FAQs for private psychiatry practitioners regarding COVID-19

The RANZCP is closely monitoring the changing circumstances around the novel coronavirus (COVID-19) and its implications for the College and its members. A number of members working in private practice psychiatry have contacted the College with concerns and to seek clarification on the impact COVID-19 will have on the community and continuity of care, and on the running of their private practice. This information has been developed to assist members with these queries and will be regularly updated. For further advice please contact ranzcp@ranzcp.org

Continually evolving situation – please check official government sites regularly

The situation in regard to COVID-19 is continually evolving in both Australia and New Zealand. Governments in both countries are regularly publishing updated information. Whilst information from the College will be regularly updated it is recommended that psychiatrists continue to check relevant government health websites to ensure currency:

- Ministry of Health (New Zealand)
- Department of Health (Australia)

New provisions for telehealth in response to COVID-19 (Australia)

What are the new item numbers for telehealth and telephone consultations?

On 11 March 2020 Australia’s Prime Minister announced a health care package to protect all Australians from COVID-19. New COVID-19 MBS item numbers have been temporarily introduced (for 6 months) and are claimable from 13 March 2020. The numbers that can be claimed by psychiatrists are listed below:

<table>
<thead>
<tr>
<th>Existing items face to face</th>
<th>COVID-19 telehealth* items</th>
<th>COVID-19 telephone items – for when video-conferencing is not available</th>
<th>85% of schedule fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 Consultation, continuing patient, not more than 15 minutes, fewer than 50 attendances</td>
<td>91827 Telehealth consultation, continuing patient, not more than 15 minutes</td>
<td>91837 Telephone consultation, continuing patient, not more than 15 minutes</td>
<td>$38.00</td>
</tr>
<tr>
<td>302 Consultation, continuing patient, 15 to 30 minutes, fewer than 50 attendances</td>
<td>91828 Telehealth consultation, continuing patient, 15 to 30 minutes</td>
<td>91838 Telephone consultation, continuing patient, 15 to 30 minutes</td>
<td>$75.80</td>
</tr>
<tr>
<td>304 Consultation, continuing patient, 30 to 45 minutes, fewer than 50 attendances</td>
<td>91829 Telehealth consultation, continuing patient, 30 to 45 minutes</td>
<td>91839 Telephone consultation, continuing patient, 30 to 45 minutes</td>
<td>$116.70</td>
</tr>
</tbody>
</table>
When can these items be used?
These items can be claimed by vulnerable/isolated patients and at-risk health practitioners, as defined by the Department of Health:

- **Vulnerable/isolated patients** are those where at least one of the following apply:
  a. the person has been diagnosed with COVID-19 virus but who is not a patient of a hospital; or
  b. the person has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by Australian Health Protection Principal Committee (AHPPC); or
  c. the person is considered more susceptible to the COVID-19 virus being a person who is:
     i. at least 70 years old; or
     ii. at least 50 years old and is of Aboriginal or Torres Strait Islander descent; or
     iii. is pregnant; or
     iv. is a parent of a child under 12 months; or
     v. is already under treatment for chronic health conditions** or is immune compromised.
  
  d. the person meets the current national triage protocol criteria for suspected COVID-19 infection.

- **A health professional at risk for COVID-19** means a person that:
  a. has been diagnosed with COVID-19 but who is not a patient of a hospital; or
  b. has been required to isolate themselves in quarantine in accordance with home isolation guidance issued by the AHPPC.

It is noted that the item numbers do **not currently** apply to a health professional who is considered to be more susceptible to the COVID-19 virus (see definition above). Clarification is being sought by the College on why psychiatrists who meet the vulnerable criteria (e.g. parent of child under 12 months) cannot provide their services by telehealth using these items.
**chronic health conditions**: Medicare advises that the Department of Health definition should be used and a psychiatrist is also able to use their own discretion. Chronic health conditions are defined by the Department of Health as ‘A chronic medical condition is one that has been (or is likely to be) present for six months or longer, for example, asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke. There is no list of eligible conditions’.

Can I use the same Medicare provider number if I am working from home?
Medicare have advised the College that a psychiatrist can use their current provider number/s and a new provider number does not need to be created with a home address.

How do I get a prescription to my patient?
Prescriptions can be emailed (if encrypted), faxed or posted to a patient and/or their pharmacy.

What about DVA patients?
DVA patients are eligible for the use of the new telehealth and telephone item numbers as confirmed in the COVID-19 Telehealth Fact Sheet. The DVA medical services fee schedule is located here.

Are there any other restrictions in place about who can claim?
Details of the new MBS items continue to develop. People in isolation or quarantine for COVID-19 can see any eligible health provider through the new telehealth items. However only patients in vulnerable groups can additionally see a health provider via telehealth for a non-COVID-19 matter, and only if they have seen that provider face-to-face at least once in the previous 12 months. See the Department of Health COVID-19 Telehealth Fact Sheet.

What about patients or psychiatrists who do not meet the above definitions but who would prefer not to attend a practice in an attempt to control spread of COVID-19, or who are anxious about attending a medical facility?
At this point, the new COVID-19 item numbers are not applicable to these populations. However, given the list of vulnerable patients includes those with chronic health conditions, it is expected that many psychiatry patients would meet the criteria.

As the COVID-19 situation is continually evolving, there may be expansion of the MBS COVID-19 items as the situation develops. In the meantime, psychiatrists can continue to bill patients who attend their practice face-to-face [see below for further advice on protecting yourself and your patients].

Can telephone consultations be claimed?
Telephone consultations can be claimed using MBS items 91837 – 91841. Consultations via videoconference use items 91827 – 91841.

