



# Covid-19 **Telehealth**

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29 July 2021

# TELEHEALTH FAQ

On 11th March 2020 new telehealth item numbers were added to the Medicare Benefits Schedule (MBS) and are available to bill until 31 December 2021. 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. 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](mailto:workplace@amansw.com.au).

## July update

- GPs and OMPs telephone services initially established were replaced with a smaller number of MBS Item Numbers to align with how they are commonly used
- Additional exemptions for the existing relationship requirement were introduced for patients accessing specific MBS items pregnancy counselling and blood borne viruses, sexual or reproductive health
- Changes have been made to the item numbers for telephone consultations for GPs.

## FREQUENTLY ASKED QUESTIONS

### 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; and.
- (f) patients accessing specific MBS items for:
  - (i) blood borne viruses, sexual or reproductive health consultations (new items); and
  - (ii) pregnancy counselling services (under MBS Group A40)
  - (iii) mental health services (under MBS Group A40)
  - (iv) nicotine and smoking cessation counselling.

\*\*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 isolation, quarantine, and other restrictions intended to support infection control and located in a COVID-19 hotspot as declared by the Commonwealth Chief Medical Officer.

# TELEHEALTH **FAQ**

## 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 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 with respect to Aboriginal or Torres Strait Islander patients); or
- (c) is a participant in the Approved Medical Deputising Service program if:
  - (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and
  - (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or
- (d) is a general practitioner employed by an Approved Medical Deputising Service provider, if:
  - (i) the Approved Medical Deputising Service provider has a formal agreement in place with a medical practice to provide after-hours services to its patients; and
  - (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months; or

- (e) is a medical practitioner employed by an accredited Medical Deputising Service, if:
  - (i) the accredited Medical Deputising Service has a formal agreement in place with a medical practice to provide after-hours services to its patients; and
  - (ii) the medical practice has provided, or arranged, at least one service to the patient in the past 12 months.

The existing relationship requirement does not apply to non-GP specialist consultations.

## Who is eligible?

The temporary COVID-19 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. Therefore, a patient will not be able to access care from a GP via telehealth if they have not physically seen their regular GP or another medical or health professional at the same practice within the last 12 months.

This is an ongoing requirement and applies to all telehealth consultations, not simply the first telehealth appointment that a patient attends.

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

GPs and specialists are not required to bulk-bill COVID-19 telehealth item numbers. If you privately bill patients, informed financial consent must be obtained prior to the provision of the service.

# TELEHEALTH **FAQ**

## Where can I provide the telephone or telehealth consultation from?

There are no geographical restrictions on the temporary telehealth item numbers, other than that the patient and the doctor must be in Australia.

## 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, providers are able to offer audio-only services via telephone if video is not available. There are separate items available for audio-only services.

## 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 Health Direct, Zoom, Skype, FaceTime, Duo, GoToMeeting and others. However, to assist practitioners in complying with their privacy obligations, the Department of Health recommends choosing a teleconferencing provider which offers passcode-protection for meetings, allows meetings to be locked once all participants have joined and ensures the above features are secure for patients using a free version of the service.

## 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](#).

# TELEHEALTH **FAQ**

## **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 charge a gap. This rule applies to all Medicare services.

## **Does the patient still need to assign their benefit to the practitioner for bulk-billed telehealth or telephone 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 where 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.

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 MDO.

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

# TELEHEALTH **FAQ**

## **I'm a specialist, do I still require a referral if I am consulting a patient via telehealth?**

Yes. You will still need a valid referral from a General Practitioner in order for the patient to claim the Medicare rebate.

## **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.

## **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 and
- Ensure the privacy and confidentiality of patients is protected.


**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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