



COVID-19 Temporary MBS Telehealth Services Provider Frequently Asked Questions

Last updated: 20 July 2020

- Commencing 13 March 2020, new temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.
- The new temporary MBS telehealth items are available to GPs, other medical practitioners, specialists and consultant physicians (including psychiatrists), nurse practitioners, participating midwives and a range of allied health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The new services are for out-of-hospital patients.
- From 20 July 2020, it will be a legislative requirement that GPs and Other Medical Practitioners (OMP) working in general practice can only perform a telehealth or telephone service where they have an existing relationship with the patient. There are limited exemptions to this requirement.
- It is a legislative requirement that the GP and OMP COVID-19 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.
- Specialist and allied health service providers are not required to bulk bill these new telehealth items.
- 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
- The bulk billing incentive Medicare fees have temporarily doubled (until 30 September 2020) for items relating to GP and OMP services, diagnostic imaging services (items 64990 and 64991) and pathology services (items 74990 and 74990). These items can be claimed with the new temporary MBS telehealth items where appropriate. As of 20 April 2020, two new bulk billing incentive items have been introduced for services provided to patients who are more vulnerable to COVID-19. The new fees are provided in the overarching COVID-19 MBS Telehealth Services Factsheet available on MBS Online.
- The FAQs provide information on eligibility, telehealth and telephone arrangements, bulk billing, claiming and referrals.
- Please note that this information is accurate as of this date. This is an evolving situation and it is possible that some of this information could change in response to the circumstances. Please continue to check MBS Online (www.mbsonline.gov.au) regularly for any further announcements.

What are the changes?

As part of the Australian Government's response to COVID-19, these items have been updated to ensure continuity of care for patients.

As of 30 March 2020, these items became general in nature and have no relation to diagnosing, treating or suspecting COVID-19.

A list of temporary telehealth items is provided in the overarching COVID-19 MBS Telehealth Services Factsheet available on [MBS Online](#).



Why are the changes being made?

Updates were made on 20 July to ensure patients receive care from a GP or practice with whom they have an existing relationship.

A series of fact sheets has been developed to support the introduction of these items, which are available at: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/factsheet-current

Eligibility

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

- The new MBS items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive these services.
- From 20 July 2020, patients will be eligible for GP and OMP telehealth services if they have seen their GP or another medical practitioner or health practitioner (such as a practice nurse or Aboriginal and Torres Strait Islander health worker) within the same practice at least once in the preceding 12 months. Exemptions to this requirement apply to:
 - (a) children under the age of 12 months;
 - (b) people who are homeless;
 - (c) patients living in a COVID-19 impacted area (where a person's movement is restricted by a State or Territory public health requirement, including quarantine);
 - (d) patients receiving an urgent after-hours (unsociable hours) service; or
 - (e) patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
- GP and OMP services provided using the MBS telehealth items must be bulk billed for Commonwealth concession card holders, children under 16 years of age, and patients who are more vulnerable to COVID-19. For specialist and allied health services, bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.
- For the purpose of the temporary MBS telehealth items, a vulnerable patient is a 'patient at risk of COVID-19 virus' who:
 - (a) is required to self-isolate or self-quarantine in accordance with guidance issued by the Australian Health Protection Principal Committee in relation to COVID-19; or
 - (b) is at least 70 years old; or
 - (c) if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or
 - (d) is pregnant; or
 - (e) is the parent of a child aged under 12 months; or
 - (f) is being treated for a chronic health condition; or
 - (g) is immune compromised; or
 - (h) meets the current national triage protocol criteria for suspected COVID-19 infection.



- A chronic health condition is medical condition that has been present (or is likely to be present) for at least six months or is terminal. The Department of Health website provides additional detail online: <https://www.health.gov.au/health-topics/chronic-conditions/about-chronic-conditions>. The diagnosis of immune compromised is a clinical decision made by the patient's treating doctor. Please note this is guidance only, and does not constitute MBS claiming advice.

How do I determine COVID-19 telehealth eligibility for a patient with a chronic health condition or who is immune compromised?

- For Medicare, a chronic condition is medical condition that has been present (or is likely to be present) for at least six months or is terminal. The Department of Health website provides additional detail online: www.health.gov.au/health-topics/chronic-conditions/about-chronic-conditions. The diagnosis of immune compromised is a clinical decision made by the patient's treating doctor. Please note this is guidance only, and does not constitute MBS claiming advice.
- Providers should document how the patient meets the COVID-19 MBS eligibility criteria; for example, with a recorded diagnosis and/or a health summary shared with the patient's consent. Providers should use their judgement regarding appropriate documentation that would be generally accepted by the relevant profession as necessary to demonstrate eligibility.
- Providers should use their clinical judgement to determine if a service is clinically relevant. A clinically relevant service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

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.

