Discover Phone Telehealth

- Dr Silvia Pfeiffer: CEO, Coviu
- Dr Margaret Faux: CEO, Synapse Medical
- Zoe Penders: Physiotherapist, Case Co-ordinator, Biosymm
- Neha Vashishta: Innovation Manager, Coviu





Coviu's New Phone Telehealth Capability

Dr Silvia Pfeiffer





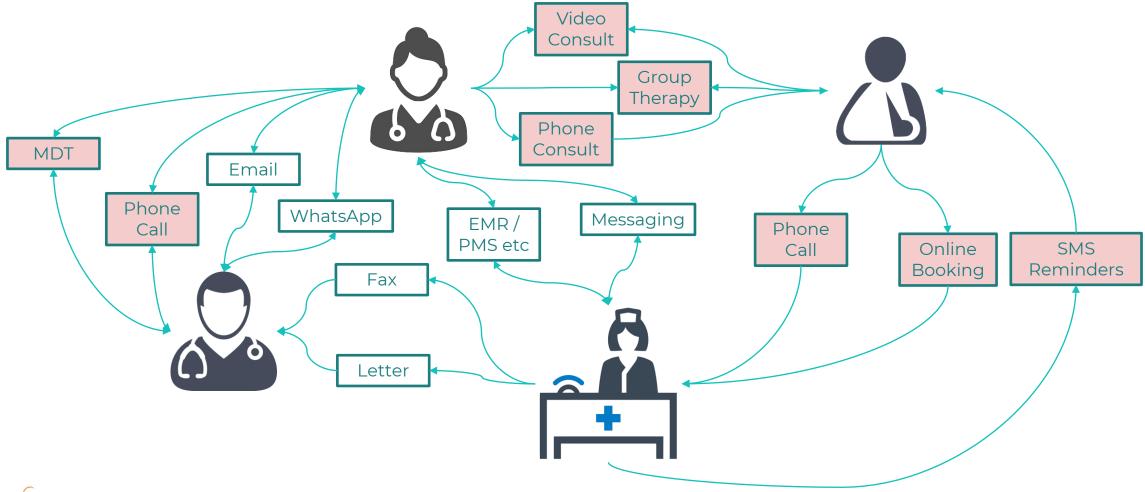
What Coviu is Known for

- Simple and Secure Video Conferencing
- An Extensive Apps Marketplace (50+)
- Phone Consultations *NEW*
- Remote Patient Monitoring *NEW*
- Group Telehealth Rooms *NEW*



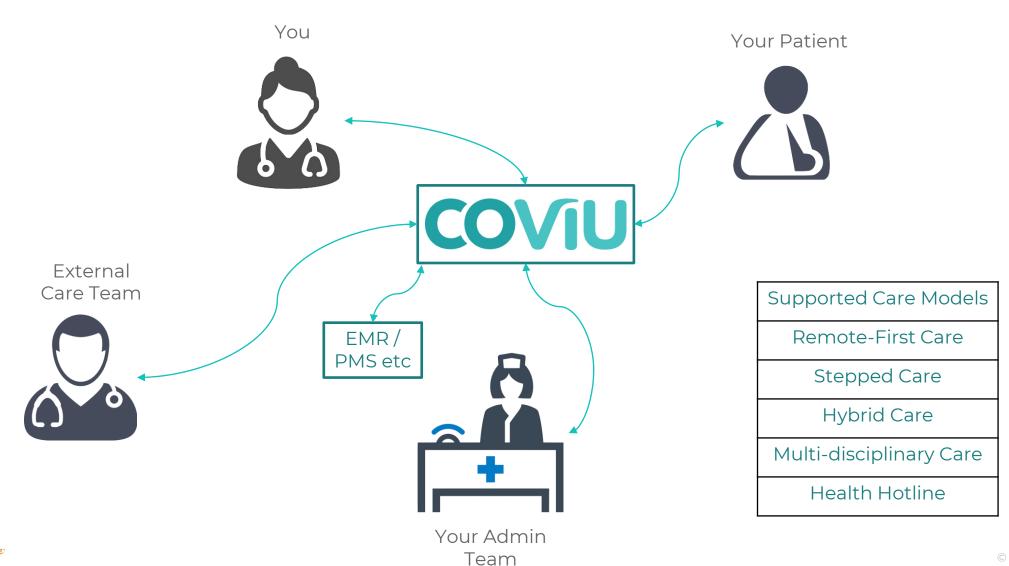


Phone Telehealth is Part of our Development to Meet More of Your Needs





The New Way: A Unified Virtual Care Solution





Why we Implemented Phone Telehealth

- Coviu Vision: Fair and equitable access to healthcare for everybody
- 91% of Australians now have access to the Internet
- 9% cannot access video telehealth
- Vulnerable populations: age, disability, low income, geography, illness

