



COVID-19 Telehealth Services

Consumer Factsheet

Last updated: 8 May 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 items are available to GPs, medical practitioners, nurse practitioners, participating midwives, allied and mental health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- 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 for GP and Other Medical Practitioner (OMP) services.
- As of 20 April 2019, specialist and allied health service providers are no longer required to bulk bill these new telehealth items.

What are the changes?

As part of the Australian Government's response to COVID-19, new temporary MBS telehealth items have been introduced to help patients access health services by videoconference or telephone. These new items will substitute current face-to-face consultations normally available under Medicare.

Why are the changes being made?

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

Who is eligible?

All Medicare cardholders are now eligible to access the new temporary MBS telehealth items for a range of consultations.

How do I make a telehealth appointment?

When making an appointment with your health professional, you could indicate that you would like your consultation performed via telehealth. Your health professional may also offer any of your existing appointments as a telehealth appointment.

What telehealth options are available?

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, health practitioners will also be able to offer audio-only services via telephone if video is not available.

No specific equipment is required to provide Medicare-compliant telehealth services.



Patients can now access MBS telehealth consultations with:

General Practitioners	Diabetes Educators	Orthoptists
Specialists (Psychiatrists and Surgeons among others)	Dietitians	Osteopaths
Aboriginal and Torres Strait Islander Health Practitioners and Health Workers	Exercise physiologists	Physiotherapists
	Mental health workers	Podiatrists
	Midwives	Psychologists
Audiologists	Nurse Practitioners	Social Workers
Chiropractors	Occupational Therapists	Speech Pathologists
Clinical Psychologists	Optometrists	Other Medical Practitioners

Frequently asked questions:

Can I be charged a fee for this service?

- If you are a Commonwealth concession card holder, a vulnerable patient or a patient under 16 years old, you must be bulk billed for GP or OMP telehealth items. This is a legislative requirement.
- For all other telehealth services, health professionals may set their own fees for the new temporary MBS telehealth items.

Okay, how much can I be charged?

- It depends. While health professionals are encouraged to bulk bill the new telehealth items, they are free to set their own value on their services for non-concessional or non-vulnerable patients. The actual fee charged is a matter between doctor and patient. Before your appointment, it is important to discuss and agree if you will be charged a fee, this is known as 'informed financial consent'.

Who is a concession card holder or a vulnerable patient?

- A concession card holder is someone with current, Commonwealth assigned concession card, further information on concession cards can be found here:

<https://www.servicesaustralia.gov.au/individuals/subjects/concession-and-health-care-cards>

- A vulnerable patient is classified as one of the following; a person 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.

What if I am bulk billed for the service?

- If your service is bulk billed (meaning you will not have an out of pocket cost for the service), you will need to assign the Medicare benefit you would receive to your treating health professional.

What is meant by 'assignment of benefit' and how do I assign to my provider?

- When a bulk billed service is being provided, you need to agree that your Medicare rebate being paid directly to your healthcare provider. This is known as 'assignment of benefit'.
- A patient assigns their right to a Medicare benefit by signing a completed assignment of benefit form, which is available here: <https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/db020>
- For these temporary items only, it is acceptable for your treating health professional to document your agreement to assign your benefit in their clinical notes during the consultation and a form is not required.

I have made an appointment to see my GP face to face, can I assign my Medicare benefit to the GP without a physical signature?

- Yes, there is no need to handle paper or pens in a GP's office for this purpose. 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. Or;
- Up until 30 September 2020, the practice can assign your benefit on your behalf or the GP can note the assignment of benefit in their clinical notes during the consultation.

What if I am asked to pay a co-payment or a fee to the healthcare provider in addition to being bulk billed?

- If a service is bulk billed, the healthcare provider accepts the Medicare rebate as full payment; you cannot be charged any other costs such as booking, administration or record keeping fees.

Can I be prescribed medication via telehealth?

- Yes, the medical practitioner can mail or email a prescription to you or your pharmacist.

Can my treating health professional order me a test? (e.g pathology test)

- 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, or mail.

Do I have a choice if my practitioner suggests a video consultation?

- Yes. If a video consultation is suggested and you do not have the necessary technology, you may request to have the service by telephone. Your health professional may also prefer a face-to-face consultation.
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Where can I have a telehealth consultation?

- Patients must be located in Australia, eligible for Medicare and not be an admitted patient to a hospital.

Can I choose who will be in the room with me when I have the video consultation?

- Yes. Depending on your isolation requirements, you may have support from a friend or family member. This should be discussed with your treating health professional.

Are there special privacy requirements for video consultations?

- The same privacy requirements that apply to face-to-face consultations will apply to video consultation/telephone consultations. Patients should discuss any concerns with their treating health professional.

What if the video/phone connection drops out? Do I need to make another appointment?

- No, it is the same service; once you have reconnected, you should continue the consultation as normal.

Can I attend more than one consultation in a single day and still be bulk billed?

- Yes. You can attend multiple consultations on the same day and by the same medical practitioner, provided the subsequent attendances are not a continuation of the initial or earlier attendances.

I am not sure I have received a quality service via telehealth. What can I do about this?

- If you have not received a satisfactory health service, you can:
 - View information online on the medical board of Australia website about making a complaint: <https://www.medicalboard.gov.au/>, or
 - Submit a health provider tip off on the Department of health website: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-provider-tip-off>

Where can I find more information?

- COVID-19 National Health Plan resources for the public, health professionals and industry are available from the [Australian Government Department of Health website](#).

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.