



Medicare assessment for COVID-19 oral anti-viral medications by telephone

Last updated: 20 December 2022

- In response to the COVID-19 pandemic, temporary Medicare Benefits Schedule (MBS) items were introduced for General Practitioners (GPs) and other medical practitioners (OMPs) working in general practice settings provide rebates for longer telephone consultations when assessing patients with COVID-19 for suitability of anti-viral medications.
- These temporary items have been extended until 31 December 2023.
- The temporary items are specific to services for patients who have at least one symptom of COVID-19 (with symptom onset less than or equal to 5 days ago), and have received a positive COVID-19 test result, confirmed by either a polymerase chain reaction (PCR) or a rapid antigen self-test (RAT) which has been approved for supply in Australia by the Therapeutic Goods Administration.
- The items may be claimed for telephone consultations lasting 20 minutes or more.
- These services are available nationally and eligible patients can access these services from any GP or OMP as the established relationship telehealth eligibility requirement does not apply to these items. No face-to-face service to the patient in the 12 months preceding the telehealth attendance is required (unlike other GP telehealth items).
- Longer telephone services provide an additional option to permanently available MBS items for telephone consultations under 20 minutes and video consultations. Video remains the preferred modality for conducting virtual consultations wherever possible.

What are the changes?

Introduced on 19 July 2022, the temporary items will now cease on 31 December 2023 (not 31 December 2022 as previously scheduled).

These items are for long telephone consultations for the purposes of assessing patients' suitability for oral anti-viral medications:

- 2 temporary items 93716 (for GPs), and 93717 (for OMPs) for telephone attendances, for longer assessments of patients' eligibility for COVID-19 oral anti-viral medications.
- The items have an equivalent rebate to other time tiered consultation items of equivalent duration (e.g by video and face-to-face)

These items are available if the patient has confirmed a positive COVID-19 result through a RAT or PCR test.

Why are the changes being made?

Oral anti-viral medications for COVID-19 require a comprehensive patient history for safe prescribing. Detailed patient assessment of medication suitability may, in some cases, take longer than 20 minutes and these items acknowledge the access provided through virtual consultation while supporting infection control if the patient has COVID-19. The temporary telephone MBS items complement existing video consultations of more than 20 minutes duration (more than 25 minutes duration for OMPs), and shorter telephone consultations, which may also be appropriate.

Patients with COVID-19 can also access general telehealth consultations from any GP under normal MBS telehealth eligibility requirements, supporting timely access to care.

Timeliness of assessment for COVID-19 oral anti-virals is critical, as treatment must be initiated within 5 days of symptom onset. The temporary items recognise the additional time required to assess patients, particularly when the consultation is not undertaken by the patient's regular GP.

Patients continue to be encouraged to seek health advice on oral anti-viral medications from their regular GP, or another doctor at their normal practice, whenever possible. This ensures care from a provider who knows or has access to their medical history, and potential for faster assessment and prescribing when appropriate.

What does this mean for providers?

GPs and OMPs located at a medical practice, or with a formal agreement with a medical practice to provide services on their behalf, can claim a specific MBS item for telephone consultations longer than 20 minutes in duration (25 minutes for OMPs) for patients with a current confirmed covid infection. The primary purpose of the service is to assess the patient's eligibility for oral anti-viral medications, including provision of a relevant prescription if clinically appropriate.

An eligible service is to a patient with a confirmed COVID-19 diagnosis, with evidence from a RAT or PCR test reported to relevant state/territory authorities wherever required and documented by the treating practitioner in the patients notes. The treating practitioners must confirm that a positive COVID-19 test result has been reported or assist a patient if required to report a positive test.

Information on clinical criteria for prescribing medicines is published for the Pharmaceutical Benefits Scheme online, at www.pbs.gov.au.

Management of any other of a patient's health concerns is appropriate in the same consultation, in addition to their assessment for COVID-19 oral anti-viral medications. The MBS rules for [multiple attendances on the same day](#) apply to these services.

Normal MBS billing applies, and providers are responsible for the decision to bulk bill all, some, or none of their services. Patients should provide their informed financial consent in relation to any amount of fees set by the provider for their services. Bulk billed services to patients with a Commonwealth Concession Card are eligible for Bulk Billing Incentive payments.

Other non-specific MBS items may also be appropriate for providing assessments of patients' suitability for COVID-19 oral anti-viral medications. For example, 'Level C' and other consultations available by video or face-to-face, and telephone consultations shorter than 20 minutes may be suitable. Determination of the appropriate item to claim and ensuring that relevant clinical requirements are met for a valid claim are responsibilities of the provider.

How will these changes affect patients?

Since 19 July 2022, patients have had the additional option of longer telephone consultations to assess their suitability for COVID-19 oral anti-viral medications.

To ensure patients are eligible for the service, they need to provide confirmation of their positive COVID-19 test, through either the result of their RAT or PCR. Patients that have already reported their positive COVID-19 test results to their relevant state or territory health authority may use the reference of their report as their confirmation of eligibility. The temporary items assist patients for whom telehealth via telephone is an appropriate medium for their consultation. They provide a rebate for telephone consultations of longer than 20 minutes duration (25 minutes for OMPs) that is equivalent to the same video or face-to-face consultation.

The availability of specific rebates for the longer assessment by telephone complements patients' eligibility for telehealth from any GP or OMP when they have COVID-19 and are required or encouraged to self-isolate in accordance with relevant State and Territory laws.

Patients whose virtual consultation suggests physical assessment is required should continue to be assessed by their GP in person utilising appropriate personal protective equipment (PPE) or referred to the relevant GP Respiratory clinic or other face to face service for further evaluation.

Who was consulted on the changes?

The changes to the MBS follow feedback and advice received by the Australian Government and Department of Health and Aged Care, including from peak representatives from the medical sector.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care will monitor MBS data throughout the period these items are available, until 31 December 2023.

These services are not included in 'pattern of services' thresholds for automatic referral to the Director of the Professional Services Review; however, the items will be subject to other normal MBS compliance and audit processes to ensure clinical quality and prevent incorrect claiming.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

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.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.