

# BILLING COVID-19 ITEM NUMBERS FOR PRIVATE INPATIENTS IN A NUTSHELL



At Medical Billing Experts, our priority is ensuring that all our clients are minimising their audit risk by billing item numbers appropriately.

On 15 September 2021, the Department of Health announced 40 new **temporary** Telehealth item numbers for **in-hospital consultations with private patients receiving specialist care**. To assist with the **compliant** billing of these new item numbers, we have put together this quick guide to explain how and when to bill the item numbers correctly.

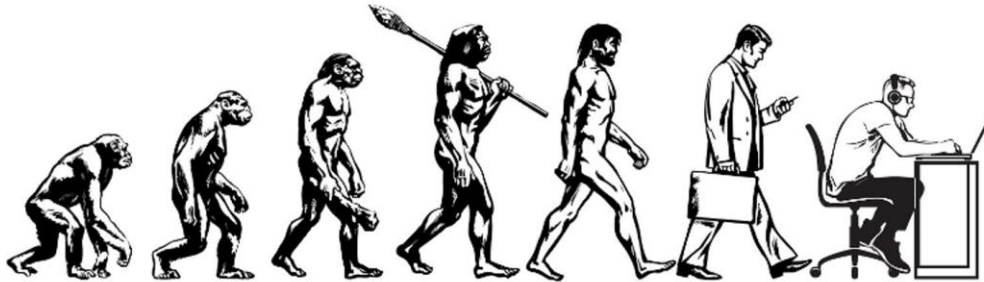
To put this in context, on the following page is a brief history of the evolution of the COVID-19 temporary Telehealth MBS item numbers.

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# EVOLUTION OF THE ITEM NUMBERS



## STAGE 1

- Release of limited number of TH/Phone item numbers where practitioner required to self-isolate or patient in self-isolation or considered vulnerable. (13 March 2020)

## STAGE 2

- TH/Phone items added for midwives. (16 March 2020)

## STAGE 3

- Access to TH/Phone item numbers expanded to vulnerable health professionals. Patient still required to be vulnerable or self-isolated. (23 March 2020)

## STAGE 4

- ITEM NUMBERS AVAILABLE FOR USE WITH ALL PATIENTS. Release of additional item numbers for Specialists. BULK BILLING STILL MANDATORY (30 March 2020)

## STAGE 5

- Release of additional specialist item numbers with Bulk Billing still mandatory but only for “vulnerable” patients [ie most patients of Specialists] 6 April 2020
- Bulk Billing requirement for Specialists removed on 20 April 2020

## STAGE 6

- Release of COVID-19 temporary specialists item number for private patients receiving **in-hospital** specialist care 15 September 2021

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A few important points before we get into the detail:

- ✓ The services provided by Telehealth or Telephone must still have appropriate clinical content to qualify as a consultation.
- ✓ Clinical notes are critical so you must document the clinical content of your Telehealth and Telephone consultations.
- ✓ Other than the 40 new item numbers released on 15 September 2021, all other COVID-19 Telehealth and Telephone item numbers can only be used for outpatients.
- ✓ The item numbers for surgeons and physicians where a time requirement is not stated in the descriptor must be a consultation of at least five minutes in duration.
- ✓ At this point, the item numbers are valid until 31 December 2021.
- ✓ The 40 in-hospital item numbers apply to the following specialities:
  - Specialists
  - Consultant Physicians
  - Pain, palliative care, sexual health and addiction medicine practitioners
  - Consultant psychiatrists
  - Public health physicians
  - Neurosurgeons
  - Anaesthetists
  - Approved dental practitioners (oral and maxillofacial surgery only).
- ✓ Whilst there are COVID-19 temporary Telehealth item numbers for items 132, 133, 141, 143, 135, 289, 291, 293, 348, 350, 352, 90261, 90267, 90260 and 90266 for billing of outpatient consultations, there are no in-hospital temporary COVID-19 Telehealth item numbers for these items to be billed at this time.
- ✓ A private fee can be charged and 85% of the MBS Schedule fee will be rebated to the patient, as long as informed financial consent has been obtained from the patient prior to the provision of the service.
- ✓ Whilst there is no requirement by the Department of Health (DoH) to bulk bill the temporary in-hospital Telehealth item numbers, the DoH is encouraging practitioners to bulk bill these services.

## Compliance Tips for the 40 new Telehealth Item Numbers

The Department of Health has clearly stated that the COVID-19 temporary Telehealth item numbers will be subject to MBS compliance processes and activities. To keep you safe when billing these item numbers, Medical Billing Experts recommends following some simple guidelines to ensure compliance when billing the in-hospital Telehealth item numbers.

