives	Psychologists
Audiologists	Nurse Practitioners	Social Workers
Chiropractors	Occupational Therapists	Speech Pathologists
Clinical Psychologists	Optometrists	Other Medical Practitioners
Dental practitioners in the practice of oral and maxillofacial surgery		

Frequently asked questions:

Must I have seen my GP in the last 12 months?

Yes, with limited exemptions. From 20 July 2020, GPs and OMPs working in general practice must ensure that they have an established clinical relationship with their telehealth patients, or record how their patients qualify for any exemptions to this requirement. Additional detail on exceptions to this requirement is included in the 'Who is eligible' section of this factsheet.

Only GPs and OMPs are required to have an established clinical relationship with their patient in order to provide COVID-19 telehealth services. This requirement does not apply to specialists and allied health practitioners.

Can I be charged a fee for this service?

Bulk billing is at the discretion of all providers, so long as informed financial consent is obtained prior to the provision of the service.

Providers are encouraged to bulk bill their patients, and GPs/OMPs receive an additional incentive payment for bulk billed services provided to Commonwealth concession card holders and patients under 16 years of age.



Okay, how much can I be charged?

It depends. While health professionals are encouraged to bulk bill the telehealth items, they are free to set their own value on their services. The actual fee charged is a matter between doctor and patient. Before your appointment, it is important to discuss and agree if you will be charged a fee; this is known as 'informed financial consent'.

Who is a concession card holder?

A concession card holder is someone with current, Commonwealth assigned concession card, further information on concession cards can be found here:

<https://www.servicesaustralia.gov.au/individuals/subjects/concession-and-health-care-cards>

What if I am bulk billed for the service?

If your service is bulk billed (meaning you will not have an out of pocket cost for the service), you will need to assign the Medicare benefit you would receive to your treating health professional. This means there is no cost to the patient.

What is meant by 'assignment of benefit' and how do I assign to my provider?

When a bulk billed service is being provided, you need to agree that your Medicare rebate is being paid directly to your healthcare provider. This is known as 'assignment of benefit'.

A patient assigns their right to a Medicare benefit by signing a completed assignment of benefit form, which is available here: <https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/db020>

For the temporary telehealth items only, it is acceptable for your treating health professional to document your agreement to assign your benefit in their clinical notes during the consultation and a form is not required.

Can I assign my Medicare benefit to the GP without a physical signature?

Yes, there is no need to handle paper or pens in a GP's office for this purpose. 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.

Up until 30 June 2021, the practice can also assign your benefit on your behalf or the GP can note the assignment of benefit in their clinical notes during the consultation.

Can I be asked to pay a co-payment for bulk billed services?

If a service is bulk billed, the healthcare provider accepts the Medicare rebate as full payment; you cannot be charged any other costs such as booking, administration or record keeping fees.

Can I be prescribed medication via telehealth?

Yes, the medical practitioner can mail or email a prescription to you or your pharmacist.



Can my treating health professional order me a test? (e.g pathology test)

Yes. There is no difference between a video and face-to-face consultation in terms of ordering pathology and diagnostic imaging tests. In practice, the arrangements for these tests could vary between email, fax, or mail.

Do I have a choice if my practitioner suggests a video consultation?

Yes. If a video consultation is suggested and you do not have the necessary technology, you may request to have the service by telephone. You or your health professional may also prefer a face-to-face consultation.

Where can I have a telehealth consultation?

Patients must be located in Australia, eligible for Medicare and not be an admitted patient to a hospital.

Can I choose who will be in the room with me when I have the video consultation?

Yes. Depending on your isolation requirements, you may have support from a friend or family member. This should be discussed with your treating health professional.

Are there special privacy requirements for video consultations?

The same privacy requirements that apply to face-to-face consultations will apply to video consultations/telephone consultations. Patients should discuss any concerns with their treating health professional.

What if the video/phone connection drops out? Do I need to make another appointment?

No, it is the same service; once you have reconnected, you should continue the consultation as normal.

Can I attend more than one consultation in a single day and still be bulk billed?

Yes. You can attend multiple consultations on the same day and by the same medical practitioner. However, if the multiple attendances are a continuation of the initial attendance (e.g. for the same health matter/s), it should be claimed as a single longer consultation. There are Medicare items for different consultation lengths, and it is the responsibility of your treating practitioner to choose the correct item to claim.

I am not sure I have received a quality service via telehealth. What can I do about this?

If you have not received a satisfactory health service, you can:

- View information online on the Medical Board of Australia website about making a complaint: <https://www.medicalboard.gov.au/>, or
- Submit a health provider tip off on the Department of Health website: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-provider-tip-off>

Where can I find more information?

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



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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.