



Medicare Support for COVID-19 Vaccinations

FAQ last updated: 11 November 2021

PLEASE NOTE: Other Medical Practitioner (OMP) includes specialist medical practitioners and consultant physicians working in a general practice setting in their capacity as OMPs.

Activities associated with the claiming of the MBS items may also be undertaken by a suitably qualified health professional, including a **registered nurse**, who is working within their scope of practice.

Suitably qualified health professional refers to a person registered in a health profession regulated under the Health Practitioner Regulation National Law. More information about suitably qualified health professionals is available from the website of the Australian Health Practitioners Regulation Agency at <https://www.ahpra.gov.au/>.

Only GPs and OMPs working at or from a medical practice that is participating in the Governments' COVID-19 vaccination roll-out can access the MBS vaccine support items. GPs or OMPs providing services to individuals at or from a practice that is not participating in the roll-out are not eligible to use the COVID-19 vaccine items or to provide COVID-19 vaccinations.

GPs, OMPs and suitably qualified health professionals who provide a vaccination to a patient must be appropriately qualified and trained to provide an immunisation to the patient. This includes having completed any mandatory Commonwealth training associated with the delivery of COVID-19 vaccination services, as well as meeting any state or territory legislative requirements.

Third dose vaccination suitability assessments for individuals who are severely immunocompromised

From 11 October 2021, the Government announced that individuals who are severely immunocompromised should receive a third dose of COVID-19 vaccine. Assessments of suitability for these third doses are eligible for MBS reimbursement under the same rules applying to MBS vaccine suitability assessments for second doses. The same MBS second dose vaccine suitability assessment items are used, including where a medical practitioner performs a suitability assessment for a patient and determines they are not suitable for a third vaccination dose.

The flag fall and in-depth patient assessment items may also be claimed, where appropriate (noting that the in-depth patient assessment is only delivered once per patient's lifetime) provided all other eligibility requirements are met.

The additional PIP payment is not claimable for a third dose vaccine suitability assessment service; it remains payable only when both the first and second vaccine dose suitability assessments services are rendered in the same general practice.

Booster doses and co-administering vaccines

In line with the most recent advice of the Australian Technical Advisory Group on Immunisation (ATAGI), where a minimum of 6 months has passed since a person's second dose of COVID-19 vaccine, they may seek a booster dose. Medical practitioners providing booster dose vaccination services should use the appropriate MBS second dose vaccine suitability assessment item to assess the patient's suitability for the service and to bill Medicare. Note: all requirements of the service must be met in order to be able to bill Medicare for a service provided in conjunction with a booster vaccination. This includes providing a bulk-billed service to the patient.

ATAGI has also advised that it is no longer necessary to wait two weeks between a COVID-19 vaccination and an influenza vaccination. These services may now be provided during the same attendance. Note: while a medical



practitioner is under no obligation to bulk-bill a patient receiving an influenza vaccination, a patient who also receives a COVID-19 booster vaccination as part of the same occasion of care must be bulk-billed for the MBS COVID-19 vaccine suitability assessment component of the overall service.

Overview

MBS Vaccine Suitability Assessment

- From March 2021, 16 MBS items have been available to enable GPs, OMPs and suitably qualified health professionals to assess patients for their suitability to receive a COVID-19 vaccine.
- The COVID-19 vaccine suitability assessment items can only be billed to Medicare if the vaccine is available to be provided immediately to a patient who is assessed as being suitable. Note: this means that the vaccine must be available for all patients who receive the MBS vaccine suitability assessment service. This includes patients who are assessed as being not suitable, or who elect not to receive a vaccination after receiving the suitability assessment service.
- Note: in situations where a COVID-19 vaccine suitability assessment service is provided and the patient elects to be vaccinated, but the vaccination cannot be delivered due to unforeseen circumstances, the patient may return to the medical practice at a later date to receive their vaccination. A further vaccine suitability assessment service would also need to be provided, to ensure that the patient can still receive the vaccine safely. Circumstances that may lead to this kind of delay include unanticipated staff absences leading to reduced capacity to vaccinate all patients on the day of service.
- The MBS COVID-19 vaccine suitability assessment items are categorised by: **Practitioner** (GP/OMP) + **Location** (metropolitan/non-metropolitan) + **Time Period** (business/after hours) + **Dose** (first dose/second or subsequent dose).
- **MBS items 93624, 93625, 93626, 93627, 93634, 93635, 93636 and 93637** are available to assess patients' suitability for the **first-dose of a COVID-19 vaccine dose**.
- **MBS items 93644, 93645, 93646, 93647, 93653, 93654, 93655 and 93656** are available to assess patients' suitability for the **second or subsequent dose of a COVID-19 vaccine dose**.
- Note: **MBS items 93644, 93645, 93646, 93647, 93653, 93654, 93655 and 93656** are available to assess patients' suitability for a third dose in severely immunocompromised populations to address suboptimal or non-response to the standard 2 dose schedule. A list of identified conditions can be found in the relevant ATAGI statement at: www.health.gov.au/news/atagi-statement-on-the-use-of-a-3rd-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised
- Note: **MBS items 93644, 93645, 93646, 93647, 93653, 93654, 93655 and 93656** may also be used to assess a patient's suitability for a booster dose of COVID-19 vaccine, where it has been a least six months since the patient had their second dose of the vaccine.
- Services are available in **Modified Monash Area 1 (metropolitan)** and **Modified Monash Area 2 to 7 (rural and remote)** locations, in both the **business hours** and **after-hours** periods.



Medicare Support for COVID-19 Vaccinations Frequently Asked Questions

- Services rendered under the COVID-19 vaccine suitability assessment items will only attract a Medicare rebate where the service is billed in the name of the supervising GP or OMP, who must be present at the location at which the vaccine suitability assessment service is undertaken and must accept full responsibility for the service.
- The vaccine suitability assessment service is free to patients, the MBS items must be bulk-billed, and the vaccine suitability assessment service cannot be linked to or be contingent on any other fee or service.
- Participating practices are encouraged to book a patient's COVID-19 MBS vaccination suitability assessment as a stand-alone appointment.
- In order for a vaccine suitability assessment service to be billed to Medicare, the patient must receive a face-to-face attendance from the GP, OMP or suitably qualified health professional.
- Patients are expected to receive the MBS vaccine suitability assessment service in relation to each dose of a COVID-19 vaccine.
- The vaccine can be administered by a GP, OMP, a registered nurse or other suitably qualified health professional registered under the Health Practitioner Regulation National Law.

Flag-Fall payments for services provided outside consulting rooms

- From 14 June 2021, GPs and OMPs assessing people to receive a COVID-19 vaccination outside of their consulting rooms may claim a flag-fall payment, in recognition of the increased costs in providing this service outside consulting rooms. The flag-fall is paid in addition to the vaccine suitability assessment items and can be claimed once for each visit to a residential aged care facility, residential disability facility, or a patient's home, regardless of how many patients are assessed for COVID-19 vaccination.
- **MBS item 90005** may be co-claimed with a vaccine suitability assessment service provided as an **initial** attendance at a RACF, residential disability facility setting or a patient's place of residence, **on one occasion**. The flag-fall is applicable only to the **first** patient seen and must be billed in association with **one of MBS items 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655 or 93656**.