- Goal: Support clinicians with processes for telehealth consultations
- 90% of MBS telehealth consultations are delivered via phone





Medicare Benefits Schedule (MBS), Australia **Telehealth Summary**

Total number of MBS consultations reported in Quarter 2, 2022



Q2, 2022 ACTIVITY

Total number of telehealth consultations this quarter



(overall % of MBS services delivered by telehealth this quarter)





10.4M (90%) by telephone



1.2M (10%) by videoconference

General Practitioner Consultations

Total: 39M Telehealth: 9.6M (25%)



Total: 6.9M Telehealth: 1M (15%)

Mental Health Consultations

Total: 2.9M Telehealth: 816K (28%)

Nurse Practitioner Consultations

Total: 262K Telehealth: 71K (27%)

Allied Health Consultations

Total: 3.2M Telehealth: 44K (1.4%)







Suggested Citation: Snoswell, C.L., Caffery, L.J., Hobson, G., Taylor, M.L., Haydon, H.M., Thomas, E., Smith, A.C. Centre for Online Health, The University of Queensland, Australia. Telehealth and coronavirus: Medicare Benefits

Total number of telehealth consultations since COVID-19 (Q2, 2020 to Q2, 2022)



Total number of MBS consultations (Q2, 2020 to Q2, 2022) 444M

Centre for Online Health CENTRE FOR HEALTH SERVICES RESEARCH

www.coh.centre.ug.edu.au



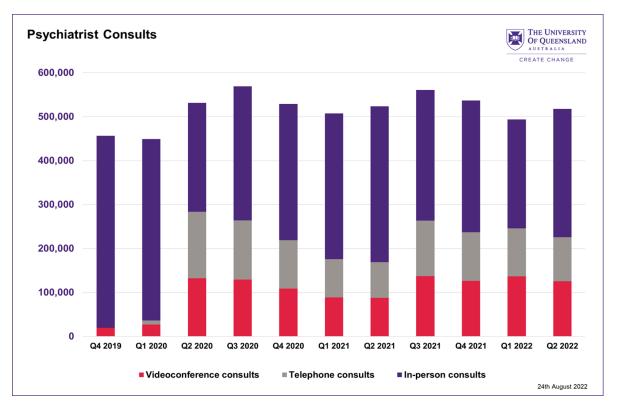


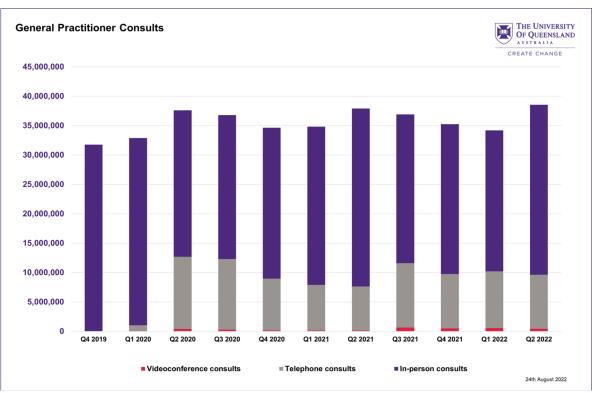


Phone Usage is Growing!



Highest and Lowest use of Video Telehealth





https://coh.centre.uq.edu.au/telehealth-and-coronavirus-medicare-benefits-schedule-mbs-activity-australia



Use Cases by Patients

- Used by patients without internet access or video capable devices
- Used by vulnerable patient groups, e.g. vision-impaired, disabled, rural/remote, uncomfortable on video
- Favored for short consultations, e.g.
 prescription renewal, medical certificate,
 pathology report, referral, check-in





Clinic Benefits of Phone Consultations



- Privacy and security
- Frees up reception phone line
- Multiple appointments concurrently
- Single line, multiple clinicians
- Patients call you
- Phone triage
- Call centre/hotline



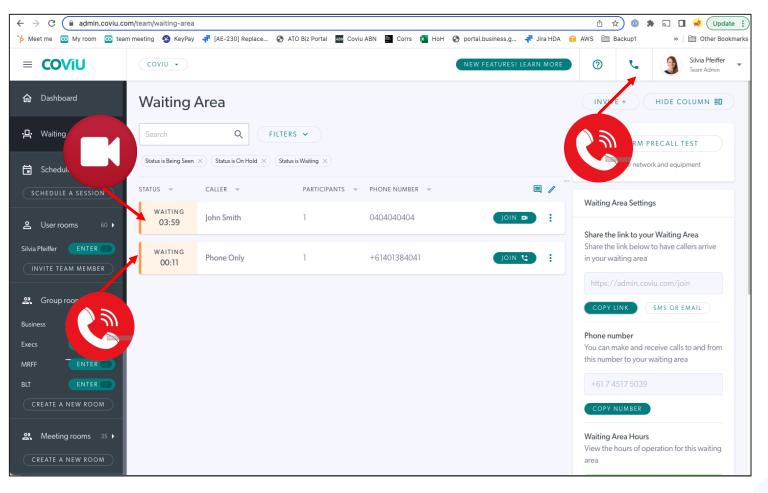
Coviu Approach: Integrated Virtual Care





Benefits of an Integrated Virtual Care Platform

- Easier Clinic Management
- Reporting
- Medicare Audits
- Sticking to Medicare Rules
- Free up Line With Receptionist
- Cost Savings
- Security and Safety





