

Australian Rheumatology Association (ARA) and Telehealth (TH)

Telehealth and Rheumatology

Telehealth (TH) removes some of the barriers to accessing medical services for Australians who have difficulty travelling to a specialist due to ill-health or residence in rural and remote areas. Since 2011 Medicare Benefits have been available for video consultations between specialists and patients who are located in TH eligible areas (see below).

To use telehealth (TH) in your practice, there is no need to formally lodge an application. The first use of the TH Medicare item (112) identifies to Medicare Australia that you are participating in the TH arrangements.

Eligibility:

At the time of the TH video consultation the patient must be outside of a major city (RA1) and there must be 15 km by road between you and the patient. You can check if the patient's location is in a TH eligible area by using [Search the map](#) on the Department of Health DoctorConnect website. This geographical restriction does not apply to residents of eligible aged care facilities and Aboriginal Medical Services throughout Australia.

There are Medicare benefits available for clinical support provided by a health professional who is with the patient during the video consultation but a **TH consult does not have to be supported by another health professional.**

Suitability:

TH in rheumatology is very helpful with follow up of patients who live at a distance from their rheumatologist or reside in aged care facilities.

An initial consultation with rheumatology patients via TH has limitations due to inability to examine patients. Having a suitably trained medical practitioner, nurse or other allied health professional present can reduce this constraint. However many factors should be considered before accepting a new patient including **that a number of medical indemnity providers do not offer cover for telehealth unless there is an intention to review the patient in a face-to-face consultation.** You are advised to check your policy.

Logistics:

Selecting an appointment time that is appropriate for all parties is vital. This may be:

- a) Between Specialist, and referring GP or their representative such as nurse/physiotherapist. Both sites should book appointments with the same duration.
- b) With the patient directly in suitable cases, such as routine follow up of stable patients on DMARDs or review of investigations results.

Some areas have a central booking facility for all TH consultations. On other occasions liaison with a specific practice or Health Facility is required. Administration staff involved should be familiar with the relevant process to minimise difficulties.

For some central booking the following are required

- Patient name
- DOB
- Specialist/specialty
- Suggested Video conference time/date

- Any observations needed prior to video conference
- Length of videoconference
- Town patient lives in

Prior to consultations you are advised to:

- a) Establish what videoconferencing software will be used for e.g. Cisco Jabber, WebEx or Skype; (no clear dominant software solution has emerged to date).
- b) Ensure the following have been located:
 - A current valid referral
 - Relevant investigation results
 - Current patient details including Medicare number, address, mobile phone number +/- email
 - A list of current medications useful
- c) Confirm the contact the details for the consult e.g. patient's Skype username or distal location Cisco address.
- d) Confirm contact details for payment including email address if bulk billing (see below).
- e) Ensure all parties test the video conferencing software prior to the initial use for time consultations.

Billing:

All specialist attendance items (e.g. 110, 132, 116, 133) are billed with an associated TH item 112. These items must always be billed together and not batched with any other Bulk billed items.

- a) ¹The "derived fee" for the item 112 is 50% of the 85% Medicare fee for the attendance item. For e.g., 112 = \$32.10 (currently) billed with the 116.
- b) For private billing a practice specific process to collect payment from the patient should be developed. This might include requesting the patient to phone the practice after the completion of each TH consultation with their credit card details and outlining that further consults cannot be booked if the previous consult invoice is unpaid.
- c) If you chose to bulk bill a patient for a TH consultation, authorization from the patient is required:
 - a. An email signature is accepted by Medicare for TH and streamlines the process. If that cannot be achieved the patient can be mailed/faxed an 'Assignment of Benefit' form, which they can sign after the TH consultation and mail/fax back.
 - b. You must advise the patient during the TH consultation that they will receive an email or form confirming the details of the service and agreement to assign the benefit.
 - c. If selecting the e-mail option before lodging the claim, the email sent to the patient must list:
 - Item number
 - Benefit amount
 - Date & time of service
 - Patient's name (Medicare card number should NOT be included, due to privacy reasons)
 - Practitioner's name (provider number should NOT be included, due to privacy reasons)
 - The statement – "If you (the patient) agree to the assignment of the

Medicare benefit directly to the specialist (bulk bill), reply to this email including:

- The word “YES” in the body of the email
- Your (the patient’s) name

d) An example is as below – note the value of the 116 and hence 112 will change if Medicare Rebates change

Dear _____

Details of Telehealth consultation to be claimed with Medicare

Item No. 116 Benefit amount \$64.20

Item No. 112 Benefit amount \$32.10

Date and time of consultation on Date _____

Patient name: _____

Provider name: Dr _____

Agreement

· If you, _____ agree to the assignment of the Medicare benefit directly to the specialist (bulk bill) please reply to this email with the word “YES”.

With kind regards

Dr _____

e) Once the patient has sent a return email agreeing to the assignment of benefit, the claim can be processed. A copy of the email containing the patient’s consent and email signature must be retained for two years e.g. copied and electronically pasted into the notes or printed and kept.

Travelling:

Some patients may live in an area that is not TH eligible but a travelling around Australia. A TH consultation is eligible for Medicare Rebate provided the patient is a TH eligible location at the time of the consultation and 15 km from your practice. Medicare advise that in such circumstances you document the location of the patient during the consultation in your correspondence to the referring practitioner e.g. “ I reviewed Mrs XY via TH today while she was in Broome.” Should your practice be audited this is adequate details for Medicare.

bDMARD patients:

Provided there is an adequately trained Health Professional at the distal site to perform the swollen tender joint count patients who are on bDMARDs can be reviewed by TH for assessment of ongoing eligibility.

Patient reported joint counts are not currently acceptable to the PBS. You are advised to annotate the PBS application form with the name of the health professional that performed the joint count and/or include the details in your letter to the referring doctor.

In June 2012 the Department of Human Services (DHS) advised the ARA that therapy with a bDMARD could be initiated as part of a Telehealth consultation provided the patient has been assessed as eligible by the prescriber at a face-to-face consultation in the preceding 28 days. The patient, after being provided all the relevant information about the restriction requirements, signs in the allotted space and dates the form which is then forwarded (scanned and emailed or faxed) to the prescribing rheumatologist who signs and dates it and adds a note to DHS explaining the consultation was conducted via telehealth. The form is mailed to DHS for assessment. Initial applications can be performed provided a rheumatologist who has reviewed the patient in a face to face consultation the recent past and documented the joint count/BASDAI. Witnesses are no longer required for initial applications.

The future:

TH is now a significant part of the Australian Health Care system. **Regulations change with time.** If you are providing a service utilising this technology it is vital you are cognisant of current regulations. The ARA will endeavour to inform members of changes but individuals are ultimately responsible for ensuring their practice adheres to current guidelines. Please see the RACP website (<http://www.racptelehealth.com.au/education/>) for further information.

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for the ARA Regional Rheumatology Committee