In-Depth Patient Assessment

- From 18 June 2021, two new Medicare items are available to GPs and OMPs providing the COVID-19 vaccine suitability assessment to patients where additional assessment and advice is required, including in relation to the patient's individual risks and benefits associated with receiving a COVID-19 vaccine. The new items are the equivalent of current Level B GP and OMP general attendance items, and must be bulk-billed. The in-depth patient assessment cannot be linked to or be contingent on any other fee or service. That includes, but is not limited to:
 - patient registration fees for patients new to a practice;
 - book-keeping or registration fees for the appointment;
 - general health checks (these should be incorporated into the bulk-billed patient eligibility assessment or bulk billed in-depth patient assessment); or
 - any other billed service which the practice or practitioner requires before any COVID-19 MBS item.
- There should be no cost to patients for any aspect of receiving a COVID-19 vaccination.



Medicare Support for COVID-19 Vaccinations

Frequently Asked Questions

- **MBS item 10660** may be used to bill an in-depth patient assessment in conjunction with **one of MBS items 93624, 93625, 93634, 93635, 93644, 93645, 93653 or 93654.**
- **MBS item 10661** may be used to bill an in-depth patient assessment in conjunction with **one of MBS items 93626, 93627, 93636, 93637, 93646, 93647, 93655 or 93656.**
- A patient may only ever receive **one** in-depth patient assessment service in their lifetime, billed to either MBS item 10660 or MBS item 10661.
- Important Note: Practices and providers that are not participating in the COVID-19 vaccination roll-out, or participating practices at which a vaccine is not available to be provided, should consider the appropriate general attendance items for discussion of COVID-19 vaccination with their patients.
- Details of the item descriptors and an Explanatory Note are available from the MBS Online website at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>, by searching for **COVID-19 vaccine suitability assessment, flag-fall arrangements for COVID-19 vaccine suitability assessment services, and in-depth patient assessment for a COVID-19 vaccine.**

How will the MBS items work?

- The MBS COVID-19 vaccine suitability assessment items allow GPs, OMPs and suitably qualified health professionals to assess if a patient is suitable to receive a COVID-19 vaccine.
- The vaccine suitability assessment may include a short patient history, and limited examination and management, where this is clinically relevant.
- A GP, OMP or a suitably qualified health professional is expected to use their clinical judgement to decide if a patient meets the eligibility criteria for receiving a COVID-19 vaccination. Eligibility criteria for receiving a vaccination is available on the Australian Government Department of Health website at <https://www.health.gov.au/initiatives-and-programs/covid-19vaccines/information-for-covid-19-vaccination-providers>.
- In cases where a patient is assessed as not being suitable (and does not receive a vaccination), the GP or OMP would still be able to bill Medicare for the vaccine assessment service, using the appropriate COVID-19 vaccine suitability assessment MBS item number.
- MBS items 10660 or 10661 for in-depth patient assessments for the COVID-19 vaccine may only be claimed once per patient, and must be provided in conjunction with the relevant vaccine suitability assessment item only.
- Note: MBS items 10660 and 10661 do not attract a bulk-billing incentive and cannot be co-claimed with the regular MBS bulk-billing incentive items. The services must be provided in-person (face-to-face) by the GP or OMP who is responsible for the patient's vaccine suitability assessment service.
- MBS item 90005 may only be billed once, for the first patient attendance during a single visit to a RACF, residential disability facility setting or a patient's place of residence. The item works in the same manner as the GP RACF flag-fall items 90001.
- Note: MBS item 90005 cannot be co-claimed with any other MBS flag-fall item or bulk-billing incentive item.



Who is eligible to receive the COVID-19 vaccine suitability assessment service?

- MBS items 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655, 93656, 10660 and 10661 can be provided to any patient who is eligible for Medicare.
- Please note: People who are not eligible for Medicare can still receive a free COVID-19 vaccination service. (See COVID-19 vaccines for Medicare ineligible patients).

Who is eligible to provide the COVID-19 vaccine suitability assessment service?

- The vaccine suitability assessment items are available to:
 - a GP or OMP; or
 - a suitably qualified health professional.
- Note: Only GPs and OMPS working at or from practices that are participating in the Governments' COVID-19 vaccination roll-out can access the MBS vaccine support items. GPs or OMPs providing services to individuals at or from a practice that is not participating in the roll-out are not eligible to use the COVID-19 vaccine items or to provide COVID-19 vaccinations.
- Services rendered under MBS items 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655 or 93656 will only attract a Medicare rebate where the service is billed in the name of the supervising GP or OMP, who must be physically present at the location at which the vaccine suitability assessment service is undertaken and must accept full responsibility for the service.
- Note: Where an in-depth patient assessment is clinically required to address a patient's concerns about the COVID-19 vaccine, the supervising medical practitioner must provide the service to the patient in-person (i.e. face-to-face). The minimum time for an in-depth patient assessment is 10 minutes.

Who is eligible to provide a COVID-19 vaccination to a patient who has been assessed as suitable?

- A vaccination provided to a patient who has received a vaccination suitability assessment service can be provided by a GP, OMP or a health professional who is appropriately qualified and trained to provide immunisations. This includes having completed any mandatory Commonwealth training associated with the delivery of COVID-19 vaccines, as well as meeting any state or territory legislative requirements.
- For example, a vaccination may be provided by an endorsed enrolled nurse employed by a general practice where the endorsed enrolled nurse:
 - is also under the supervision of a registered nurse; and
 - has completed mandatory COVID-19 training.
- Note: In order to bill Medicare for a vaccine suitability assessment service provided by another health professional, including an enrolled nurse, it remains a prerequisite that a GP or OMP provide overall, on-site supervision to the health professional undertaking the service.



- Only the MBS vaccine suitability assessment items (93624 to 93656) and in-depth patient assessment items (10660 and 10661) can be claimed in conjunction with the administration of a COVID-19 vaccine to a patient.
- The only exceptions to this rule are services provided outside of consulting rooms, when MBS flag-fall item 90005 may also be claimed in conjunction with the first patient attendance of the visit.

What do the arrangements mean for medical practitioners?

- The COVID-19 vaccine suitability assessment items can only be claimed by practices who have been selected to participate in the Australian Government's COVID-19 vaccination roll-out.
- GPs or OMPs providing services to individuals at a practice that has not been selected to receive the COVID-19 vaccine for administration to patients are not eligible to use the new items or to provide COVID-19 vaccinations.
- Practices and providers not participating in the COVID-19 vaccination roll-out, or participating practices at which a vaccine is not available to be provided, can bill the appropriate general attendance items for discussion of COVID-19 vaccination with their patients, provided all other requirements of the general attendance item are met. For example, this may include tailored advice in relation to their current management of health risks.
- ALL COVID-19 vaccination services must be bulk-billed.
- COVID-19 vaccination services for Medicare eligible or Medicare ineligible patients cannot be made contingent on any other service or fee. That includes, but is not limited to:
 - Patient registration fees for patients new to a practice;
 - Book-keeping or registration fees for the appointment;
 - General health checks (these should be incorporated into the bulk-billed patient eligibility assessment or bulk billed in-depth patient assessment); or
 - Any other service which the practice or practitioner requires before any COVID-19 MBS item.
- It is a requirement that a supply of the vaccine be available for immediate administration to all patients receiving the vaccine suitability assessment service. This includes patients who are subsequently assessed as being not suitable or who elect not to receive a vaccination after receiving the suitability assessment service. General practices that do not have supplies of vaccine available for immediate administration to all patients receiving the vaccine suitability assessment service cannot provide a service using these items.
- If a patient is assessed as being suitable to receive a COVID-19 vaccine, it is expected the vaccine will be administered to the patient a short time after the assessment, on the same day. However, in situations where a patient is assessed and elects to be vaccinated, but the vaccination cannot be delivered due to unforeseen circumstances, the patient may return to the medical practice at a later date to receive their vaccination.
- Patients receiving a vaccine must be observed for a period of time after vaccination to ensure there is no immediate adverse reaction, in line with recommended clinical practice.