Do COVID-19 telehealth consultations have to be bulk-billed?
Current advice from the Australian government is that these items are only for bulk-billed telehealth consultation services. This indicates that, to use these items, the service must be bulk-billed and a gap payment cannot be taken on top of this.

The College recognises that the MBS rebates for psychiatry services (particularly items 300 – 308) are low and do not meet the costs associated with delivering the time-based services.
It is therefore acknowledged that it will be a financial challenge for many practices to bulk-bill these services. This will become increasingly relevant in the event of a further lock down that may render it necessary to conduct the majority of services in this manner. The College will continue its dialogue with the Department of Health to raise these concerns with the aim of ensuring appropriate support for practices.

**Can patients who wish to see a psychiatrist via telehealth but who do not meet the definitions of the new COVID-19 items still request this service?**
Yes, patients can agree to pay a private fee that is not rebateable under the MBS. In all situations, psychiatrists must be upfront and financially transparent in respect of fees.

**Can I claim these items for patients who have had more than 50 consultations per year (310, 312, 314, 316, 318 and 319)?**
The Department of Health has confirmed that there is no limit on the number of times that the new telehealth and telephone item numbers can be used, therefore, they can be used in lieu of 310, 312, 314, 316, 318 and 319.

**Can I use the new COVID-19 telehealth items for 291, 293 and 296 consultations and other new patient consultations?**
Items 291, 293 and 296 are not currently included in the COVID-19 telehealth items. It is assumed that a new patient who fits the definition to be treated under the COVID-19 telehealth item numbers would have to be treated under one of the newly available items. The College will seek clarification on whether vulnerable and isolated patients who need to see a psychiatrist for the first time will be eligible to receive the service via telehealth [see above question about restrictions that require the patient to have seen a provider face-to-face at least once in the previous 12 months].

**What about group psychotherapy?**
Items 342, 344 and 346 are not currently included in the COVID-19 telehealth items.

**What about seeing a patient’s family?**
Items 348, 350 and 352 are not currently included in the COVID-19 telehealth items.

**What about inpatients (297, 320, 322, 324, 326, 328)?**
Items 297, 320, 322, 324, 326, 328 are currently not included in the COVID-19 telehealth items.

**What about provision for those in rural and remote areas?**
The current provision for telehealth for patients in regional, rural and remote areas as well as those in Residential Aged Care Facilities (RACFs) and under the care of an Aboriginal Health Service remain as they are, provided that the criteria for claiming under item 288 continue to be met. Psychiatrists practising in regional, rural and remote areas can also use the new COVID-19 items to provide services to eligible patients who they would usually see face-to-face.
How do I invoice these items?
The new item numbers can be billed from 13 March 2020 via the usual channels electronically or manually as an individual item number (for example, 91830), not in conjunction with the standing item number (for example, 306 or 288). These new item numbers are bulk-bill only and a gap payment cannot be taken on top of this.

What precautions should I put in place for my own health and wellbeing?
The College’s priority is to support the good health and wellbeing of its members and to safeguard care for people with mental illness. The College will be guided by health departments and is aware that many members are being advised by their respective health service employers not to travel to reduce the risk of exposure to themselves and patients.

In private practice, where there is frequently no direction from a health service, there is a need to take particular care in undertaking appropriate steps to protect yourself, colleagues, patients and others.

Is there a need to wear Personal Protective Equipment? (PPE)
The effective protection of health professionals treating patients helps critical health staff avoid infection. PPE (masks, gloves, aprons, protective eyewear) helps prevent transmission of COVID–19. The current advice from the Australian government is that PPE is required only when testing and treating suspect cases of COVID-19. The New Zealand Ministry of Health has also issued advice on the transmission of COVID-19 and the use of facemasks in suspect cases.

It is not anticipated that psychiatrists will be engaged in the testing of patients for SARS-CoV-2 (the virus causing COVID-19). However, it is accepted that many psychiatrists will be concerned about seeing patients face-to-face. Important factors in prevention spread of the COVID-19 include good public health practice.

For example, practices should make patients aware that if they are unwell with a cough or fever, they should tell staff before coming to the consultation as it may be necessary for the first to seek advice from a General Practitioner. Adding this information, along with the option of telehealth consultations, to any pre appointment notification could be helpful. Practical solutions to promote good personal hygiene such as having hand sanitiser available in the waiting room and encouraging people to use it, or to wash their hands-on arrival are also important. Maintaining social distance (e.g. not shaking hands) is also advised.

A range of practical resources for health professionals are available in Australia and New Zealand.

How should practices communicate with patients?
Practices should plan and prepare for open, realistic and continuing communication with the public to assist in reducing alarm. The communication should be consistent with the advice from the health departments in Australia, including and state/territory health departments, and in New Zealand.

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1 See WHO advice on virus naming
Method of communication will vary by practice, but suggestions include posters and signs at the entrance to the practice (see RACGP patient alert posters for an example), telephone call waiting messages, information on practice website and newsletters, and social media.

**Medication Shortages**
Medication shortages can be reported to and monitored on the Therapeutic Goods Administration webpage. The RANZCP also aims to provide updates on our Medicine Alerts page.

**What is the College doing to support its members?**

The College will continue to closely monitor the situation as COVID-19 evolves. In Australia the College will monitor the impact of COVID-19, including monitoring the implementation of the new COVID-19 MBS item numbers in Australia. The College will continue its dialogue and advocacy with the Australian and New Zealand governments on any issues that need to be addressed.

The College will regularly update members on issues that affect psychiatrists working in private practice and psychiatry more generally.

We are grateful for the commitment of our members in private practice who are striving to provide the best possible care of their patients, and welcome further feedback to inform the College’s ongoing response and advocacy.

The College has resources available on telehealth located here.

For further queries please contact ranzcp@ranzcp.org.