



ARA Telehealth Frequently Asked Questions (FAQs)

July 2021

Which technologies and/or platforms can I use for telehealth consultations?

No specific equipment is required to provide telehealth services. COVID telehealth services can be provided through telephone and widely available video calling apps and software. The original regional telehealth services require video and audio. A variety of platforms are available including FaceTime, WhatsApp, Skype and/or GP consults.

Free versions of applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Please ensure that your chosen telecommunications solution meets your clinical requirements, your patient's needs and satisfies privacy laws.

Tips on choosing technology and platforms

- Don't pick before deciding what you want the technology to do (sort out the workflow first)
- Do your research before deciding on the technology platform
- Speak to your existing vendor (some may have a solution that you may just be able to turn on)
- Free solutions are acceptable in the short term but make sure privacy and security standards are met

The Australian College of Rural and Remote Medicine (ACRRM) technology directory lists vendor information, pricing, and technical specifications for a range of technology products including videoconferencing hardware, desktop, and mobile software solutions. [ACRRM](#) has supported telehealth for many years.

Do I have to use a camera for a telehealth consult? Can I use a phone only for a telehealth consult?

The answer to this question varies depending on the item number being claimed. The original regional telehealth MBS item numbers require video and audio. The temporary COVID-19 telehealth item numbers allow for either a video or telephone consultation. Video is preferred where possible. You are required to document when using a telephone only, i.e. "video conferencing was not available and the consult occurred via telephone, with the patient's consent".

The original regional telehealth MBS item numbers state: Benefits are not payable for telephone or email consultations. In order to fulfill the item descriptor there must be a visual and audio link between the patient and the practitioner.

Temporary COVID-19 telehealth MBS item numbers state: providers will also be able to offer audio-only services via telephone if video-conferencing is not available.

Which item numbers can I use/are more likely to use for Telehealth consultations?

Temporary (until 31 Dec 21) COVID-19 telehealth MBS item numbers:

COVID-19 telehealth 91824 telephone 91834 face to face 110 Fee (initial attendance– Medicare fee \$159.35, **85% rebate \$135.45**)

COVID-19 telehealth 91825 telephone 91835 face to face 116 Fee (subsequent attendance Medicare fee \$79.75, **85% rebate \$67.80**)

COVID-19 telehealth 91826 telephone 91836 face to face 119 Fee (minor attendance Medicare fee \$45.40, **85% rebate \$38.60**)

COVID-19 telehealth 92422 telephone 92431 face to face 132 Fee (prepare a treatment and management plan \geq 45 mins Medicare fee \$278.75, **85% rebate \$236.95**)

COVID-19 telehealth 92423 telephone 92432 face to face 133 Fee (review a treatment and management plan \geq 20 mins Medicare fee \$139.55, **85% rebate \$118.65**)

Original regional telehealth MBS item numbers:

The most commonly used original regional telehealth item number applicable to rheumatologists is 112. Normal restrictions which apply for initial consultations will also apply for this item. For example, if a patient has an initial consultation via telehealth, they cannot also claim an initial face-to-face consultation as part of the same course of treatment.

Billing:

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

- a) The **“derived fee” for the item 112 is 50% of the 85% Medicare fee** for the attendance item. For e.g., 112 = \$33.90 (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 telehealth 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 telehealth consultation, authorization from the patient in writing is required.

Do I have to bulk bill for COVID-19 telehealth services?

Since 20 April 2020 bulk billing of specialist services has been at the discretion of the provider, so long as informed financial consent is obtained prior to the provision of the service.

How long are telehealth consultations likely to be available as they are now for?

The Federal Government announced on the 25th April that they would extend the provision of COVID-19 telehealth services until 31st December 2021. More information can be found [here](#).

Some members have asked whether phone consultations will be an MBS acceptable alternative to video for regional patients after this time and/or whether phone and/or video will attract an MBS rebate for metropolitan patients. While many patients would be keen for this option, the answer is *“no one knows”*. We are not sure at this stage what will happen with telehealth after the 31st December. We will await the Government’s advice.

Can I see new patients via telehealth or is it only for review patients?

An initial consultation with rheumatology patients via telehealth 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.

Best practice would be that the patient is seen face to face for the initial consultation. If this is not possible, then best practice would recommend that the patient is seen face to face as soon as practicable following the initial telehealth consultation.

Who can be assisting at the patient end during the consultation?

The decision as to whether the patient requires clinical support at the patient end of the specialist service is based on whether the support is necessary for the provision of the specialist service. Telehealth specialist services can be provided to patients when there is no patient-end support service provided.

Do I have to see my patients face to face at least once per year?

There is currently no mandate that a patient must be seen in person at least once per year however, this would be considered good practice where possible.

Can I prescribe an initial and/or continuing application for a b/tsDMARD via telehealth and what are the joint examination requirements?

Both initial and continuing applications for a biologic can be made via telehealth.

As of 1 May 2020, the Department of Health in consultation with the PBAC, has implemented a temporary measure to allow flexibility around PBS restrictions of certain medications **to ensure continued treatment** for patients during the COVID-19 crisis.

Under this arrangement, where a prescriber considers that a patient should be exempt from any specific Authority Required PBS restriction requirement for continuing therapy, a request for exemption of that restriction requirement will need to be included with the authority request, lodged with Services Australia (Medicare).

Exemptions from specific PBS restriction continuation criteria may be requested on the basis that the criteria cannot be met due to social distancing or isolation rules, or whereby fulfilling the requirement would put the patient at increased risk of contracting COVID-19.

Please ensure you complete every PBS application form correctly. Use the information to hand. If there is no recent ESR or CRP state “current bloods not available due to COVID-19”; annotate the joint count as “patient reported due to COVID-19,” or note BASDAI recorded during a phone consult.

If applications requesting exemption from the current eligibility criteria are rejected, please contact the ARA’s Project Officer; project@rheumatology.org.au

For a list of pharmaceutical items eligible for waiver from certain PBS restriction requirements during the COVID-19 pandemic, please refer to the news item, [‘Pharmaceutical Benefits Scheme restriction requirement exemptions for some medicines during the COVID 19 pandemic’](#).

What is the requirement for adult/guardian supervision for children I may see via telehealth?

The same rules apply to telehealth appointments with children and adult/guardian supervision as they do with face-to-face appointments.

The ARA made a submission to the Department on the Future of all telehealth services (COVID and non-COVID) in March 2021. The submission is available on the ARA website in member’s section here; <https://rheumatology.org.au/members/documents/LtrtoMBSreSpecialistTelehealthMBSitemnumberswithattachments10Mar21.pdf>

Other useful links:

[Medical Board of Australia Guidelines](#)

[Digital Health Telehealth Hub](#)

[MBS Online Telehealth Specialist Services](#)

[MBS Online COVID-19 Specialist and Consultant Physician Telehealth and Telephone Items](#)

[Patient information sheet on telehealth](#)