- The GP or OMP must be present on-site at the location at which the vaccine suitability assessment service is undertaken, and subsequent vaccination of the patient, and must accept full responsibility for the service. This includes any time in which the patient is under observation for adverse reactions following the administration of a vaccine. General practices are expected to have adequate resources on hand to manage adverse reactions to a vaccine.

How will the MBS COVID-19 vaccine support items be billed?

- The MBS COVID-19 vaccine suitability assessment items can only be billed to Medicare by a GP or OMP.
- For the service to be valid one, a COVID-19 vaccine must be available for immediate delivery to the patient. This includes patients who are subsequently assessed as being not suitable or who elect not to receive a vaccination after receiving the vaccine suitability assessment service.
- The rebate for a **first-dose** vaccine suitability assessment service is higher than the rebate for a **second or subsequent dose** service.
- This difference recognises that GPs, OMPs and suitably qualified health professionals may need to spend more time obtaining the patient's consent and providing information about the vaccine before delivering the first dose.
- MBS rebates for the vaccine suitability assessment services are based on the equivalent Level A general attendance items available to GPs, OMPs and other medical practitioners working in a general practice setting. Bulk-billing incentives (double for dose-one, single for dose-two) are also incorporated into the value of the items.
- For example, the fee for a first-dose vaccine suitability assessment provided to a patient in a metropolitan area in business hours (MBS item 93624) is equivalent to 100% of the rebate for MBS item 3 + double the incentive payment for MBS item 10990.
- The component of the fees derived from existing MBS bulk-billing incentive items 10990 and 10991 is paid at the standard 85% rate, in line with Government policy that bulk-billing incentive payments always be set at 85% of the recommended MBS fee.
- MBS items 10660 and 10661, the in-depth patient assessment items, may be claimed in conjunction with either a first-dose or second or subsequent dose vaccine suitability service. These items are equivalent to 100% of the rebate for a Level B GP or OMP general attendance (i.e. MBS item 23 or 185).
- MBS item 90005, the flag-fall for vaccine suitability assessment services provided at a RACF, residential disability facility setting or a patient's place of residence, is paid at a level equivalent to the flag-fall rate for a GP or OMP general attendance provided in a RACF. It applies only to the initial attendance undertaken during a visit to the patient's place of residence, RACF or residential disability setting. MBS item 90005 is paid only once per visit in a residential setting, regardless of the number of patients seen in the course of the visit.
- Note: Rebates for vaccine suitability assessments and in-depth patient assessments are paid at 85% of the item fees. These fee amounts have been increased so that the Medicare rebate paid each service is at the same level as the equivalent GP and OMP general attendances. Due to the urgency of the vaccine roll-out, the Department of Health has not been able to amend the legislation that establishes 100% rebates for GP and OMP services.



Will the COVID-19 vaccine suitability assessment service attract incentive payments under the Practice Incentive Program?

- Yes. General practices that are accredited and enrolled in the Practice Incentives Program (PIP) will be eligible to receive an incentive payment if a GP, OMP or a suitably qualified health professional working at the practice has provided a first-dose and a second or subsequent dose vaccine suitability assessment service to the same patient.
- To be eligible for the PIP incentive payment, it is only necessary for the first- and second or subsequent dose vaccine suitability assessment services to be provided at the same practice to the same patient. It is not necessary for the same GP, OMP or suitably qualified health professional to have delivered both services.
- General practices are reminded to ensure that a GP, OMP or suitably qualified health professional working at the practice providing vaccine suitability assessment services is registered with the practice through the PIP.
- Only services that have been billed to Medicare by a GP or OMP are included under these arrangements, and all requirements of the MBS items must have been fulfilled.
- The PIP COVID-19 Vaccine Incentive payment is set at \$10 per eligible patient, payable only once (that is, incentive payments will not be paid multiple times for services provided to the same patient).
- The PIP incentive cannot be paid more than once per patient, even if more than two vaccine suitability assessments are required to complete a course of the vaccine.

Can I provide more than three vaccine suitability assessment services to the same patient?

- Yes. A GP or OMP can bill Medicare for more than two MBS COVID-19 vaccine suitability assessment services for the same patient.
- For instance, a patient who is assessed as suitable to receive a COVID-19 vaccine, but who continues to have concerns about the vaccine and wants time to consider if they should receive it, may receive a suitability assessment service without choosing to have a vaccination. In this situation, even though the patient has not received a vaccination, the appropriate MBS COVID-19 suitability assessment item may be billed.
- If the patient returns at a later date, having decided that they do wish to receive a vaccination, a further suitability assessment would need to be undertaken, and billed to Medicare using the relevant item number.
- Note: in situations where a COVID-19 vaccine suitability assessment service is provided and the patient elects to be vaccinated, but the vaccination cannot be delivered due to unforeseen circumstances, the patient may return to the medical practice at a later date to receive their vaccination. A further vaccine suitability assessment service would also need to be provided, to ensure that the patient can still receive the vaccine safely.
- Circumstances that may lead to this kind of delay include unanticipated staff absences leading to reduced capacity to vaccinate all patients on the day of service.



- For an MBS COVID-19 vaccine suitability service to be a valid service, a COVID-19 vaccine must be available for immediate delivery to the patient. Not having a supply of vaccine immediately on hand to vaccinate patients receiving vaccine suitability assessment services is therefore not a valid reason for requesting a patient to return on another day to be vaccinated. In addition, practices are expected to roster sufficient staff to provide vaccinations to all patients who receive vaccine suitability assessment services.
- The in-depth patient assessment items may only be claimed once per patient. If a patient has received an in-depth patient assessment in conjunction with a previous vaccine suitability assessment, another in-depth patient assessment cannot be claimed.

Can a patient receive more than one vaccine suitability assessment service on the same day?

- Minimum recommended intervals must be observed between doses of multiple-dose COVID-19 vaccines. Patients are therefore not expected to receive multiple vaccine suitability assessment services on the same day.
- However, in some very limited circumstances, a patient who has incorrectly been found unsuitable or who declined a vaccination may return to the general practice on the same day and receive another vaccine suitability assessment service.
- The clinical basis for exceptional circumstances of this kind must be recorded in the patient's notes.

What happens if a patient is assessed as being unsuitable to receive a COVID-19 vaccine?

