Australian Government
Department of Health

Frequently asked questions

COVID-19 Temporary MBS Telehealth Services Provider Frequently Asked Questions

Last updated: 26 July 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. There are limited exemptions to this requirement.
- 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 FAQs provide information on eligibility, telehealth and telephone arrangements, bulk billing, claiming and referrals.

What is available?

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:

- The broad range of GP and OMP telephone services established in response to the COVID-19 pandemic have been removed, and a smaller number of MBS items have been introduced. Note: Longer telephone items for mental health treatment will continue to be available until 31 December 2021.
- Additional exemptions to GPs and OMPs *established relationship* requirements were introduced for patients accessing specific MBS items pregnancy counselling and blood borne viruses, sexual or reproductive health.

From 16 July 2021:

- New MBS telephone items (92746 and 92747) were introduced to support patients in COVID-19 hotspots. Under these items, GPs and OMPs can provide a telephone service lasting at least 20 minutes to patients residing in a COVID-19 Commonwealth declared hotspot, patients in COVID-19 isolation because of a State or Territory public health order, or patients in COVID-19 quarantine because of a State or Territory public health order.

Eligibility

Who is eligible to receive services under the new temporary MBS telehealth items?

The MBS 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 their GP, OMP or a medical practice, with limited exemptions.

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.

Exemptions to this requirement apply to:

- children under the age of 12 months;
- people who are homeless;
- patients receiving an urgent after-hours (unsociable hours) service;
- patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; or
- people who are in a COVID-19 Commonwealth declared hotspot, in COVID-19 isolation because of a State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order.

AND (from 1 July 2021) patients accessing specific MBS items for:

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

In addition, patients who are eligible for services under MBS items 92746 and 92747 (telephone services lasting at least 20 minutes) are exempt from the established relationship requirements.

Note: A person who is in a COVID-19 Commonwealth declared hotspot means a patient who, at the time of accessing the service, is located in an area determined by the Commonwealth Chief Medical Officer to be a COVID-19 hotspot. Current and former Commonwealth hotspot declarations can be found at: www.health.gov.au/resources/publications/listing-areas-of-covid-19-local-transmission-as-hotspots.

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How do I determine if COVID-19 telehealth is appropriate for my patient?

Providers should use their clinical judgement to determine if a service is clinically relevant. A clinically relevant service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

It is important to document the reason for the COVID-19 telehealth service. The telehealth items must not be used to provide a screening service or a triage service.

Can I use the new temporary MBS telehealth items to treat patients who are admitted to a hospital?

No. Admitted patients (whether as part of an episode of hospital treatment or hospital substitute treatment under programs like Hospital in The Home) are not eligible for services under the new MBS items.

Telehealth Arrangements

What telehealth options are available to perform these consultations?

MBS telehealth services are videoconference services and this is the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for audio-only services.

For the purposes of the new temporary MBS items, a **telehealth attendance** means a professional attendance by video conference where the health practitioner:

(a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and

(b) is satisfied that it is clinically appropriate to provide the service to the patient; and

(c) maintains a visual and audio link with the patient; and

(d) is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.

For the purposes of the new temporary MBS items, a **telephone attendance** means a professional attendance by telephone where the health practitioner:

(a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and

(b) is satisfied that it is clinically appropriate to provide the service to the patient; and

(c) maintains an audio link with the patient.

No specific equipment is required to provide Medicare-compliant telehealth services. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. To assist providers with their privacy obligations, a privacy checklist for telehealth services has been made available on MBSOnline: http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist. Further information can be found on the Australian Cyber Security Centre website

Where can I provide the telephone or telehealth consultation from?

Providers do not need to be in their regular practice to provide telehealth or telephone services. Providers who offer their services from home isolation or quarantine should use their provider number for their primary location, and must provide safe services in accordance with normal professional standards.

Can I use a phone service even if the patient and I have the capacity/equipment to videoconference?

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for audio-only services.

However, for the new temporary obstetric telephone services provided under items 91855, 91856, 91857 and 91858, these services must not be performed in cases where the practitioner and patient have the capacity to undertake an attendance by video conference.

Are there any geographical restrictions on the new temporary MBS telehealth items?

There are no geographical restrictions on the new MBS items – the patient and the provider can be at any location in Australia.

Can Medicare benefits be paid if the session is conducted via online chat box/messaging or email?

No. For a Medicare benefit to be paid for the new temporary MBS telehealth and telephone services, a visual or audio link must be established with the patient. This would not include online chat box/messaging and email as there is no visual or audio link.

