

Telehealth available through a patient's regular GP/practice: Frequently asked questions

Last updated 28 July 2022

Background

On 10 July 2020 the Minister for Health, the Hon Greg Hunt MP, [announced](#) changes to the telehealth MBS items introduced in response to COVID-19, effective 20 July 2020. The changes promote patients receiving continuous care from a patient's regular GP or medical practice, reflecting requirements in place when telehealth was first made available in March 2020.

The MBS items were originally due to expire at the end of September 2020. On 18 September 2020 the Prime Minister, the Hon Scott Morrison MP, and the Minister for Health [announced](#) an extension until 31 March 2021 and the removal of the previous requirements to bulk bill certain patients. On 26 April 2021, the Minister for Health [announced](#) a further extension of telehealth until 31 December 2021. On 13 December 2021, the federal government [announced](#) that telehealth will become a permanent feature of primary healthcare, a move that was welcomed by the RACGP.

The table below summarises the changes the Australian Government has made to the telehealth items between March 2020 when they were first introduced and January 2022 when permanent telehealth arrangements commenced.

Timeline – Changes to telehealth requirements

Date	Details
13 March 2020	Telehealth services must be linked to a patient's regular GP
16 March 2020	Telehealth expanded to include regular practice as well as GP
23 March 2020	All vulnerable GPs able to use telehealth for all consultations with all their patients
30 March 2020	Telehealth becomes accessible to all Australians
6 April 2020	GPs no longer required to bulk bill all patients, however telehealth services must continue to be bulk billed for concession card holders, children under 16 and patients more vulnerable to COVID-19
20 April 2020	Non-GP specialists and allied health professionals no longer required to bulk bill telehealth services
20 July 2020	Telehealth services provided by GPs must be linked to a patient's regular GP or practice
1 October 2020	Extension of telehealth MBS items to 31 March 2021, GPs no longer required to bulk bill telehealth services for any patients
26 April 2021	Government announces that telehealth will be extended until 31 December 2021
1 July 2021	Majority of GP telephone items removed, new telehealth items (video and phone) introduced for blood borne viruses, sexual or reproductive health services
13 December 2021	Government announces that telehealth will become a permanent feature of primary healthcare
1 January 2022	Patient access to telehealth services will be supported by ongoing MBS arrangements

Frequently asked questions

1. What were the July 2020 changes and what do they mean for me?

These changes restricted the ability of GPs to provide MBS funded telehealth services where the patient has not been seen by that GP or another medical or health professional at the same practice face-to-face at least once in the 12 months prior to the date of the telehealth consultation.

In general, this means that 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. The requirement is ongoing and applies to every telehealth consultation – not just the first telehealth appointment that a patient attends.

In order to be able to access ongoing telehealth services, patients will need to physically present to the GP or practice.

The Department of Health has confirmed that face-to-face visits with patients at locations other than the practice (such as at home or in a residential aged care facility) within the last 12 months will enable access to telehealth items.

2. What does this mean for my patients?

If you, or another medical or health professional working at the practice, have not seen that patient face-to-face in the previous 12 months you will not be able to claim any of the telehealth items. We are not aware of any exceptions to this beyond those outlined below.

A patient will need to have been physically seen by you or someone else at your practice in the past year to be eligible for MBS rebates for telehealth services (with the exception of telehealth items available before COVID-19). This applies to both new and existing patients. Any face-to-face attendance, including outside of consultation rooms or in residential aged care, satisfies the relevant criterion for accessing telehealth rebates.

A valid service for satisfying the requirement for an existing clinical relationship in order to access telehealth is a service defined by the Health Insurance Act. Therefore, a face-to-face attendance with a GP that is not billed to Medicare (ie a completely private service where no rebate is claimed) would not qualify as an eligible service. Previous telehealth consultations also do not count towards this criterion.

3. Who counts as a medical or health professional for the purposes of eligibility through a practice?

[Note AN.1.1 of the MBS](#) outlines that a patient who has seen any other health professional at your practice for a face-to-face service in the past year is also eligible for the telehealth items. This can include, for example, another GP, a practice nurse, or an Aboriginal and Torres Strait Islander health worker.

4. Are there any exceptions or exemptions?

Yes, exemptions apply for:

- people receiving the telehealth service from a GP at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service
- infants (under 12 months old)
- people experiencing homelessness
- people in COVID-19 isolation/quarantine because of a State or Territory public health order (eg people diagnosed with COVID-19 and close contacts directed to isolate)
- people in areas affected by natural disasters. Determination of eligibility rests with states' and territories' declaration of an affected local government area. Confirming and documenting that this declaration applies to the region the patient is in at the time of the service/s is a suggested requirement for a valid claim of the exemption.