- If the vaccine suitability assessment has been completed, the appropriate MBS item can be claimed.
- Where the patient returns at a later date, another assessment service would need to be undertaken to determine if the patient is now suitable for a COVID-19 vaccine. The appropriate vaccine suitability assessment MBS item would be billed for this service.
- The in-depth patient assessment items may only be claimed once per patient. If a patient has received an in-depth patient assessment in conjunction with a previous vaccine suitability assessment, an additional in-depth patient assessment cannot be claimed.

What are the record keeping and reporting requirements?

- Whenever an MBS COVID-19 vaccine suitability assessment service is provided, it is essential that the general practice record the reasons for the patient's attendance and the outcomes of the consultation, including whether or not the patient received a COVID-19 vaccine.



- In order to substantiate a Medicare service, a patient or clinical record should be completed at the time a service is provided, or as soon as practicable afterwards. The record needs to:
 - clearly identify the name of the patient;
 - contain a separate entry for each attendance by the patient for the vaccination suitability assessment service and the date(s) on which the service was provided;
 - record the patient's consent to receive the vaccine;
 - provide clinical information adequate to explain the service;
 - be sufficiently comprehensible that another GP or OMP, relying on the record, can effectively undertake the patient's ongoing care as it relates to COVID-19 vaccinations.
- The vaccination status of a patient who has received a COVID-19 vaccine following a vaccination suitability assessment service must be updated on the Australian Immunisation Register portal within two (2) working days.
- Information about the requirements for updating patient information on the portal is available from the Australian Government Services Australia website at:
<https://www.servicesaustralia.gov.au/organisations/healthprofessionals/services/medicare/australian-immunisation-register-health-professionals/managing/help-usingair-online>.

Can I co-claim the COVID-19 vaccine support items with other general attendance items?

- Yes, but only where this action is clinically indicated by the health needs of the patient.
- The purpose of the COVID-19 vaccine suitability assessment services is to assess a patient's suitability for a vaccination.
- Where a patient attends a medical practice to address multiple clinical matters, one of which is a request for information and advice about COVID-19 vaccinations, it would be appropriate to address these matters in the course of a normal general attendance service.
- Where a patient attends a medical practice for a COVID-19 vaccination, there may be some circumstances where deferral of treatment for other clinical matters is not feasible or in the patient's best interests; these include clinical matters where treatment cannot be deferred or opportunistic treatment for other conditions.
- Depending on the seriousness of the clinical matters raised by the patient, it may be appropriate to encourage them to book a separate consultation.
- Patients must be informed if any other service that they receive on the same occasion will be bulk-billed or will be subject to a patient co-payment.
- Patients may not be triaged or screened using existing MBS items before receiving a vaccine suitability assessment service.
- Standard MBS multiple same-day attendance rules apply to the COVID-19 vaccine suitability assessment services.



- Payment of benefits may be made for more than one attendance on a patient on the same day by the same GP/OMP, provided the subsequent attendances are not a continuation of the initial or earlier attendances. Examples of other GP/OMP services include but are not restricted to: a standard consultation for a different presenting problem; provision of time-tiered health assessment service; or completion or review of a chronic disease management plan.
- When seeking to co-claim for an unrelated attendance at the same time as a vaccine suitability assessment service, it is recommended that GPs/OMPs include a note stating that “The additional service [MBS item...] is clinically relevant but not related to the vaccine suitability assessment service [MBS item...].”
- Before an additional attendance is provided to the patient, the practice must obtain and document the patient’s informed financial consent to ensure that they understand there is no cost associated with the suitability assessment and/or the administration of the vaccine.

Are there any co-claiming restrictions?

- MBS items 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655 and 93656 cannot be co-claimed with:
 - MBS bulk-billing incentive items 10990, 10991 and 10992; or
 - MBS item 10988, for an immunisation service provided by an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner.
- MBS item 90005 can only be claimed in association with items 93624, 93625, 93626, 93627, 93634, 93635, 93636, 93637, 93644, 93645, 93646, 93647, 93653, 93654, 93655 or 93656.
- MBS item 10660 can only be claimed in association with items 93624, 93625, 93634, 93635, 93644, 93645, 93653 or 93654.
- MBS item 10661 can only be claimed in association with items 93626, 93627, 93636, 93637, 93646, 93647, 93655 or 93656.
- In addition, MBS item 10997 (for monitoring and support for a person with a chronic disease by a practice nurse or Aboriginal and Torres Strait Islander health practitioner) must not be co-claimed for any purpose associated with the provision of a suitability assessment or subsequent vaccination. It may only be billed for a service that is required to manage the patient’s existing chronic medical condition.
- No additional MBS attendance item(s) can be used to bill Medicare for the time spent administering a vaccine following a suitability assessment service.

Are there any exceptions to the co-claiming rules?

- In almost all cases, co-claiming will only be permitted where another GP or OMP service is provided that is unrelated to the vaccine assessment item. However, where a patient suffers a significant adverse reaction to a COVID-19 vaccine, the GP or OMP is permitted to provide another MBS-rebateable service in order to provide appropriate treatment.



- To avoid doubt, the vaccine assessment item cannot be linked to or be contingent on the patient (Medicare eligible or Medicare ineligible) receiving the unrelated service.
- A *significant adverse reaction* includes, but is not limited to systemic reactions such as **syncopal episodes** and severe allergic reactions, such as **anaphylaxis**. Severe adverse reactions are expected to be rare.
- A *significant adverse reaction* may also include a strong, adverse mental/emotional reaction to the vaccination.
- Where a patient suffers a significant adverse reaction, the medical practitioner may provide treatment under an appropriate MBS item. In most cases, it is anticipated that treatment will be provided using the standard MBS general attendance items, but specific treatment items may also be used in line with the GP's or OMP's clinical assessment of the patient's condition.
- The GP or OMP who undertakes or supervises the vaccine suitability assessment service and delivery of a subsequent vaccination is responsible for providing treatment to a patient who experiences a significant adverse reaction. While a suitably qualified health practitioner may assist, the GP or OMP must attend the patient in person and retains clinical responsibility for any treatment provided.
- Services provided to a patient suffering a significant adverse reaction should be bulk-billed.
- Whenever a GP or OMP treats a patient for a significant adverse reaction to a COVID-19 vaccine, this information must be provided to the Therapeutic Goods Administration (TGA) by the treating GP/OMP and recorded in the patient's notes. Health professionals in NSW, Western Australia, Queensland, Northern Territory and ACT, are reminded that it is a requirement under public health legislation to notify adverse events following immunisation to their state or territory health department.
- Note: A service provided to patient who returns to either their usual practice or the medical practice where the vaccination was provided after more than 24 hours (i.e. not on the same day) due to concern that they are experiencing an adverse reaction to the vaccination, is not subject to the MBS multiple same-day attendance rule. In this situation, the GP or OMP would attend and treat the patient using the appropriate MBS item. The GP or OMP is still expected to inform the TGA of the patient's reaction and record the information in the patient's notes.

Are the COVID-19 vaccine suitability assessment items included under the 80/20 rule?

- No, the new vaccine suitability assessment items are not included in the range of MBS items that count toward the proscribed pattern of service threshold (the 80/20 rule).

COVID-19 vaccines for Medicare ineligible patients

- The vaccine will be available free of charge to everyone within Australia regardless of Medicare or visa status. This includes refugees, asylum seekers, temporary protection visa holders, bridging visas and those whose visas have been cancelled.
- Non-citizens who have overstayed their visas can also access the COVID-19 vaccines for free.