Telehealth Arrangements

What telehealth options are available to perform these consultations?

- MBS telehealth services are videoconference services and this is the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video not available. There are separate items available for audio-only services.
- For the purposes of the new temporary MBS items, a **telehealth attendance** means a professional attendance by video conference where the health practitioner:
 - (a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
 - (b) is satisfied that it is clinically appropriate to provide the service to the patient; and
 - (c) maintains a visual and audio link with the patient; and
 - (d) is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.



- For the purposes of the new temporary MBS items, a **telephone attendance** means a professional attendance by telephone where the health practitioner:
 - (a) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
 - (b) is satisfied that it is clinically appropriate to provide the service to the patient; and
 - (c) maintains an audio link with the patient.
- No specific equipment is required to provide Medicare-compliant telehealth services. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. To assist providers with their privacy obligations, a privacy checklist for telehealth services has been made available on MBSOnline: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist>. Further information can be found on the [Australian Cyber Security Centre website](#)

Where can I provide the telephone or telehealth consultation from?

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

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

- Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for audio-only services.
- However, for the new temporary obstetric telephone services provided under items 91855, 91856, 91857 and 91858, these services **must not** be performed in cases where the practitioner and patient have the capacity to undertake an attendance by video conference.

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

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

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

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

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

- From 20 July 2020, GPs and OMPs working in general practice must ensure that they have an existing relationship with their telehealth patients, or record how their patients qualify for any exemptions to this requirement.
- An *existing relationship* means the medical practitioner performing the service:



- (a) has provided a face-to-face service to the patient in the last 12 months (telehealth and telephone attendances prior to 20 July 2020 do not satisfy this requirement); or
 - (b) is located at a medical practice where the patient has had a face-to-face service arranged by that practice in the last 12 months (including services performed by another doctor located at the practice, or a service performed by another health professional located at the practice, such as a practice nurse or Aboriginal and Torres Strait Islander health worker); or
 - (c) is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a medical practice that has provided at least one face-to-face service to the patient in the last 12 months.
- The *existing relationship* requirement does not apply to:
 - (a) children under the age of 12 months;
 - (b) people who are homeless;
 - (c) patients living in a COVID-19 impacted area;
 - (d) patients receiving an urgent after-hours (unsociable hours) service; or
 - (e) patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service.
 - A *COVID-19 impacted area* is one where a person's movement is restricted by a State or Territory public health requirement that applies to the person's location. This includes patients subject to quarantine, and other restrictions intended to support infection control.
 - Current COVID-19 impacted areas in Victoria are listed at: <https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19>

Bulk Billing and Claiming

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

- For GP and OMP services, it is a legislative requirement that the new MBS telehealth items must be bulk billed for Commonwealth concession card holders, vulnerable patients and patients aged 16 and under at the time the service is being provided, meaning the patient assigns the MBS benefit to the provider. As bulk billed services, providers cannot charge an additional fee for these items.
- GPs and OMPs are not required to bulk bill telehealth services for patients who are not Commonwealth concession card holders, vulnerable patients and patients aged 16 and under, but must obtain informed financial consent.
- Specialist and allied health telehealth items do not need to be bulk billed, however the provider must ensure informed financial consent is obtained prior to the provision of the service.
- 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.)



- Until 30 September 2020, the bulk billing incentive Medicare fees are doubled for items relating to GPs and OMPs. As of 20 April 2020, two new bulk billing incentive items have been introduced for services provided to patients who are more vulnerable to COVID-19. These incentive items can be claimed with the MBS telehealth items where appropriate. The new fees are provided in the overarching COVID-19 MBS Telehealth Services Factsheet available on [MBSOnline](#).

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

- 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.

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

- Implementation of the COVID-19 telehealth items has been on the basis of substitution of regular face-to-face services. The legislative requirements for the telehealth items are the same as those for the corresponding face-to-face attendance items, even if the first service is a telehealth service.
- Payment of the Medicare benefit may be made for each of several attendances on a patient on the same day by the same medical practitioner provided the subsequent attendances are not a continuation of the initial or earlier attendances.
- Where two or more attendances are made on the one day by the same medical practitioner, the time of each attendance should be stated on the account in order to assist in the assessment of benefits.
- Where the subsequent attendance on the same day does constitute a continuation of an earlier attendance, the sessions are regarded as being part of a single attendance for benefit purposes.
- Note: Medicare benefits are not payable where a service is a health screening service, unless the exception has been made by the Minister. Guidance on the prohibition on the use of the MBS items for screening purposes is available at: <http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=GN.13.33&qt=noteID>.
- Whilst acknowledging the additional complexity of self-isolation practices at the current time, it remains important that providers and patients provide appropriate services. If a telehealth service is deemed appropriate, consideration must be given to determining whether a video or phone service is likely to be a suitable substitute for the equivalent face-to-face service.

