



COVID-19 Bulk Billed MBS Telehealth Services Provider Frequently Asked Questions

Last updated: 1 April 2020

- From 13 March 2020 to 30 September 2020 (inclusive), 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 allied mental health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The new services must be bulk billed and are for non-admitted patients.
- On 30 March 2020, the bulk billing incentive Medicare fees will double for items relating to General Practice, Diagnostic Imaging and Pathology services. These items can be claimed with the new temporary MBS telehealth items where appropriate. 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, new temporary MBS telehealth items have been introduced to ensure continued access to essential Medicare rebated consultation services.

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

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

Why are the changes being made?

The new temporary MBS telehealth items will allow people to access essential Medicare funded health services in their homes and reduce their risk of exposure to COVID-19.

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



Eligibility

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

- The new MBS items are available to providers for bulk-billed telehealth services for a wide range of consultations. All Medicare eligible Australians can receive these services.

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?

- 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:
 - (e) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
 - (f) is satisfied that it is clinically appropriate to provide the service to the patient; and
 - (g) maintains an audio link with the patient.
- 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.



- Free versions of these applications (e.g. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.

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.

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 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.

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.

Bulk Billing and Claiming

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

- Yes. It is a requirement that all the new MBS items are bulk billed, meaning the patient assigns the MBS benefit to the provider. As bulk billed services, providers cannot charge an additional fee for these items.
- 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.)



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.

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.

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.

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

- 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 (eg 10.30 am and 3.15 pm) in order to assist in the assessment of benefits.

Assignment of Benefits

Can I obtain an assignment of benefit for the new temporary MBS telehealth items?

- Yes. A patient can 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.

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.

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.



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:

<https://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](#).

The full item descriptors 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 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

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.