Patient consent for telehealth

Under section 20A of the Health Insurance Act 1973, the patient’s signature is still required on the General, Specialist and Diagnostic (assignment of benefit) form (DB4). This form can be printed when processing the Bulk Bill claim. You can access this form through Medicare Bulk Bill Webclaims using HPOS.

Patient’s signature
There are 3 ways to obtain the patient’s signature:
1. Mail the completed DB4 form to the patient for them to sign and return via return post
2. Request assistance from a supporting practitioner (when there is one and if possible)
3. Obtain an email agreement from the patient

For privacy reasons, do not include the Medicare card number and provider number in the email.

Note: Under these exceptional and temporary circumstances, for the new 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 is acceptable.

Example email
An example of an email meeting all the requirements is shown below:

Dear Mr Jones (patient),

Thank you for making a telehealth appointment with Dr Smith for Friday 27 March 2020 at 2pm.

To join this consultation by Skype please click on the link. If you are using a computer or laptop just click the above link. If you’d like to use your smartphone you will need to download skype to your phone through Google Play or the App Store.

Details of the telehealth consultation to be claimed with Medicare:
- Item number: 91801 Benefit amount: $87.00
- Date and time of consultation: 27.03.2020, 2:00pm
- Patient name: Paul Jones
- Provider name: Jane Smith

If you agree to the assignment of the Medicare benefit directly to the provider (bulk bill), reply to this email including the following wording:
- Yes, I agree to the assignment of the Medicare benefit directly to the provider
- Your name or name of parent/guardian

Regards,
Claire Dawson
Practice Manager
Sunnyside Medical Practice

Privacy note: Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the department will manage your personal information, including our privacy policy.
Once you obtain a reply email from the patient with the required information:

a) complete a General, Specialist and Diagnostic (assignment of benefit) Voucher form (DB4)
   i) for manually submitted claims write in the signature block ‘unable to sign, written email agreement provided’
   ii) for electronic claims, you do not need to note the email signature, but you must keep the patient’s email consent on file

b) submit the claim in accordance with the Health Insurance Act 1973, 1975 Health Insurance Regulations and MBS

c) send a completed copy of the General, Specialist and Diagnostic (assignment of benefit) Voucher form (DB4) to the patient

d) keep the email with the patient’s consent and email signature, in hard copy or electronic form for audit purposes for at least 2 years.

e) by noting ‘email agreement’ on the manual General, Specialist and Diagnostic (assignment of benefit) form (DB4), you acknowledge you’ve followed steps 1-3 above.

This process complies with section 10 of the Electronic Transactions Act 1999, which outlines the steps to be taken for an electronic signature to be recognised.

It also meets the legal requirement of needing a patient signature to assign a Medicare benefit.

COVID-19 Bulk Billed MBS Telehealth Services

Provider Frequently Asked Questions

What kind of documentation do I need to retain to support the claiming of the new temporary MBS telehealth services?

A: The new temporary MBS telehealth items have the same record keeping requirements as the face-to-face MBS items currently claimed. The new items have similar requirements to normal timed consultation items and similar documentation must be retained to support the claiming of the new items.

Do I still need to get a patient to ‘sign’ the Medicare Benefits form if I’m bulk-billing the telehealth consultation?

A: The advice from the Department of Health is that patients are still required to consent to their telehealth service being bulk-billed, as per normal practice for bulk-billed services.

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.

However, the Department of Health’s position is that, under these exceptional and temporary circumstances, for the new 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:
  o In writing by email or
  o verbally through the technology with which the attendance is conducted.
  o 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 has indicated that it may investigate potentially fraudulent claims by seeking to verify that the service was provided to a patient. However, the Department has stated that it is not intending to undertake compliance activity directly focused on whether the assignment of benefit process aligned with the usual requirements.

*Please note:* 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.