COVID-19 Bulk Billed MBS Telehealth Services

Provider Frequently asked Questions

Lasted updated 7 April 2020

- From 13 March 2020 to 30 September 2020 (inclusive), new 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 new items are listed on the COVID-19 MBS Telehealth Services Factsheets available on MBS Online.

- The new temporary MBS telehealth items are available to GPs, other medical practitioners, specialists and consultant physicians (including psychiatrists), nurse practitioners, participating midwives and allied mental health providers.

- From 30 March 2020, there is no longer a requirement that the patient or practitioner must be at risk of COVID-19. This has been removed and telehealth services are now available for the whole population.

- From 6 April 2020, there is no longer the requirement that all telehealth consultations be bulk-billed. However, the following patients must be bulk-billed:
  - (a) a person who is a patient at risk of COVID-19 virus; or
  - (b) a person who is a Commonwealth concession card holder; or
  - (c) a person who is under the age of 16.

- Health providers may apply their usual billing practices to the telehealth items for patients who do not fit the above criteria. Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.

- You can consult any patient using telehealth (audio-visual consultation) or, where audio-visual is unavailable, the telephone.

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

- All Medicare eligible Australians can receive these services. From 6 April 2020, it is a legislative requirement that the new telehealth services must be bulk billed for Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19.

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) are not eligible for services under the new MBS items.
Can I use the new temporary MBS telehealth items to treat patients if I am a practitioner who is admitted to hospital?

- **No.** Admitted patients (whether as part of an episode of hospital treatment or hospital substitute treatment) are not eligible for services under the new MBS items. Medicare rebates are not payable for video or telephone attendances if the practitioner is an admitted patient.

**Telehealth Arrangements:**

**What telehealth options are available to perform these consultations?**

**A:** Videoconference services are the preferred method for substituting face-to-face consultations. Telephone consultations should only be used where audio-visual (telehealth) consultation is unavailable. There are separate item numbers for video and telephone consultations.

The Department of Health has advised that 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.

**What platform can I use for telehealth?**

**A:** No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting and others.

The Department of Health has noted that this would not include online chat box/messaging and email as there is no visual or audio link.

The Department of Health has also advised that free versions of the video/audio applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy.

You should check whether the platform you wish to use complies with Australian privacy and security laws. You can do this by asking the vendor or checking the vendor’s website.

*CESPHN is committed to assisting our local practices and will soon be offering practices the option to setup for free HealthDirect Video Calls – for more information or to express your interest, email telehealth@cesphn.com.au*

**What are the ‘professional standards’ for telehealth consultations?**

**A:** It is an MBS requirement that you have the capacity to provide the full service through telehealth or telephone safely and in accordance with professional standards. The MBS telehealth item number descriptors also require general practitioners to undertake the following in each telehealth or telephone consultation:

- take a short patient history
- arrange any necessary investigation
- implement a management plan;
- provide appropriate preventative health care;

Always be aware of the limits of what you can achieve via the phone or video link if you are unable, for example, to check a patient’s blood pressure or temperature (and they cannot reliably do this remotely).
You will need to consider whether a physical examination is necessary and have a plan in place for referral of the patient especially if you are in self-isolation. This may be to a colleague in your practice, other COVID-19 clinics, the local hospital if appropriate or to another practice in the area if your practice is closed or the doctors cannot see additional patients.

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.

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

**A:** 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?**

**A:** No. For a Medicare benefit to be paid for the new temporary MBS telehealth a visual or audio link must be established with the patient. This does not include online chat box/messaging and email.

**Bulk Billing and claiming:**

**Can I charge the patient an additional charge for the consultation if I use the MBS telehealth bulk-billed items for COVID-19?**

**A:** Yes. Providers may apply their usual billing practices to the telehealth items but must provide details regarding their fees, including any out-of-pocket costs.

Patients who are Commonwealth concession card holders, vulnerable patients and patients aged 16 and under must continue to be bulk-billed, which means no additional charge can be raised for the service that is billed.

Rebates for services provided by GPs and non-vocationally registered medical practitioners 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.)