- Individuals who do not have a Medicare card can access free vaccinations at:
 - Commonwealth Vaccination Clinics
 - State or territory vaccination clinics
 - Community Pharmacies.
- General practice providers can supply COVID-19 vaccines to individuals who do not have a Medicare card, but cannot bill for this service (Medicare or otherwise). The vaccine will be delivered free of charge. Individuals without Medicare cards can contact their usual practice to check if it is providing vaccinations for individuals without Medicare cards.

Limitations on service

- The MBS COVID-19 vaccine suitability assessment items only apply to a professional attendance where a dose of COVID-19 vaccine is immediately available for administration to the patient who will receive the suitability assessment at the practice location.
- Note: it is a requirement that the vaccine be available for all patients who will receive the vaccine suitability assessment service, regardless of the outcome of the assessment.
- A service using the vaccine suitability assessment items cannot be provided as part of an episode of hospital treatment or hospital-substitute treatment.

How will the changes be monitored and reviewed?

- The Department of Health will monitor the use of the MBS COVID-19 vaccine suitability assessment items.
- Any use of the items that does not seem to be in accordance with relevant Medicare guidelines, the COVID-19 vaccine program and legislation will be actioned appropriately.

Legislative basis

- The MBS vaccine suitability assessment items are established under Health Insurance (Section 3C General Medical Services –) Determination 2021, which will be available from the Federal Register of Legislation website at <https://www.legislation.gov.au/>.
- All participating practices have signed a Deed of Agreement which sets out the requirements for participating in the COVID-19 vaccine program.

Where can I find more information?

- The MBS COVID-19 vaccine suitability assessment items, including item descriptors and explanatory note, will be available from MBS Online at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>, by searching for “COVID-19 vaccine suitability assessment”.



Medicare Support for COVID-19 Vaccinations Frequently Asked Questions

- You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.
- COVID-19 National Health Plan resources for the general public, medical and health professionals and industry are available from the Australian Government Department of Health website at <https://www.health.gov.au/resources/collections/coronavirus-covid-19-national-health-plan-resources>
- 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.
- Subscribe to 'News for Health Professionals' on the Services Australia website to receive regular news highlights at <https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all>.
- 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 at <https://www.servicesaustralia.gov.au/organisations/health-professionals> or contact Services Australia on the Provider Enquiry Line – **13 21 50**.



Attachment 1

Scenarios - using the MBS COVID-19 vaccine support items

- The Australian Government's priority is to ensure that as many people as possible who wish to receive a COVID-19 vaccine are enabled to do so.
- The following scenarios offer examples of how the MBS items can be billed; what to do when patients present with multiple clinical matters; and guidance on issues such as co-claiming.

IMPORTANT NOTE: For the purposes of the scenarios below, it is assumed that all of the general practices are accredited and enrolled in the Practice Incentives Program (PIP).

Scenario 1

MBS COVID-19 vaccine suitability assessment

Martha attends her regular metropolitan general practice during business hours for her first COVID-19 vaccine suitability assessment. She is assessed as suitable and receives the vaccination.

Martha's GP, Dr Nissen, bulk-bills MBS item 93624, there is no cost to Martha.

Scenario 2

MBS COVID-19 vaccine suitability assessment provided by a suitably qualified health professional

Geoff, who lives in a Modified Monash Area 2 location, attends his regular general practice during business hours for his first COVID-19 vaccine suitability assessment.

Geoff's GP, Dr Ikin, refers him to the practice's registered nurse, who undertakes the vaccine suitability assessment. The assessment does not identify a clinical reason that would prevent Geoff from receiving a COVID-19 vaccine and, after obtaining his consent, the nurse administers the first-dose of vaccine.

Geoff remains at the practice for the observation period.

Dr Ikin bulk-bills MBS item 93625, there is no cost to Geoff.

Note: The item is billed in the name of Dr Ikin, who is on-site during the vaccine suitability assessment.



Scenario 3

MBS COVID-19 vaccine suitability assessment with another health request that can be postponed

Anne attends her regular metropolitan general practice during business hours to receive her first COVID-19 vaccination from her usual GP, Dr Mendelssohn. When she arrives for the appointment, Anne tells the practice staff that she also wishes to discuss her chronic disease management plan.

Before seeing Dr Mendelssohn for the COVID-19 vaccine suitability assessment, Anne is encouraged to book a separate appointment in a few days' time to review the management plan. Anne agrees to this.

Dr Mendelssohn bulk-bills MBS item 93624, there is no cost to Anne.

Scenario 4

MBS COVID-19 vaccine suitability assessment undertaken in conjunction with a regular patient attendance

Heather, who has just turned 62, attends her regular metropolitan general practice on Wednesday afternoon for a normal appointment. Before providing the service the GP, Dr Inoue, informs Heather that the attendance will not be bulk-billed and gets her informed financial consent before continuing.

In the course of the attendance, Heather asks Dr Inoue about receiving the AstraZeneca vaccine. Dr Inoue answers Heather's questions about the vaccine, and advises her that the practice only provides vaccinations on Friday afternoons and all day on Saturday. Based on this information, Heather makes an appointment for the following Saturday at 2.00 pm to receive the AstraZeneca vaccine.

As Heather's attendance ran longer than normal, over 20 minutes, Dr Inoue bills MBS item 36.

When Heather returns on the following Saturday afternoon, she receives a vaccine suitability assessment service. Dr Inoue bills MBS item 93634, for a first-dose vaccination assessment provided in a metropolitan area in the after-hours period. The service is bulk-billed, there is no cost to Heather.

Scenario 5

Opportunistic provision of the MBS COVID-19 vaccine suitability assessment

Julian is a 73-year-old man who lives four hour's drive from a regional town where there is significant vaccine hesitancy due to a recent death that has been mistakenly attributed to the vaccine. Julian attends the town's only general practice to discuss a rash that he has developed. After the consultation, the GP, Dr Emmett, asks Julian if he wants to book a COVID-19 vaccination. Julian refuses based on his misapprehensions about the vaccine's role in the recent death. Dr Emmett explains that the vaccine was not the cause of death, helps Julian to understand how the vaccine would protect him from COVID-19, and at the end of the consultation, Julian agrees to the vaccination.



However, as he is unable to come back to town for a number of weeks, Julian asks if he can be vaccinated on the spot. As there is vaccine stock on hand, Dr Emmett agrees, vaccinates Julian, and makes a booking to provide the second dose when Julian is next in town.

Dr Emmett bills MBS item 93625, for a first-dose vaccination assessment provided in a non-metropolitan area during business hours. She also bills MBS item 10660, as she spent more than ten minutes discussing the vaccine with Julian. These services are bulk-billed, there is no cost to Julian.

Note: Dr Emmett also bills MBS item 23 for the service during which she examined and recommended treatment for Julian's rash. If this service is not to be bulk-billed, Dr Emmett must advise Julian of this fact and seek his informed financial consent. This is important, as it is a requirement that the vaccine-related services Julian also receives on this occasion be bulk-billed, and he may expect the other service to be bulk-billed, as well.