The 40 item numbers can only be billed where the **admitting** specialist medical practitioner is unable to attend the patient in person in the hospital due to COVID-19 restrictions. **To bill any of the new Telehealth inpatient items, the following conditions must be met:**

- A private patient has been admitted to hospital; and
- The admitting specialist medical practitioner, at the time the attendance is provided, is:
  - located in an area determined by the Commonwealth Chief Medical Officer to be a COVID-19 hotspot; or
  - required to isolate because of a State or Territory COVID-19 public health order; or
  - required to be in quarantine because of a State or Territory COVID-19 public health order.

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Based on these requirements, for compliant billing of these item numbers, specialists need to consider the following before billing:

- These item numbers should only be billed by the **admitting/primary** specialist or their locum if that admitting/primary specialist is on leave.
- Before billing these item numbers, ensure that you as the specialist qualify to bill the item numbers based on the need to isolate, quarantine or by being located in an area that has been deemed a COVID-19 hotspot.
- If you are not required to isolate and are not required to be in quarantine, you need to determine if you are located in an area that is a COVID-19 hotspot. The listing of COVID-19 hotspots by the Commonwealth Chief Medical Officer can be found on the Department's website [www.health.gov.au](http://www.health.gov.au) and by searching COVID-19 hotspots. As this list changes frequently, check the hotspot website regularly.
- These item numbers are to be used for **private patients only**. If you are treating patients in a public hospital, verify that the patient has been admitted as a private patient before billing a Telehealth in-hospital item number.
- If a patient is a public patient in a public hospital, you **cannot** bill a Telehealth in-hospital item number.
- The services provided by Telehealth or Telephone must still have appropriate clinical content to qualify as a consultation.
- **Clinical notes are critical** so you must fully document the clinical content of your Telehealth and Telephone consultations.
- As with all MBS services billed, where a private fee is charged, informed financial consent must be obtained from the patient prior to the provision of the service. The informed financial consent must be recorded in the specialist's notes and retained in the medical records.
- Before billing any of the new temporary in-hospital Telehealth item numbers, carefully read the item number descriptor and ensure that you complete ALL aspects of the item number prior to billing the item number.
- Pay close attention to time requirements for attendances contained in the item number descriptors and make sure that your clinical treatment during the telehealth consultation complies with the requirement.
- Always note in the medical record the start and end time of the Telehealth clinical consultation you will be billing for.
- Telephone services should only be provided if video is not available for the patient. Every reasonable effort must be made to provide services via Telehealth prior to resorting to providing patient consultations by telephone.

Whilst practitioners are expected to take reasonable steps to obtain a written Assignment of Benefit from patients when bulk billing the COVID-19 item numbers, the normal requirements have been relaxed. For the COVID-19 item numbers only, practitioners can obtain agreement from patients to assign Medicare benefits in writing, by email or verbally.

Verbal authority to assign Medicare benefits can be obtained by providers at the commencement of the Telehealth or Telephone consultation. The verbal agreement of the patient to assign the Medicare benefits **MUST** be clearly documented in the provider's clinical notes.

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## **CLINICAL CONTENT OF CONSULTATION**

The services provided by Telehealth or Telephone must still have appropriate clinical content to qualify as a consultation. **Clinical notes are critical** to document the clinical content of your Telehealth and Telephone consultations. Please contact us at [billing@medbill.com.au](mailto:billing@medbill.com.au) if you want further information regarding the standards for clinical content for a billable consultation.

## **TELEHEALTH vs TELEPHONE CONSULTATIONS**

Whilst both Telehealth and Telephone COVID-19 item numbers have been made available, Services Australia has stated that videoconference services are the preferred approach for substituting face-to-face consultations. Telephone services should only be provided if video is not available for the patient. Every reasonable effort must be made to provide services via Telehealth prior to resorting to providing patient consultations by telephone.

To access the COVID-19 item numbers for Telehealth or Telephone consultations, a visual or audio link with the patient must occur. This does NOT include online chat box/messaging or email as these do not provide either a visual or audio link to the patient.



## **TELEHEALTH PLATFORM TO USE**

Many practitioners use Facetime or Skype for Telehealth. There are also several secure, cost effective platforms.



## THE COVID-19 ITEM NUMBERS

Below is a brief summary of the item numbers for Surgeons, Physicians and Psychiatrists. Please read the detailed item numbers in the MBS to ensure that you fulfil all aspects of the item numbers before billing them. As with all MBS item numbers, you must fulfil all aspects of the item number before billing the item number. Please ensure that you carefully read the full item number descriptors before billing any item number!