Do I have to have seen the patient in the last 12 months?

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.

An *established relationship* means the medical practitioner performing the service:

(a) has provided at least one face-to-face service to the patient in the past 12 months; or

(b) is located at a medical practice at which at least one face-to-face service to the patient was provided, or arranged by, in the past 12 months. This includes a locum doctor who is temporarily located within the medical practice to fulfill the duties of another medical practitioner, such as when a medical practitioner is undertaking planned or unplanned leave; or

(c) is a participant in the Approved Medical Deputising Service program if:

  (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

  (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

(d) is a general practitioner employed by an Approved Medical Deputising Service provider, if:

(i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

(ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

(e) is a medical practitioner employed by an accredited Medical Deputising Service, if:

(i) the accredited Medical Deputising Service has a formal agreement in place with a medical practice to provide after-hours services to its patients; and

(ii) the medical practice has provided, or arranged, at least one service to the patient in the past 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 who are in a COVID-19 Commonwealth declared hotspot, in COVID-19 isolation because of a State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order.

This requirement also does not apply to patients claiming MBS items for:

(a) blood borne viruses, sexual or reproductive health consultations (new items); and

(b) pregnancy counselling services (under MBS Group A40);

(c) mental health services (under MBS Group A40); and

(d) nicotine and smoking cessation counselling (new items).

Bulk Billing and Claiming

Do I have to bulk bill the new temporary MBS telehealth items?

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

GP and OMP telehealth services provided to Commonwealth concession card holders and children under 16 years of age are eligible for MBS bulk billing incentives. Additional fees cannot be charged bulk billed services.

Rebates for services provided by GPs and OMPs will be paid at 85% of the new item fees - these fee amounts have been increased so that the Medicare rebates paid for the new GP and medical practitioner telehealth services are at the same level as the rebates paid for the equivalent face-to-face services. (Due to the urgency of the new telehealth arrangements, the Department of Health has not been able to amend the legislation that establishes 100% rebates for GP/medical practitioner services.)

What records do I need to keep?

The temporary MBS telehealth items have the same record keeping requirements as the face-to-face MBS items. The new items have the same clinical requirements as corresponding face-to-face consultation items and similar documentation must be retained to support claiming of the new items.

Can the new temporary MBS telehealth items be used for multiple attendances on the same day?

Implementation of the COVID-19 telehealth items has been on the basis of substitution of regular face-to-face services. The legislative requirements for the telehealth items are the same as those for the corresponding face-to-face attendance items, even if the first service is a telehealth service.

Payment of the Medicare benefit may be made for each of several attendances on a patient on the same day by the same medical practitioner provided the subsequent attendances are not a continuation of the initial or earlier attendances.

Where two or more attendances are made on the one day by the same medical practitioner, the time of each attendance should be stated on the account in order to assist in the assessment of benefits.

Where the subsequent attendance on the same day does constitute a continuation of an earlier attendance, the sessions are regarded as being part of a single attendance for benefit purposes.

Note: Medicare benefits are not payable where a service is a health screening service, unless the exception has been made by the Minister. Guidance on the prohibition on the use of the MBS items for screening purposes is available at: http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=GN.13.33&qt=noteID.

Whilst acknowledging the additional complexity of self-isolation practices at the current time, it remains important that providers and patients provide appropriate services. If a telehealth service is deemed appropriate, consideration must be given to determining whether a video or phone service is likely to be a suitable substitute for the equivalent face-to-face service.

Can I co-claim the new temporary MBS telehealth items with existing MBS telehealth incentive items?

No. Existing telehealth items may not be co-claimed with the temporary COVID-19 telehealth items as they are essentially providing the same service.

Can I co-claim the new MBS items with existing MBS items?

The COVID-19 telehealth items are stand-alone items. The items may not be co-claimed with any existing face-to-face MBS items.

Assignment of Benefits

Must I obtain consent for the assignment of benefit for the new temporary MBS telehealth items?

Yes. A patient must assign their right to a Medicare benefit to an eligible provider by signing a completed assignment of benefit form. Providers can use the approved assignment of benefit form for manual or online claiming. The patient or other responsible person must not sign a blank or incomplete assignment of benefit form.

If the patient is unable to assign their right to a Medicare benefit for manual and online claiming, Services Australia can accept a signature on the assignment form from a third party – for example, the patient's:

- parent; or

- guardian; or
- power of attorney; or
- other responsible person.

How do I obtain a patient's signature if I don't see them face-to-face?