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

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

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

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



Assignment of Benefits

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

- Yes. A patient must assign their right to a Medicare benefit to an eligible provider by signing a completed assignment of benefit form. Providers can use the approved assignment of benefit form for manual or online claiming. The patient or other responsible person must not sign a blank or incomplete assignment of benefit form. If the patient is unable to assign their right to a Medicare benefit for manual and online claiming, Services Australia can accept a signature on the assignment form from a third party – for example, the patient's:
 - parent; or
 - guardian; or
 - power of attorney; or
 - other responsible person.

How can an eligible provider obtain a signature from a patient when undertaking services covered under the new temporary MBS telehealth items?

- Where practicable, each individual provider should make efforts to obtain a patient's signature in whichever way is appropriate to their needs. There are several options available to providers performing these services:
 - Provider to post the completed assignment of benefit form to the patient to obtain their signature and return.
 - Request assistance from a supporting practitioner (when there is one and possible).
 - Email agreement between the provider and patient.
- The Department of Health's position is that, under these exceptional and temporary circumstances, for the 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 being in writing, by email, or verbally through the technology with which the attendance is conducted. This agreement can be provided by a patient, or another person, such as the person's carer or family member. The practitioner should keep their own record that the patient agreed or acknowledged that the service was provided, and that the Medicare benefit could be paid directly to the practitioner.
- The Department of Health may investigate potentially fraudulent claims by seeking to verify that the service was provided to a patient. However, the Department is not intending to undertake compliance activity directly focused on whether the assignment of benefit process aligned with the usual requirements.

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

- Yes, with Medicare Easyclaim, a patient assigns their right to a Medicare benefit to the practitioner by pressing the 'OK' or 'YES' button on the EFTPOS terminal in the practice. Additionally, a patient can assign their benefit to an eligible provider by email or through the signature of a 'responsible' third party.
- 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'.



Referrals

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

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

After-Hours Services

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

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

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

- The new COVID-19 telehealth services includes new MBS items that duplicate the face-to-face unsociable hours professional attendance – for GPs items 92210 (telehealth) and 92216 (telephone) are available, and for OMPs items 92211 (telehealth) and 92217 (telephone) are available. All other MBS telehealth items can be provided at any time of the day, if clinically appropriate.

Prescriptions and Pathology/Diagnostic Imaging Tests

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

- The medical practitioner can mail or email a prescription to the patient or the patient's pharmacist. Can I order tests for a remote patient?
- Yes. There is no difference between a video and face-to-face consultation in terms of ordering pathology and diagnostic imaging tests. In practice, the arrangements for these tests could vary between email, fax, mail and/or in consultation with the patient.

Do Pathology and Diagnostic Imaging requests require a signature?

- There is no requirement for diagnostic imaging and pathology requests to be signed. In any event, there is no requirement for a "signature" to be signed by hand with a pen.
- In order for a Medicare benefit to be payable for the service, the request must be made in writing (or confirmed in writing) and meet the requirements of the relevant regulations. The practitioner claiming the Medicare benefit for the service (i.e. the pathologist or radiologist) must therefore be satisfied that the request is a valid request.
- Diagnostic imaging and pathology requests may be made by email, fax or other electronic medium, either directly to the practice, or via the patient, as long as:
 - the recipient agrees to the request being made in that form;
 - it would be accessible for subsequent reference;
 - it contains the information prescribed as for requests made in writing.



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

Provider Information for COVID-19 Patients

Are there any guidelines for health professionals to manage patients who have tested positive to COVID-19?

- The following Department of Health website link outlines COVID-19 resources for health professionals, including aged care providers, pathology providers and healthcare managers:
www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionalsincluding-aged-care-providers-pathology-providers-and-healthcare-managers

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

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

Where can I find more information?

COVID-19 National Health Plan resources for the general public, health professionals and industry are available from the [Australian Government Department of Health website](http://www.health.gov.au).

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

A consumer factsheet is available on [MBSOnline](#) which provides further information on how these changes will affect patients.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.