Note: As the vaccination support services provided after the initial consultation (billed as item 23) are unrelated to that service, the co-claiming restrictions associated with the vaccination support services do not apply.

Scenario 6

A medical practice that has not been selected to participate in the Governments' COVID-19 vaccination roll-out

Dr Clague works in a medical practice that is not participating in the vaccine roll-out. Phyllis, a regular patient of 15-years standing, comes in to discuss the vaccine. The reception staff explain that the practice cannot provide the vaccine, but Phyllis insists on having an appointment to discuss it. Dr Clague agrees to see Phyllis, provides a health check that includes taking her blood pressure, and helps her to determine that the vaccine is safe, and that she wants to receive it.

Dr Clague:

- bills MBS item 23, bulk-billing Phyllis as she is a pensioner;
- claims MBS 10990 for a bulk-billing incentive payment; and
- provides Phyllis with information about where to receive the vaccination.

Scenario 7

Co-claiming the MBS COVID-19 vaccine suitability assessment with another kind of attendance

Julie, who has a chronic condition affecting her mobility, attends her regular metropolitan general practice in business hours for her first COVID-19 vaccine suitability assessment. She also requests a review of her chronic disease management (CDM) plan, in order to get a new referral for physiotherapy services.



The practice asks Julie to book another appointment for the CDM review, but she explains that, as she used up her last CDM allied health referral last December, she needs a new set of referrals urgently to access physiotherapy treatment for her mobility issue.

In a situation of this kind, a GP would provide a vaccine suitability assessment service and undertake another kind of consultation only if it is clinically appropriate to do so. In this case, Julie's GP, Dr Leichoudes, decides to provide:

- the vaccine suitability assessment (for a first service); and
- a CDM review service.

Dr Leichoudes:

- obtains Julie's informed financial consent to both services;
- bulk-bills MBS item 93624 (COVID-19 suitability assessment), there is no cost to Julie; and
- bills MBS item 732 (CDM review service), Julie may be charged a co-payment.

Scenario 8

Co-claiming the MBS COVID-19 vaccine suitability assessment items with another attendance item for a patient who is a Commonwealth Concession Card Holder

Li Min, who lives in a Modified Monash Area 3 location, attends her regular general practice during business hours for a service to help her manage a chronic condition that has affected her since childhood. Li Min's GP, Dr Delamere, has been treating her condition for more than a decade, mainly through general attendance services. Recently, Li Min has received a Commonwealth Seniors Health Card.

Dr Delamere determines that Li Min is eligible for a COVID-19 vaccine suitability assessment service. She recommends that Li Min undertake both services and explains that both will be bulk-billed. The GP obtains and records Li Min's informed financial consent.

Dr Delamere also confirms that Li Min has not already received a COVID-19 vaccination. The vaccine suitability assessment confirms that there is no clinical reason why she should not be vaccinated, and Li Min gives her consent to receive the vaccine. Before sending Li Min to the practice's registered nurse, who is providing vaccinations to patients, Dr Delamere reviews Li Min's chronic condition. The review takes 25 minutes.

Dr Delamere bills:

- MBS vaccine suitability assessment item 93625; and
- MBS item 36, for a general attendance service lasting at least 20 minutes; and
- MBS item 10991, for a bulk-billed service (MBS item 36) provided to a Commonwealth beneficiary living in a non-metropolitan area.



Scenario 9

Co-claiming a second MBS COVID-19 vaccine suitability assessment with a general attendance service

Evan, who lives in a Modified Monash Area 5 location, attends his local general practice after-hours for his second COVID-19 vaccine suitability assessment. He is also unwell and requires treatment.

The GP, Dr Pelletier, therefore, needs to:

- assess Evan's suitability to receive a dose of COVID-19 vaccination; and
- determine the severity of his illness.

Dr Pelletier:

- obtains Evan's informed financial consent to both services;
- bulk-bills MBS item 93654 (COVID-19 suitability assessment), there is no cost to Evan: and
- bills MBS item 5020 (professional attendance at consulting rooms), Evan may be charged a co-payment.

Dr Pelletier is able to bill MBS item 93654 even if they decide it is not clinically appropriate to administer a dose of vaccine due to Evan's illness.

Scenario 10

A patient attends different general practices for the first and second vaccine suitability assessment service

Vikram, who lives in a major capital city, visits a general practice in a Modified Monash Area 6 location for a minor medical condition while he is on holiday. The visit takes place during business hours. During the consultation the GP, Dr Bianchi, recommends that he have a COVID-19 vaccination as a first priority.

Vikram agrees, but notes that he has already received the first vaccination from his regular GP before leaving for his holiday.

Vikram's options in this situation are:

- to consent to having both the vaccine suitability assessment and the minor unrelated service at the same time; or
- to have an attendance for the minor medical condition and make arrangements to receive the second vaccine suitability assessment service at a later time; or
- to agree to a vaccine suitability service straight away and defer the original purpose of his attendance until a later time/date.



Dr Bianchi records Vikram's informed financial consent. Dr Bianchi also checks the Australian Immunisation Register to confirm that:

- Vikram has received the first-dose of vaccine;
- the vaccine that the practice will provide for the second-dose is consistent with the first-dose of vaccine that was provided by Vikram's regular GP; and
- the recommended time between the first and second-dose has elapsed.

As Vikram has already received a vaccine suitability assessment service for a first-dose of vaccine (MBS item 93624 for service in business hours in a metropolitan location), Dr Bianchi bills MBS item 93645, for a second-dose vaccine suitability assessment provided during business hours in a non-metropolitan location.

It is important to note that general practices must provide both vaccine suitability assessment services to the same patient in order to qualify for the PIP incentive payment.

Scenario 11

Claiming for a patient who is assessed as unsuitable and does not receive a COVID-19 vaccine

Natasha lives in Modified Monash Area 4 location and attends her regular general practice in business hours for her first COVID-19 vaccine suitability assessment. However, Dr Loughy, her GP, observes that Natasha has a cold and advises her that she is not suitable to receive a COVID-19 vaccine.

Dr Loughy bulk-bills MBS item 93625, even though Natasha will not receive the vaccine.

Scenario 12

Co-claiming the MBS COVID-19 vaccine suitability assessment with an attendance for a health condition that cannot be delayed until another time

Eliza, who lives in a Modified Monash Area 5 location, attends an after-hours practice for her first COVID-19 vaccination. She arrives in the practice with a pronounced limp and in obvious pain, as the result of a fall.

The GP who sees Eliza, Dr Ainsworth, agrees to undertake both a vaccination suitability assessment and examine Eliza's injury at the same time, as treatment of the injury cannot be delayed.

Dr Ainsworth obtains Eliza's informed financial consent to both services.

Dr Ainsworth undertakes the vaccine suitability assessment and Eliza receives the vaccine. Dr Ainsworth also conducts an examination of Eliza's injured leg, and recommends treatment, including pain relief.



As per the requirements for the COVID-19-vaccine related services, Eliza is bulk-billed for the suitability assessment. However, she is charged a co-payment for the examination and treatment of her injury. Her medical record is updated to show that she received two consultations for different and unrelated attendances on the same day.

Note: General practices are expected to obtain and document a patient's informed financial consent to ensure that they are aware of the full cost of any service they will receive, whether it will be bulk-billed and, if not, and the amount of any co-payment.