Where practicable, each individual provider should make efforts to obtain a patient's signature in whichever way is appropriate to their needs. There are several options available to providers performing these services:

- Provider to post the completed assignment of benefit form to the patient to obtain their signature and return.
- Request assistance from a supporting practitioner (when there is one and possible).
- Email agreement between the provider and patient.

The Department of Health's position is that, under these exceptional and temporary circumstances, for the temporary MBS telehealth items only, the practitioner's documentation in the clinical notes of the patient's agreement to assign their benefit as full payment for the service would be sufficient.

This means that agreement can be obtained through one of three options being in writing, by email, or verbally through the technology with which the attendance is conducted. This agreement can be provided by a patient, or another person, such as the person's carer or family member. The practitioner should keep their own record that the patient agreed or acknowledged that the service was provided, and that the Medicare benefit could be paid directly to the practitioner.

The Department of Health may investigate potentially fraudulent claims by seeking to verify that the service was provided to a patient. However, the Department is not intending to undertake compliance activity directly focused on whether the assignment of benefit process aligned with the usual requirements.

Can a patient assign their MBS benefit without a physical signature if they come into the practice?

Yes, 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. Additionally, a patient can assign their benefit to an eligible provider by email or through the signature of a 'responsible' third party.

Until 31 December 2021, a practitioner can record the agreement for assignment of benefit in the patient's clinical notes then mark the box on the DB020 form that indicates a patient is 'unable to sign'. The reason for a signature not being obtained can be given as '*COVID-19/highly infectious pandemic/risk of exposure to COVID-19/etc*'.

Referrals

Do I need a new referral specifically to claim the new temporary MBS telehealth items?

All MBS items for referred attendances require a valid referral. However, if the practitioner has previously seen the patient under a referral that is still valid, there is no need to obtain a specific referral for the purposes of claiming the new temporary MBS telehealth items.

After-Hours Services

Should I refer a patient to an after-hours deputising or phone service?

Where practicable, providers should use the new temporary MBS telehealth items to attend to the medical needs of their patients and limit messaging to patients to contact after-hours services only in an emergency. Where possible, providers should provide support to their patients to ensure that pressure on other parts of the health system is minimised.

Can I undertake the new telehealth items for an after-hours consultation?

The new COVID-19 telehealth services include new MBS items that duplicate the face-to-face unsociable hours professional attendance – for GPs items 92210 (telehealth) is available, and for OMPs items 92211 (telehealth) is available. All other MBS telehealth items can be provided at any time of the day, if clinically appropriate.

Prescriptions and Pathology/Diagnostic Imaging Tests

How do I write a prescription for the patient if we are not co-located?

The medical practitioner can mail or email a prescription to the patient or the patient's pharmacist.

Can I order tests for a remote patient?

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, mail and/or in consultation with the patient.

Do Pathology and Diagnostic Imaging requests require a signature?

There is no requirement for diagnostic imaging and pathology requests to be signed. In any event, there is no requirement for a "signature" to be signed by hand with a pen.

In order for a Medicare benefit to be payable for the service, the request must be made in writing (or confirmed in writing) and meet the requirements of the relevant regulations. The practitioner claiming the Medicare benefit for the service (i.e. the pathologist or radiologist) must therefore be satisfied that the request is a valid request.

Diagnostic imaging and pathology requests may be made by email, fax or other electronic medium, either directly to the practice, or via the patient, as long as:

- the recipient agrees to the request being made in that form;
- it would be accessible for subsequent reference;
- it contains the information prescribed as for requests made in writing.

Requests are able to be provided over the phone, but must be followed up with a valid request within 14 days of the request being made.

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Provider Information for COVID-19 Patients

Are there guidelines for managing patients who test positive to COVID-19?

The following Department of Health website link outlines COVID-19 resources for health professionals, including aged care providers, pathology providers and healthcare managers:

www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionalsincluding-aged-care-providers-pathology-providers-and-healthcare-managers

Is there any guidance on managing pre-screening for patients who may be at risk of COVID-19?

The Australian Government's new National Coronavirus Helpline 1800 020 080 is a valuable resource for practice staff and patients. If a patient is concerned they have symptoms they should call the helpline before leaving the house to visit a clinic or emergency department to receive advice on the best next step to protect themselves and the community. Advice will be provided to people on the best course of action depending on their symptoms and risks and can direct people to the nearest hospital or respiratory clinic, or advise them to stay home and self-monitor, or contact their GP.

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 full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at 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 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

A consumer factsheet is available on MBSOnline which provides further information on how these changes will affect patients.

> *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.*