**If my patient doesn’t meet the telehealth bulk-billed criteria, can I still offer then telehealth services and bill them privately?**

**A:** Yes. You can bill privately, but you need informed financial consent from the patients. Patients need to understand there is no Medicare rebate. This consent can be given verbally and documented in the medical records or confirmed in an email. Please refer to CESPHNs Patient Consent guides which includes a sample email template for providers.

We suggest you indicate on your receipt issued to the patient that there is no Medicare benefit payable for the service.

**Are the new temporary MBS telehealth items stand-alone items? Can I co-claim the new MBS items with existing MBS items?**

**A:** The new items are stand-alone items. The items may not be co-claimed with any existing face-to-face MBS items.
Can I co-claim the new temporary MBS telehealth items with existing MBS telehealth incentive items?

A: No. Existing telehealth items may not be co-claimed with the new temporary MBS telehealth items as they are essentially providing the same service.

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

A: Yes. Medicare rebates may be paid 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.

However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.

Where two or more attendances are made on the one day by the same medical practitioner, the time of each attendance should be noted (e.g. 10.30am and 3.15pm) in order to assist in the assessment of benefits.

Which new temporary MBS telehealth items can be claimed for telehealth services to RACF patients?

A: GPs or other medical practitioners can provide services to patients in residential aged care facilities (RACFs) via video-conferencing or where that is not an option by telephone.

Telehealth consultations must only be provided where it is clinically safe and appropriate to do so.

Doctors can claim the corresponding COVID-19 telehealth items for the service provided.

For example, a GP Level B attendance (MBS Item 23) provided to a RACF patient conducted by video-conference or telephone would attract a 91800 (video-conference) or 91809 (telephone) item.

To see the equivalent telehealth items, refer to the GPs and OMPs items Fact Sheet.

Please note that Medicare rebates for the temporary telehealth items are currently only available when the service is bulk billed.

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:
- 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 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.

CESPHN has [Patient Consent guides](#) including a sample email template for providers.

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

**A:** Yes. With Medicare Easyclaim, 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.

Up until 30 September 2020, 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’.

**Practice Incentive Payments:**

**What are the bulk-billing incentives that have been doubled?**

**A:** The Government announced that bulk billing incentives have been doubled to GPs for telehealth services and face-to-face services for concessional patients and those under the age of 16. An example of this the incentive has increased from $6.40 to $12.80 per service in major cities, and from $9.65 to $19.30 per service everywhere else.

The announcement does not mean that the rebate for regular bulk-billed COVID-19 telehealth items has been doubled.
What does the doubling of the Practice Incentive Program Quality Improvement (PIPQI) payments mean?

A: For those who have signed up to the Practice Incentive Program (PIP) Quality Improvement (QI) Incentive, the government has announced a temporary doubling of payments. These payments will be made on 1 May and 1 August 2020. This means that practices will receive $10 per SWPE to a maximum quarterly value of $25,000.

To qualify for this, practices must provide face-to-face services for a minimum of four hours a day, or for 50 per cent of normal practice opening hours for part-time practices. This increase is to encourage practices to continue to provide face to face services.

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

A: 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:
I provide after-hours care, can I consult patients using telehealth?

A: The ‘GP urgent after hours’ service provided under item 92210, 92216 are to be performed in cases where the patient’s medical condition requires urgent assessment. It is a specific requirement that a record of your patient assessment identifies the basis for the patient’s need for urgent assessment.

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

A: Where possible, providers should use the new temporary MBS telehealth items to attend to the medical needs of their patients during their practice hours and limit messaging to patients to contact after-hours services to emergency situations.

Prescriptions and Pathology/Diagnostic Imaging Tests:
How do I write a prescription for the patient if we not co-located?

A: The medical practitioner can mail or email a prescription to the patient or the patient’s pharmacist. Doctors are also authorised to take photos of scripts, however, schedule 8 drugs are not included in this. Please refer to the Guide to Poisons and Therapeutic Goods Legislations for Pharmacists.

Can I order tests for a remote patient?

A: Yes. There is no difference between a video and face-to-face consultation in terms of ordering pathology and diagnostic imaging tests. As in practice, the arrangements for these tests can be done via email, fax, mail and/or in consultation with the patient.