



## Feedback Template: Phase 5 – Feedback on MBS specialist services for possible expansion to phone and/or telehealth

This template has been developed to enable organisations to identify and provide feedback on additional MBS specialist services which may be appropriate to expand to phone and/or telehealth as part of the ongoing work to support Australians impacted by COVID-19.

The Department requests your organisation identify and provide comments on the specialist items which could be added to the current list of COVID-19 items. The current list of COVID-19 is published on the factsheets page of the MBS online website at: [www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Current](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Current)

As you may be aware, other specialist services have already been expanded to telehealth as part of previous phases to list new COVID-19 items.

In nominating any further specialist items, please address the following as part of your feedback:

- Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why?
- Why is it clinically appropriate to provide the service by phone and/or telehealth?

Feedback is sought by **COB 1 April 2020** and can be submitted to [surgicalservices@health.gov.au](mailto:surgicalservices@health.gov.au)

MBS item number	Specialist Service	Feedback
82100	Initial antenatal professional attendance by a participating midwife, lasting at least 40 minutes.	<p>• Can the service be provided under the existing COVID-19 items e.g. 104 and 105 – if not, why?</p> <p>• Why is it clinically appropriate to provide the service by phone and/or telehealth?</p> <p>a) It is possible that the allied health service 82100 could be provided under the existing COVID-19 item ‘Long antenatal attendance lasting at least 40 minutes - 82110’ as they are both identified as an appointment ‘lasting at least 40 minutes’, they have the same Medicare Benefit value of 85% = \$46.16, and there is no other limitation on the number of times that 82110 can be claimed (although all claims must be reasonable).</p> <p>However, if Medicare wishes to accurately reflect and report on the care that women are receiving from participating midwives then it is essential that this ‘claimable once only per pregnancy’ item be included in the COVID-19 items. Further it has specific appointment requirements as detailed (a) through to (f) that are part of an essential appointment required at the commencement of care between the midwife and the woman.</p> <p>b) As this is an introductory appointment that involves taking of a detailed patient history it is clinically appropriate to provide this service by phone and/or telehealth. Current health directives advise to reduce patient contact hours wherever possible. As this is a longer appointment, typically with no patient contact required it is perfectly positioned to be made available as a telehealth item. This will then reduce the face to face contact and subsequently will reduce the risk of virus transmission. Facilitating it as a telehealth services ensures timely antenatal engagement with the woman whilst ensuring her exposure to potential risk is reduced.</p>
82115	Professional attendance by a participating midwife, lasting at least 90 minutes, for assessment and preparation of a maternity care plan for a patient whose pregnancy has progressed beyond 20 weeks for women not a patient of a hospital.	<p>a) No, the allied health service 82115 cannot be provided under the existing COVID-19 items ‘Short antenatal attendance lasting up to 40 minutes – 82105’ or ‘Long antenatal attendance lasting at least 40 minutes - 82110’ as it is nominated as a 90-minute consultation for specific care requirements that is payable once only and has specific appointment requirements that are different from those for 82105 and 82110. These specific requirement are reflected in MBS Benefits value 85% = \$275.50 for 82115 compared to 82105 and 82110 which have Medicare Benefit value of 85% = \$46.16. It is therefore not adequately covered by any of the current COVID-19 items.</p> <p>b) It is clinically appropriate to provide this service by phone and/or telehealth as it involves creating a maternity care plan and discussing arrangements for ongoing care and birth. Current health directives advise to reduce patient contact hours wherever possible. As this is a longer appointment, typically with no patient contact required it is perfectly positioned to be made available as a telehealth item. This will then reduce the face to face contact and subsequently will reduce the risk of virus transmission. Facilitating it as a telehealth services ensures timely antenatal engagement with the woman whilst ensuring her exposure to potential risk is reduced.</p>