The Department of Health has published an [AskMBS Advisory](#) which clarifies when the existing relationship requirement applies. It outlines the exemption status for a number of different scenarios.

In addition, based on advice provided by the Department of Health, the requirement does not apply to:

- urgent after-hours attendances during unsociable hours (item 92210)
- GP obstetric services (items 91850–91853 and 91855–91858)
- allied health services provided on behalf of a GP (items 93200–93203)
- pregnancy support (since 1 July 2021) – items 92136 and 92138
- blood borne viruses, sexual or reproductive health services (since 1 July 2021) – items 92715, 92718, 92721, 92724, 92731, 92734, 92737 and 92740
- mental health and eating disorder services (since 21 July 2021) – items 92146–92149, 92170, 92176, 92182, 92184, 92194, 92196, 92112–92117, 92127, 91818, 91819, 91842 and 91843

- nicotine and smoking cessation counselling services (since 21 July 2021) – items 93690, 93693, 93700 and 93703.

The RACGP is not aware of any other exceptions. Telehealth items already available prior to COVID-19 are unaffected.

5. Can a patient have more than one usual GP/be eligible across several GPs? What about if I work at multiple practices?

The Department of Health has confirmed that:

- a patient who has attended a practice for any face-to-face service delivered by a medical or health professional during the past year is eligible for telehealth services provided by any GP at that practice, regardless of their current location
- a patient can access telehealth from multiple practices if they have been seen face-to-face at several different practices in the previous year
- a GP working across multiple locations/practices can use the telehealth items for a patient that they have seen face-to-face in the last year at any of those locations.

In addition, if in the past 12 months a patient has been seen face-to-face at a practice in a formal arrangement with an Approved Medical Deputising Service (AMDS) provider, a participant in the AMDS at that provider may use the telehealth items with that patient.

Any face-to-face attendance, including outside of consultation rooms or in residential aged care, satisfies the relevant criterion for accessing telehealth rebates.

6. Why were these changes introduced?

These changes support continuity and coordination of care, crucial to the health of our community and healthcare system, and help ensure the viability of high-quality, local, bricks and mortar practices.

7. What about GPs providing specialised services or seeking to minimise risk of exposure to COVID-19?

There are many GPs across the country who focus on providing specialised care to particular patient cohorts. Telehealth has also improved access to services that may not be readily available to a patient locally. Many GPs are also seeking to minimise risks to themselves and their communities from COVID-19.

The RACGP acknowledges that the July 2020 changes to the telehealth items may have affected members in these situations and their patients and communities.

Contact healthreform@racgp.org.au if you feel you have been adversely impacted by these changes.

8. What about the restrictions on private billing/requirement to bulk bill telehealth?

The RACGP has always and unequivocally maintained the right of every GP and/or practice to bill for services as they see fit. We strongly advocated for the removal of the restrictions on private billing of telehealth MBS items and welcome the Australian Government's announcement that the bulk billing requirements are removed from 1 October 2020.

9. Is the doubling of bulk billing incentives still in place?

The bulk billing incentives will return to their original levels as part of the extension of the telehealth MBS items. The two incentive items introduced for bulk billed services provided to vulnerable patients are also discontinued.

10. What is the RACGP's position on telehealth beyond the COVID-19 pandemic?

The RACGP has long advocated for the introduction of MBS telehealth items. We welcomed the Minister for Health's announcement on 27 November 2020 that telehealth will become a permanent part of the Medicare landscape.

We support a model of healthcare that enables high-quality, comprehensive and coordinated services to be delivered across a range of settings, including telehealth where clinically appropriate and convenient for patients and GPs.

An appropriate future telehealth model will facilitate patient access to their regular GP/practice, meaning patients can more easily receive high-quality and personalised services when and where it suits them. This will guarantee that patient

convenience goes hand in hand with high-quality and appropriate care, including face-to-face consultations when required, delivered with respect to a patient's history, circumstances and needs.

11. How can I provide feedback or make my concerns and experiences known?

The RACGP would appreciate your feedback on what the use of telehealth services means for you and your patients.

Your input will help inform our discussions with the Minister's office and Department of Health and our longer-term advocacy work on the retention of telehealth into the future.

Please provide any comments or feedback to healthreform@racgp.org.au.

Version	Date
v1	16/07/2020
v2	17/07/2020
v3	30/07/2020
v4	10/08/2020
v5	21/09/2020
v6	25/09/2020
v7	23/11/2020
v8	16/12/2020
v9	17/05/2021
v10	02/07/2021
v11	23/07/2021
v12	05/01/2022
v13	11/03/2022
v14	26/05/2022
v15	20/06/2022
v16	15/07/2022
v17	28/07/2022