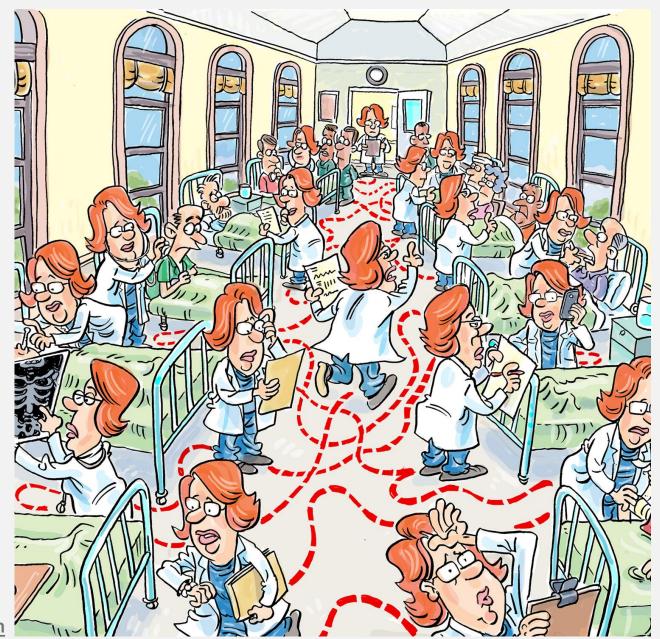






Medicare phone and video telehealth items – an update

Dr Margaret Faux, PhD, LLB, RN 29 September 2022



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What we are going to cover today COVIU







- 1. Bulk billing, gaps and PHI
- MBS phone and video services
- The 30/20 rule
- 4. Take home messages



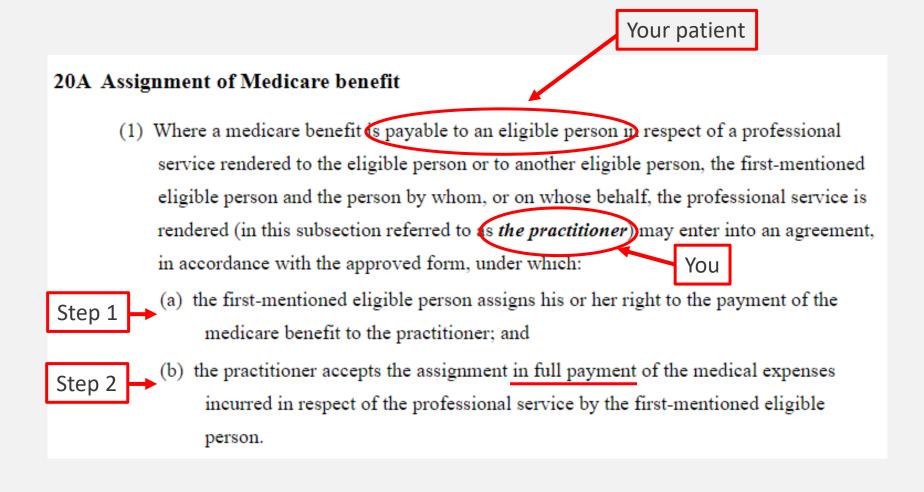
Telehealth Reimbursements Webinar

Bulk Billing – Section 20A Health Insurance Act 1973









This means you can bulk bill or patient claim, but not both





High Court of Australia, Wong v Commonwealth of Australia [2009] HCA 3, Kirby J at 158: "Even "bulk billing" is only possible by consent of both parties to that relationship."

- The patient must consent to bulk bill so <u>yes</u>, it is a legal requirement that they sign.
- You cannot charge any additional amount of money when you bulk bill
- Think of it as an EITHER / OR decision:
 - <u>Either</u> bulk bill and accept what the government pays
 - Or charge the full fee up front, but you cannot do both
 - It does not matter what you call it is illegal and may constitute a crime!
 - Understand what 'mixed billing' means
- The only exception is certain vaccines, but you can't administer a vaccine over the phone!

TO BE CLEAR: YOU CANNOT CHARGE A PATIENT VIA CREDIT CARD ONLINE FOR A TELEHEALTH APPOINTMENT, AND THEN ALSO BULK BILL IT

What about patients with PHI?