<b>TELEHEALTH (via video-conference)</b>			
<b>EQUIVALENT ITEM #</b>	<b>COVID-19 ITEM #</b>	<b>SHORT DESCRIPTION</b>	<b>MBS Rebate (85%)</b>
104	91846	Specialist. Initial attendance	\$ 76.80
105	91847	Specialist. Subsequent attendance	\$ 38.60
110	92471	Consultant physician. Initial attendance	\$ 135.45
116	92472	Consultant physician. Subsequent attendance	\$ 67.80
119	92473	Consultant physician. Minor attendance	\$ 38.60
17615	92702	Anaesthetist professional attendace, advanced or complex	\$ 76.80
296/297	92466	Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 month), more than 45 minutes	\$ 233.75
300/320	92461	Consultant psychiatrist. Consultation, not more than 15 minutes, fewer than 50 attendances	\$ 38.90
302/322	92462	Consultant psychiatrist. Consultation, 15 to 30 minutes, fewer than 50 attendances	\$ 77.65
304/324	92463	Consultant psychiatrist. Consultation, 30 to 45 minutes, fewer than 50 attendances	\$ 119.50
306/326	92464	Consultant psychiatrist. Consultation, 45 to 75 minutes, fewer than 50 attendances	\$ 164.90
308/328	92465	Consultant psychiatrist. Consultation, more than 45 minutes, fewer than 50 attendances	\$ 191.35

## TELEPHONE

**ONLY TO BE USED WHEN VIDEO-CONFERENCING IS NOT AVAILABLE**

EQUIVALENT ITEM #	COVID-19 ITEM #	SHORT DESCRIPTION	BULK BILL BENEFIT
104	91848	Specialist. Initial attendance	\$ 76.80
105	91849	Specialist. Subsequent attendance	\$ 38.60
110	92425	Consultant physician. Initial attendance	\$ 135.45
116	92426	Consultant physician. Subsequent attendance	\$ 67.80
119	92427	Consultant physician. Minor attendance	\$ 38.60
17615	92713	Anaesthetist professional attendance, advanced or complex	\$ 76.80
296/297	92506	Consultant psychiatrist, attendance, new patient (or has not received attendance in preceding 24 month), more than 45 minutes	\$ 233.75
300/320	92501	Consultant psychiatrist. Consultation, not more than 15 minutes, fewer than 50 attendances	\$ 38.90
302/322	92502	Consultant psychiatrist. Consultation, 15 to 30 minutes, fewer than 50 attendances	\$ 77.65
304/324	92503	Consultant psychiatrist. Consultation, 30 to 45 minutes, fewer than 50 attendances	\$ 119.50
306/326	92504	Consultant psychiatrist. Consultation, 45 to 75 minutes, fewer than 50 attendances	\$ 164.90
308/328	92505	Consultant psychiatrist. Consultation, more than 45 minutes, fewer than 50 attendances	\$ 191.35

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## **SUMMARY**

Medical Billing Experts is supporting medical practices to keep their medical billing current during the COVID-19 crisis. There have been substantial changes to the COVID-19 item numbers since their inception. We know there will continue to be changes in the months ahead.

Our team can help relieve the pressure and take care of these constant changes for you. We stay up-to-date with all changes from the DoH and reduce your risk by ensuring your billing is MBS compliant once outsourced to us.

If you close your rooms or have staffing shortages due to COVID-19, we can also assist with short-term arrangements to process your medical billing.

Our goal is to keep your cash flow stable during the COVID-19 crisis, while ensuring Medicare compliance at all times.

If you need further information on the COVID-19 item numbers, please email our expert team at [billing@medbill.com.au](mailto:billing@medbill.com.au).

Please feel free to email me at [loryn@medbill.com.au](mailto:loryn@medbill.com.au) for more information about how Medical Billing Experts can assist you during this period.

*This article is current as at 15 September 2021. Please look for further updates on our website [www.medbill.com.au](http://www.medbill.com.au).*

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**Short staffed during the COVID-19 crisis?**

**Keep your cash flowing with  
outsourced medical billing!**



## **Medical Billing Experts is supporting medical practices to keep their medical billing current during the COVID-19 crisis.**

If you close your rooms or have staffing shortages, you can make short-term arrangements to process your medical billing through outsourcing the work to us. Our goal is to keep your cash flow stable during the COVID-19 crisis as well as ensuring Medicare compliance.

- Short-term or long-term medical billing services available
- No setup fee for Genie, Gentu or Shexie users
- Billing can be performed in your software or ours
- Billing of current claims
- **Cleanup of billing and rejections**
- Reasonable fees for all doctors
- Patient data security assured

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