



Covid-19 **Telehealth**

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24 July 2020

TELEHEALTH FAQ

On 11th March 2020 new telehealth item numbers were added to the Medicare Benefits Schedule (MBS). We recommend staying up to date by frequently reviewing the information on the Department of Health's COVID-19 telehealth webpage [here](#).

AMA NSW has collated a list of frequently asked questions below. If your question has not been answered, please contact our Workplace Relations team by emailing workplace@amansw.com.au.

20 July update

As of 20 July 2020, GPs may only provide a telehealth or telephone service where they have an existing relationship with the patient. These changes mean that patients will not be eligible for telehealth or telephone consults unless they have physically seen their GP or another doctor at the practice in the last year. Limited exemptions apply to this requirement.

FREQUENTLY ASKED QUESTIONS

Who is eligible?

The new temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations. GPs must have an existing relationship with the patient in order to bill the new telehealth items.

Are there exemptions to the 'existing relationship' requirement for GPs?

Yes. Exemptions to these new requirements apply for the following groups:

- (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
- (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.

How is an 'existing relationship' defined?

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.

TELEHEALTH **FAQ**

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

GPs must bulk bill Commonwealth concession card holders, children under 16 years of age, and patients who are more vulnerable to COVID-19. For all other patients, bulk billing is at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.

Specialist (non-GP) service providers are not required to bulk bill COVID-19 telehealth items. If you are privately billing patients, informed financial consent must be obtained prior to the provision of the service.

How does Medicare Define a COVID-19 vulnerable patient?

Vulnerable means a patient at risk of COVID-19, so a person who:

- 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
- is at least 70 years old; or
- if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or
- is pregnant; or
- is the parent of a child aged under 12 months; or
- is being treated for a chronic health condition; or
- is immune compromised; or
- meets the current national triage protocol criteria for suspected COVID-19 infection.

How do I determine if a condition is considered chronic?

The Department of Health defines a chronic health condition as a 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.

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.

Should I use video or telephone?

According to the Department of Health, videoconference services are the preferred approach for substituting face-to-face consultations. 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.

TELEHEALTH **FAQ**

What is the difference between a telehealth and a telephone attendance?

According to the Department of Health:

A telehealth attendance is 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

A telephone attendance is 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.

Is there a preferred video platform that I should use (i.e. Skype, Zoom etc.)?

There is no preferred platform 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.

Does my practice need specific equipment to provide telehealth consultations?

No. Medicare do not require specific equipment for a telehealth consultation to be considered compliant. To assist providers with their privacy obligations, the Department of Health have developed a privacy checklist for telehealth services available on MBSOnline [here](#).

Do I bill both the existing item number and the new COVID-19 telehealth item number?

No, you bill one or the other depending on whether you saw the patient face to face, via videoconference or by telephone. The telehealth item descriptors mirror those of existing face to face consultation items (equivalent items can be found in Medicare's fact sheets).

Can I charge a gap fee on a telehealth item I have bulk billed?

No. If you bulk bill a patient, you can't make additional charges for that service. This rule applies to all Medicare services.

TELEHEALTH **FAQ**

Does the patient still need to assign their benefit to the practitioner for bulk-billed telehealth or telephone services?

The following information has been copied from the Department of Health's **Provider Frequently Asked Questions**:

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.

How can I submit Medicare bulk bill claims electronically?

You have a few options. You can either talk to your practice software provider for further information or submit Medicare bulk bill claims electronically for real time assessment through HPOS. You can find more information about submitting Medicare bulk bill webclaims electronically [here](#).

Am I covered by my Medical Defence Organisation (MDO) to provide telehealth services?

The AMA understands that medical indemnity insurance will cover telehealth activities under practitioner cover, provided you deliver the service in accordance with relevant guidelines and observe any specific requirements for telehealth set by your Medical Defence Organisation.

If you have any specific questions, please call your MDO for individual advice.

I'm a specialist, do I still require a referral from a patient to see them via telehealth?

Yes. You will still need a valid referral from a General Practitioner.

I have questions about one of the new telehealth item numbers, where can I find more information?

You can search for item descriptions by using the search function (in the top right corner) of the **MBS online** website.

TELEHEALTH **FAQ**

Do loadings apply to the new COVID-19 telehealth item numbers?

No. Unless specified in the item description, the COVID-19 telehealth item numbers do not attract loadings.

Where can I download the XML file for the new item numbers?

You can download the XML file [here](#).

What are the professional requirements I need to meet when conducting a telehealth consultation?

Medical practitioners are reminded that The Medical Board of Australia's **Good medical practice: a code of conduct for doctors in Australia** still applies to consultations provided via telehealth.

It is important that your chosen telecommunications solution meets your clinical requirements and satisfies privacy laws. You can access the Medical Board's Guidelines for technology-based patient consultations [here](#).

You should always be able to:

- Verify the identity of the patient
- Keep appropriate records of the consultation
- Access information about the patient's past medical history to ensure that any prescriptions provided are appropriate.
- Ensure that processes remain in place for informed consent
- Ensure the privacy of patients is protected.

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 [here](#).

The MBS items I use are not available or have impractical rules associated – what can I do?

Our Federal counterparts are working closely with the Department of health to address these issues. If you feel that your speciality has been ignored or there are other issues with the COVID-19 telehealth items, you can contact AMA Federal directly about this by [emailing covid19@ama.com.au](mailto:covid19@ama.com.au). Alternatively, email us at workplace@amansw.com.au and we will happily pass on your concerns.

Please note: the information provided by the Department of Health is being updated regularly. We recommend staying up to date by frequently reviewing the information on the Department of Health's webpage **here**.

Disclaimer: The information in this document is of a general nature only and does not constitute legal advice. We have made every attempt to ensure that the information and any links contained in this document are accurate as at the date of drafting. AMA (NSW) will not be liable for any decision made or action taken in reliance on the information in this document. It is for general guidance only and should not be used as a substitute for obtaining specific assistance or advice.



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