- (Allied health only)
 - It is important to understand that Medicare is taxpayers money, whereas private health insurance (PHI) is not.
 - There are 2 completely different legislative schemes in operation.
 - This means Medicare and the PHIs operate differently.
 - So, you CAN charge a gap separate to the amount billed to a patients' PHI using your HICAPS terminal, but you CANNOT do the same when billing to Medicare.
 - AND allied health providers cannot use the patient's PHI to 'top up' the Medicare bulk bill amount.
 - 9 Effect of election to claim private health insurance for an allied health service

An item in Schedule 2 applies to an allied health service only if a private health insurance benefit has not been claimed for the service.

MBS specialist items part 1







Specialist services

Service	Face-to-face items	Video items	Telephone items
Specialist. Initial attendance	104	91822	
Specialist. Subsequent attendance	105	91823	91833

Consultant Physician services

Service	Face-to-face items	Video items	Telephone items
Consultant physician. Initial attendance	110	91824	
Consultant physician. Subsequent attendance	116	91825	
Consultant physician. Minor attendance	119	91826	91836

Consultant Physician services

Service	Face-to-face items	Video items	Telephone items
Consultant physician. Initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes	132	92422	
Consultant physician, Subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes	133	92423	



Telehealth Reimbursements Webinar

MBS specialist items part 2







Geriatrician services

Service	Face-to-face items	Video items	Telephone items
Geriatrician, prepare an assessment and management plan, patient at least 65 years, more than 60 minutes	141	92623	
Geriatrician, review a management plan, more than 30 minutes	143	92624	

Consultant Psychiatrist services

Service	Face-to-face items	Video items	Telephone items
Consultant psychiatrist. Consultation, not more than 15 minutes	300	91827	91837*
Consultant psychiatrist. Consultation, 15 to 30 minutes	302	91828	91838*
Consultant psychiatrist. Consultation, 30 to 45 minutes	304	91829	91839*
Consultant psychiatrist. Consultation, 45 to 75 minutes	306	91830	
Consultant psychiatrist. Consultation, more than 75 minutes	308	91831	

^{*}Where the attendance is after the first attendance as part of a single course of treatment



MBS GP items part 1







General Practitioner (GP) Services (as of 1 July 2021)

Table 1: Standard GP services introduced on 13 March 2020

Service	Existing Items face to face	Telehealth items via video-conference	Telephone items
Attendance for an obvious problem	3	91790	
Attendance less than 20 minutes	23	91800	
Attendance at least 20 minutes	36	91801	
Attendance at least 40 minutes	44	91802	

Table 2: Short and long GP telephone consultations introduced on 1 July 2021

Service	Telephone items
Short consultation, less than 6 minutes	91890
Long consultation, 6 minutes or greater	91891

Table 3: Modified Monash 6-7 area telephone services introduced on 1 January 2022

Service	Telephone items
GP consultation, 20 minutes or longer	91894



MBS GP items part 2







91894

75.75

Phone attendance by a general practitioner lasting at least 20 minutes, if:

- (a) the attendance is performed from a practice location in Modified Monash areas 6 or 7; and
- (b) the attendance includes any of the following that are clinically relevant:
 - (i) taking a detailed patient history;
 - (ii) arranging any necessary investigation;
 - (iii) implementing a management plan;
 - (iv) providing appropriate preventative health care

Allied health items







Allied Health Services

Table 1: Chronic Disease Management items introduced on 30 March 2020

Service	Existing Items face to face	Telehealth items via video- conference	for when video- conferencing is not available
Allied health CDM services (all 13 items)	10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970	93000	93013

The 30/20 rule









Health Insurance (Professional Services Review Scheme) Amendment (2022 Measures No. 4) **Regulations 2022**

I, General the Honourable David Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations.

Dated



David Hurley Governor-General

By His Excellency's Command

Mark Butler Minister for Health and Aged Care



The 30/20 rule









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2 Commencement

(1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
The whole of this instrument	1 October 2022.	1 October 2022

The 30/20 rule









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Provisions	Commencement	Date/Details
The whole of this instrument	1 October 2022.	1 October 2022

8 Circumstances for medical practitioners for prescribed pattern of services

For the purposes of section 82A of the Act, circumstances in which services rendered or initiated by a medical practitioner constitute a *prescribed pattern of services* are that:

 (a) the medical practitioner renders or initiates 80 or more relevant services on each of 20 or more days in a 12 month period; or



(b) the medical practitioner renders or initiates 30 or more relevant phone services on each of 20 or more days in a 12 month period.

Take home messages







- Medicare itemisation is a precision exercise
- Satisfy all requirements of every 'clinically relevant' MBS item you bill, every time
 you bill it
- Bulk bill OR charge upfront full fees not both
- Good Records, Good Defence | Poor Records, Poor Defence | No Records, No Defence
- Free legal information is available here: https://mbsanswers.com.au/





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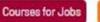
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