Dr Ainsworth:

- bulk-bills MBS item 93635 (COVID-19 suitability assessment), there is no cost to Eliza; and
- bills MBS item 5040, Eliza may be charged a co-payment.

Scenario 13

Billing Medicare for more than two MBS COVID-19 vaccine suitability assessment services

First COVID-19 vaccine suitability assessment

Arthur, who lives in a Modified Monash Area 7 location, attends his regular general practice after-hours for his first COVID-19 vaccine suitability assessment. However, Arthur decides that he wants to wait and think about having the vaccine.

Arthur's GP, Dr Dankworth, bulk-bills MBS item 93635, even though Arthur did not receive a COVID-19 vaccine.

Second COVID-19 vaccine suitability assessment

Arthur returns to the practice several weeks later during business hours, as he has decided that he now wishes to receive the COVID-19 vaccine. Dr Dankworth completes a second suitability assessment and Arthur receives the first-dose of vaccine.

Dr Dankworth bulk-bills MBS item 93625.

Third (or subsequent) vaccine suitability assessment

Twelve weeks later, Arthur returns in the after-hours period for his third/subsequent COVID-19 vaccine suitability assessment service.

Dr Dankworth bulk-bills MBS item 93654.



Scenario 14

Eligibility for the PIP incentive

A general practice provides both a first- and second-dose vaccine eligibility assessment service to the same patient

Ruby attends her regular metropolitan general practice to receive her first vaccination. Her GP, Dr Roquemore, undertakes a vaccine suitability assessment and determines that Ruby is suitable to receive her first-dose. Dr Roquemore arranges for the practice's registered nurse to provide the vaccination.

Twelve weeks later, Ruby returns for her second-dose of vaccine. Dr Roquemore undertakes another vaccine suitability assessment, this time using the MBS item for a suitability assessment provided to a patient requiring a second-dose of vaccine, in a metropolitan area during business hours.

Dr Roquemore bulk-bills MBS item 93264 for the first vaccine suitability assessment service, and MBS item 93644 for the second service.

The general practice is accredited under PIP and has provided Ruby's first- and second-dose vaccine suitability assessment services – it is therefore eligible to receive the PIP incentive payment.

Note: Where an accredited general practice provides both first- and second-dose vaccine suitability assessment services, but the patient is not suitable or does not elect to receive a vaccination, the practice is still eligible to receive the PIP incentive payment.

Scenario 15

Eligibility for the PIP incentive

A patient receives vaccine eligibility assessment services from more than one general practice

Fatime lives in a Modified Monash Area 3 location. She thinks that she may be eligible for a COVID-19 vaccination and attends her regular general practice for advice. She is offered and consents to the vaccine suitability assessment, which confirms her suitability, but declines to have the vaccination at that time because she continues to have some doubts.

Fatime's GP, Dr Shippey, bulk-bills MBS item 93625.

A few weeks later, Fatime is visiting her family in the state capital when she decides that she does want to have the vaccination. Rather than waiting until she returns home, she attends a medical practice in the city. The GP, Dr Hildebrandt, undertakes a vaccine suitability assessment service and arranges for Fatime to receive her first vaccination.

Dr Hildebrandt bulk-bills MBS item 93624.

Twelve weeks later, Fatime arranges to receive her second-dose of vaccine. This time she attends her regular general practice.



Dr Shippey bulk-bills MBS item 93645.

In this scenario, Fatime's regular general practice is eligible for the PIP incentive payment, having provided both a first- and second-dose vaccine suitability assessment service, even though only one of those services subsequently led to Fatime being vaccinated. As Dr Hildebrandt's practice that provided only a first-dose service is not eligible for the incentive payment.

Note: Where an accredited general practice provides both first- and second-dose vaccine suitability assessment services, but the patient is not suitable or does not elect to receive a vaccination, the practice is still eligible to receive the PIP incentive payment.

Scenario 16

Providing an in-depth patient assessment in conjunction with a vaccine suitability assessment

Elizabeth, who is 54 years old, has an appointment to attend her regular metropolitan general practice for the purpose of receiving a COVID-19 vaccination. Before receiving the vaccination, Dr Bennett, her GP, undertakes a vaccine suitability assessment service. As this is Elizabeth's first vaccination and she is both nervous and has a lot of questions about the vaccine's safety, Dr Bennett also undertakes an in-depth patient assessment in conjunction with the vaccine suitability assessment.

Dr Bennett bills Medicare for both services, using MBS item 93624 (for a first-dose vaccine suitability assessment in a metropolitan area during business hours) and MBS item 10660 (for an in-depth patient assessment provided by a GP).

Dr Bennett records Elizabeth's informed consent to being vaccinated and the reason for conducting the in-depth patient assessment in the patient notes.

Scenario 17

Providing a vaccine suitability assessment and an in-depth patient assessment to a patient who decides to delay vaccination

Adah, who is in her late fifties, has made an appointment with her regular metropolitan GP, Dr O'Clery, to receive her first COVID-19 vaccination. She is extremely anxious about the vaccine, so after conducting the vaccine suitability assessment, Dr O'Clery also provides an in-depth patient assessment service.

Dr O'Clery spends almost 20 minutes with Adah to discuss her concerns about being vaccinated. Ultimately, Adah decides not to be vaccinated. She agrees to think about it and Dr O'Clery advises her that she can return at any time to receive the vaccination.



Dr O'Clery bills Medicare for both services, using MBS item 93624 (for a first-dose vaccine suitability assessment service in a metropolitan area during business hours) and MBS item 10660 (for an in-depth patient assessment provided by a GP). He records the reason for providing the in-depth patient assessment in the patient record and notes that Adah chose not to receive a vaccination on that occasion.

Should Adah return to the practice at a later date to receive the vaccination, Dr O'Clery would need to provide another vaccine suitability assessment service using MBS item 93264 for a first-dose service (the item for a second-dose vaccination assessment is only used after the first dose of vaccine has been administered to a patient).

Dr O'Clery cannot undertake another in-depth patient assessment for Adah, as MBS item 10660 and its OMP equivalent, MBS item 10661, can only be provided once per lifetime to an eligible patient.

Scenario 18

Providing an in-depth patient assessment to a patient who is due to receive their second dose of vaccine

Henry is in his early sixties and lives in a rural area. He has already received a first dose of the AstraZeneca vaccine from his regular GP, Dr Kumar. He attends Dr Kumar's practice for the second-dose, but while undertaking the vaccine suitability assessment, Dr Kumar realises that Henry has very strong concerns about the safety of the AstraZeneca vaccine, due to the media attention that it has been receiving. Dr Kumar provides an in-depth patient assessment in order to further explain the risks and benefits of the vaccine for Henry. This service takes more than 10 minutes and allows Dr Kumar to answer all of Henry's questions.

Dr Kumar records Henry's informed consent to the vaccination, which is administered by the practice nurse.

Dr Kumar bills Medicare for both services, using MBS item 93645 (for a second-dose vaccine suitability assessment service in a non-metropolitan area during business hours) and MBS item 10660 (for an in-depth patient assessment provided by a GP).

Because Dr Kumar's practice is accredited under the Practice Incentives Program (PIP) and has provided both Henry's first and second-dose vaccine suitability assessment services, it is eligible to receive the PIP incentive payment.

