



Medicare assessment for COVID-19 oral anti-viral medications by telephone

Last updated: 18 July 2022

- New temporary Medicare Benefits Schedule (MBS) items for General Practitioners (GPs) and other medical practitioners (OMPs) working in general practice settings will provide rebates for longer telephone consultations when assessing patients with COVID-19 for suitability of anti-viral medications.
- The new items are specific to services for patients who have confirmed their COVID-19 infection by rapid antigen test (RAT) or polymerase chain reaction (PCR) and may be claimed for telephone consultations lasting 20 minutes or more.
- These services are available nationally and eligible patients can access these services from any GP or OMP, consistent with normal MBS telehealth items. Longer telephone services provide an additional option to permanently available MBS items for telephone consultations under 20 minutes and video consultations. Video remains the preferred modality for conducting virtual consultations wherever possible.

What are the changes?

Effective 19 July 2022, new items will be available for telephone consultations for the purposes of assessing patients' suitability for oral anti-viral medications:

- 2 new items 93716 (for GPs), and 93717 (for OMPs) for telephone attendances, for longer assessments of patients' eligibility for COVID-19 oral anti-viral medications.
- The items have an equivalent rebate to other time tiered consultation items of equivalent duration (e.g., by video and face-to-face)

These items are available if the patient has confirmed a positive COVID-19 result through RAT or PCR test and will be available temporarily until 31 October 2022.

Why are the changes being made?

Oral anti-viral medications for COVID-19 require a comprehensive patient history for safe prescribing. Detailed patient assessment of medication suitability may, in some cases, take longer than 20 minutes and these items acknowledge the access provided through virtual consultation while supporting infection control if the patient has COVID-19. The temporary telephone MBS items will complement existing video consultations of more than 20 minutes duration (more than 25 minutes duration for OMPs), and shorter telephone consultations, which may be also be appropriate.

Patients with COVID-19 can access general telehealth consultations from any GP under normal MBS telehealth eligibility requirements, supporting timely access to care.

Timeliness of assessment for COVID-19 oral anti-virals is critical, as treatment must be initiated within 5 days of symptom onset. The temporary items recognise the additional time required to assess patients, particularly when the consultation is not undertaken by the patient's regular GP.

Patients continue to be encouraged to seek health advice on oral anti-viral medications from their regular GP, or another doctor at their normal practice, whenever possible. This ensures care from a provider who knows or has access to their medical history, and potential for faster assessment and prescribing when appropriate.

What does this mean for providers?

GPs and OMPs located at a medical practice, or with a formal agreement with a medical practice to provide services on their behalf, can claim a specific MBS item for telephone consultations longer than 20 minutes in duration (25 minutes for OMPs) for patients with a current confirmed covid infection. The primary purpose of the service is to assess the patient's eligibility for oral anti-viral medications, including provision of a relevant prescription if clinically appropriate.

An eligible service is to a patient with a confirmed COVID-19 diagnosis, with evidence from a RAT or PCR test reported to relevant state/territory authorities wherever required and documented by the treating practitioner in the patients notes. The treating practitioners must confirm that a positive COVID-19 test result has been reported or assist a patient if required to report a positive test.

Information on clinical criteria for prescribing medicines is published for the Pharmaceutical Benefits Scheme online, at www.pbs.gov.au.

Management of any other of a patient's health concerns is appropriate in the same consultation, in addition to their assessment for COVID-19 oral anti-viral medications. The MBS rules for [multiple attendances on the same day](#) apply to these services.

Normal MBS billing applies, and providers are responsible for the decision to bulk bill all, some, or none of their services. Patients should provide their informed financial consent in relation to any amount of fees set by the provider for their services. Bulk billed services to patients with a Commonwealth Concession Card are eligible for Bulk Billing Incentive payments.

Other non-specific MBS items may also be appropriate for providing assessments of patients' suitability for COVID-19 oral anti-viral medications. For example, 'Level C' and other consultations available by video or face-to-face, and telephone consultations shorter than 20 minutes may be suitable. Determination of the appropriate item to claim and ensuring that relevant clinical requirements are met for a valid claim are responsibilities of the provider.

How will these changes affect patients?

From 19 July 2022, patients will have the additional option of longer telephone consultations to assess their suitability for COVID-19 oral anti-viral medications.

To ensure patients are eligible for the service, they will need to provide confirmation of their positive COVID-19 test, through either the result of their RAT or PCR. Patients that have already reported their positive COVID-19 test results to their relevant state or territory health authority may use the reference of their report as their confirmation of eligibility. The temporary items will assist patients for whom telehealth via telephone is an appropriate medium for their consultation. They provide a rebate for telephone consultations of longer than 20 minutes duration (25 minutes for OMPs) that is equivalent to the same video or face-to-face consultation.

The availability of specific rebates for the longer assessment by telephone will complement patients' eligibility for telehealth from any GP or OMP when they have COVID-19 and are required to self-isolate in accordance with relevant State and Territory laws.

Patients whose virtual consultation suggests physical assessment is required should continue to be assessed by their GP in person utilising appropriate personal protective equipment (PPE), or referred to the relevant GP Respiratory clinic or other face to face service for further evaluation.

Who was consulted on the changes?

The changes to the MBS follow feedback and advice received by the Australian Government and Department of Health and Aged Care, including from peak representatives from the medical sector.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care will monitor MBS data throughout the period these items are available, until 31 October 2022.

These services are not included in 'pattern of services' thresholds for automatic referral to the Director of the Professional Services Review; however, the items will be subject to other normal MBS compliance and audit processes to ensure clinical quality and prevent incorrect claiming.

Where can I find more information?

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 and Aged Care 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.

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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

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.



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Attachment A – MBS items

Table: New temporary items and equivalent duration general attendances

| | New item | Equivalent duration attendance items | |
|------------|-----------|--------------------------------------|--------------|
| | Telephone | Video | Face-to-face |
| GP | 93716 | 91801 | 36 |
| OMP | 93717 | 91804 | 54 |

Item descriptors

Group A46— COVID-19 management support service

| Item | Description | Fee (\$) |
|-------|--|--------------------|
| 93716 | Phone attendance by a general practitioner lasting at least 20 minutes for the assessment and management of a person with COVID-19 infection of recent onset, for the purposes of determining the patient's eligibility for receiving a COVID-19 oral antiviral treatment, where the service includes any of the following that are clinically relevant: (a) taking a detailed patient history; (b) arranging any necessary investigation; (c) implementing a management plan, including follow up arrangements; (d) providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment; (e) providing appropriate preventive health care for one or more related issues; with appropriate documentation | 90.50 ⁱ |
| 93717 | Phone attendance by a medical practitioner (other than a general practitioner) lasting at least 25 minutes for the assessment and management of a person with COVID-19 infection of recent onset, for the purposes of determining the patient's eligibility for receiving a COVID-19 oral antiviral | 44.70 ⁱ |

treatment, where the service includes any of the following that are clinically relevant:

- (a) taking a detailed patient history;
- (b) arranging any necessary investigation;
- (c) implementing a management plan, including follow up arrangements;
- (d) providing any necessary treatment, including prescribing a COVID-19 oral antiviral treatment;
- (e) providing appropriate preventive health care for one or more related issues.

with appropriate documentation

ⁱ Benefits paid at 85% of the scheduled fee. The benefit paid will be the same as the equivalent duration general attendance.