Scenario 19

Providing vaccine suitability assessment services and in-depth patient assessments outside consulting rooms

Dr Ferenczy has been called to the Rosecastle Nursing Home to provide vaccination services to a number of new residents. Some of the residents have already received a first dose of vaccine, but several have not.

Dr Ferenczy's first patient is Gerald, who has already received the first dose of vaccine, which was the AstraZeneca vaccine and was administered by his former GP. Due to heightened community concerns regarding the AstraZeneca vaccine, Gerald is nervous about the vaccine and requests an alternative.



Dr Ferency undertakes both the vaccine suitability assessment, to determine if Gerald is fit enough to receive the vaccine, and an in-depth patient assessment, to address Gerald's concerns about the AstraZeneca vaccine and to answer all of his questions.

Gerald agrees to receive the second dose of AstraZeneca vaccine, which is administered by Dr Ferency.

After Gerald, Dr Ferency provides three more second-dose vaccine suitability assessment services and two first-dose services. One of the second-dose patients and both of the first-dose patients also require in-depth patient assessments to address their concerns about the vaccination.

During the visit, Dr Ferency provides services to six patients, four (4) second-dose services and two (2) first-dose services. He also provides four (4) in-depth patient assessments. Each patient's informed consent and the reason for conducting the in-depth patient assessment is recorded in the patient notes

As Rosecastle is an inner city residential aged care facility, Dr Ferency bills Medicare using the MBS items for vaccine suitability assessments provided in a metropolitan area. As the services are provided outside consulting rooms, Dr Ferency can also claim the flag-fall payment for the first service in the visit.

Dr Ferency bills:

- 1x MBS item 90005 (flag-fall payment)
- 4x MBS item 93644 (second-dose service in business hours)
- 2x MBS item 93624 (first-dose service in business hours)
- 4x MBS item 10660 (in-depth patient assessment provided by a GP)

The flag-fall payment item is billed in conjunction with the first service of the visit, which was Gerald's vaccine suitability assessment. The in-depth patient assessment services are billed in conjunction with the relevant patient's vaccine suitability assessment service.

Dr Ferency's practice is accredited under the PIP. However, because none of the second-dose patients are regular patients and did not receive their first-dose service from Dr Ferency, the PIP incentive cannot be paid for these services. Should Dr Ferency go on to provide second-dose services to the patients who only received their first dose of vaccine during the visit, the PIP incentive would be payable.

Scenario 20

Providing an in-depth patient assessment in conjunction with a vaccine suitability assessment to a long-term patient

Meghan is in her early sixties and has been a patient of the general practice in her rural town for most of her life. She arranges to have her first COVID-19 vaccination with Dr Eccleston, who has been her regular GP since he joined the practice 8 years ago.



Meghan has a number of chronic health conditions and is extremely worried, not only about the safety of the vaccine but also about her greater level of risk from the COVID-19 virus. After completing Meghan's vaccine suitability assessment, Dr Eccleston undertakes an in-depth patient assessment. As she is a regular and long-standing patient of the medical practice, Meghan's medical history is very well-documented, so there is no need to undertake the detailed history component of the in-depth assessment. Instead, Dr Eccleston uses the time to discuss Meghan's concerns about the vaccination in depth, as well as her fears about her increased vulnerability to the virus.

Both services are clinically relevant, and therefore Dr Eccleston can bill Medicare for item 93625 (for a first-dose vaccine suitability assessment service in a non-metropolitan area during business hours) and MBS item 10660 (for an in-depth patient assessment provided by a GP).

He records Meghan's informed consent to the vaccination and the reason for the in-depth patient assessment in the patient notes.

Scenario 21

Billing Medicare for a third MBS COVID-19 vaccine suitability assessment service provided to a person who is severely immunocompromised

Chester, who lives in a Modified Monash Area 3 location, has a primary immunodeficiency disease. He has already received both a first and second dose of COVID-19 vaccine, but following recent ATAGI advice approaches his local general practice for a third vaccination service.

Chester attends the medical practice in business hours and receives a vaccine suitability assessment service from this regular GP, Dr Burnside.

Dr Burnside bulk-bills MBS item 93645, for a second or subsequent vaccine suitability assessment service provided during business hours in a non-metropolitan location.

Scenario 22

Billing Medicare for a COVID-19 vaccine suitability assessment service that is co-administered with an annual influenza vaccination.

Hera is invited to attend her local metropolitan medical practice to receive her annual flu vaccination. Because it has been just over six months since she received her second COVID-19 vaccination, her GP, Dr Wren, recommends that she also have a COVID-19 booster shot. Dr Wren explains that is no longer necessary to wait two weeks between vaccinations, so Hera agrees to have both vaccinations at the same time.

Dr Wren provides the vaccine suitability assessment service, using MBS item 93644 for a second dose suitability assessment provided in a metropolitan area during business hours. As it is still a requirement that MBS COVID-19 vaccination support services be bulk-billed, Hera does not have to pay a fee for this part of the attendance.



Medicare Support for COVID-19 Vaccinations Frequently Asked Questions

However, Hera is not in one of the categories of patients eligible for a free annual influenza vaccine under the National Immunisation Program, and Dr Wren is not required to bulk bill her for this part of the attendance. Hera is already aware that she will have to pay a co-payment for the flu vaccination, as Dr Wren sought her informed financial consent to the service before undertaking it.

Dr Wren bills this part of the attendance using MBS item 23, for a level B standard attendance. Hera receives \$39.10 as the Medicare rebate for the service.

If Hera had been an eligible patient under the National Immunisation Program, Dr Wren would not have charged a co-payment for any part of the attendance. Instead, Hera received a bulk-billed COVID-19 vaccine suitability assessment and was charged a co-payment for the influenza vaccination.



Medicare Support for COVID-19 Vaccinations

Frequently Asked Questions

Attachment 2

MBS COVID-19 VACCINE SUPPORT ITEMS

MBS Item Number	Dose and Time Period	Modified Monash Area
93624	First-dose – Business Hours	1
93625		2 to 7
93626		1
93627		2 to 7
93634	First-dose – After Hours	1
93635		2 to 7
93636		1
93637		2 to 7
93644	Second or subsequent dose – Business Hours	1
93645		2 to 7
93646		1
93647		2 to 7
93653	Second or subsequent dose – After Hours	1
93654		2 to 7
93655		1
93656		2 to 7
10660	GP In-Depth Patient Assessment	All locations
10661	OMP In-Depth Patient Assessment	All locations
90005	Services Outside Consulting Rooms - Flag-Fall	Residential aged care facility Residential disability facility Patient's home



Medicare Support for COVID-19 Vaccinations Frequently Asked Questions

Services rendered in business hours:

- after 8am or before 8pm on a weekday;
- after 8am or before 1.00pm on a Saturday.

Services rendered after-hours:

- on a public holiday.
- on a Sunday.
- before 8am, or after 1pm on a Saturday.
- before 8am, or after 8pm on any day other than a Saturday, Sunday or public holiday.

A locator map to identify a general practice's Modified Monash location is available from the DoctorConnect website at: <https://www.health.gov.au/resources/apps-and-tools/health-workforcelocator/health-workforce-locator>

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating GPs 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.