

## ALLIED HEALTH SERVICES UNDER MEDICARE

### People with chronic conditions and complex care needs – items 10950 to 10970

This fact sheet must be read in conjunction with the item descriptors and explanatory notes for items 10950 to 10970 (as set out in the *Medicare Benefits Schedule - Allied Health Services* book).

#### In summary:

- Maximum of five (5) services per patient each calendar year
- Medicare rebate of \$47.85 per service, with out-of-pocket costs counting towards the extended Medicare safety net
- Patient must have an Enhanced Primary Care (EPC) plan prepared by their GP
- GP refers to allied health professional
- Allied health professional must report back to the referring GP

#### Eligible Patients

Patients who have a chronic condition and complex care needs that are being managed by their GP under an Enhanced Primary Care (EPC) plan may be eligible.

A chronic medical condition is one that has been (or is likely to be) present for six months or longer. It includes conditions such as asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke.

Patients have complex care needs if they need ongoing care from a multidisciplinary team consisting of their GP and at least two (2) other health care providers.

#### EPC plan

Patients are being managed under an EPC plan if their GP has prepared and billed the following MBS Chronic Disease Management items in the previous two years:

- A GP Management Plan - item 721 (or review item 725); AND
- Team Care Arrangements - item 723 (or review item 727)

For patients who are permanent residents of an aged care facility, their GP must have contributed to or reviewed a multidisciplinary care plan prepared for them by the aged care facility (item 731).

## Rebate

A Medicare rebate of \$47.85 per service is available for a maximum of five (5) services per patient each calendar year. Note, however, that allied health professionals may set their own fees.

## Referral arrangements

GPs determine whether the patient's chronic condition would benefit from allied health services.

Referrals must be made using an *EPC Program Referral form for individual Allied Health Services under Medicare*. This form is available on the Department of Health and Ageing website ([www.health.gov.au/epc](http://www.health.gov.au/epc)), or can be ordered by phoning (02) 6289 4297 or faxing (02) 6289 7120.

**NOTE:** Allied health services provided through these referrals must be directly related to the management of the patient's chronic condition/s, and the need for allied health services must be identified in the patient's care plan.

It is not appropriate for allied health professionals to provide part-completed EPC referral forms to GPs for signature, or to pre-empt the GP's decision about the services required by the patient.

## Referral validity

A referral is valid for the stated number of services. If all services are not used during the calendar year in which the patient was referred, the unused services can be used in the next calendar year.

However, those services will be counted as part of the five rebates for allied health services available to the patient during that calendar year.

When all referred services have been used, or a referral to a different allied health professional is required, patients need to obtain a new referral.

GPs may undertake a review of the patient's EPC plan or, where appropriate, manage the referral process using a GP consultation item.

**NOTE:** It is not necessary to have a new EPC plan prepared each calendar year in order to access a new referral(s) for eligible allied health services. Patients continue to be eligible for rebates for allied health services while they are being managed under an EPC plan as long as the need for eligible services continues to be recommended in their plan.

The review items (725 and 727) are used to assess and manage the patient's progress once a GP Management Plan and Team Care Arrangements (EPC plan) have been prepared. It is expected that EPC plans be reviewed at least once during a two year period.

## Service length and type

Services must be of at least 20 minutes duration and be provided to an individual patient. The allied health professional must personally attend the patient.

## Eligible allied health professionals

**Aboriginal Health Worker** - item 10950

**Audiologist** - item 10952

**Chiropractor** - item 10964

**Diabetes Educator**- item 10951

**Dietitian**- item 10954

**Exercise Physiologist** - item 10953

**Mental Health Worker\*** - item 10956

**Occupational Therapist** - item 10958

**Osteopath** - item 10966

**Physiotherapist** - item 10960

**Podiatrist** - Item 10962

**Psychologist** - item 10968

**Speech Pathologist** - item 10970

\*includes Aboriginal health workers, mental health nurses, occupational therapists, psychologists and some social workers)

Allied health professionals need to meet specific eligibility requirements, be in private practice and register with Medicare Australia. Registration forms are available from Medicare Australia at: [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or can be obtained by phoning **132 150**.

Allied health services funded by other Commonwealth or State programs are not eligible for Medicare rebates, except where a subsection 19(2) exemption has been granted.

### Reporting requirements - allied health professionals to GP

A written report is required after the first and last service, or more often if clinically necessary.

Written reports should include any investigations, tests, and/or assessments carried out on the patient, any treatment provided and future management of the patient's condition or problem.

### Receipt requirements

For a Medicare payment to be made the account/receipt must include the following information:

- patient's name;
- date of service;
- MBS item number;
- allied health professional's name and provider number, or name and practice address;
- referring medical practitioner's name and provider number, or name and practice address;
- date of referral; and
- amount charged, total amount paid, and any amount outstanding in relation to the service.

**Note:** Before a rebate can be paid for the allied health service provided on referral from a GP, either the patient must have already claimed a rebate or the GP must have already lodged a claim for direct payment from Medicare for the relevant EPC planning item(s).

## Other services

Patients who have private health insurance will need to decide whether to use Medicare or their private health insurance to pay for these services. Private health insurance ancillary cover cannot be used to 'top up' your the rebate.

Information about Medicare rebates for **group allied health services for people with type 2 diabetes** and **dental services** is available at [www.health.gov.au/epc](http://www.health.gov.au/epc).

Information about **allied mental health** services is available at [www.health.gov.au](http://www.health.gov.au) (follow the A-Z links to 'M' mental health).

## Further information

Telephone: (02) 6289 4297

Email : [alliedhealth.items@health.gov.au](mailto:alliedhealth.items@health.gov.au)

Internet: [www.health.gov.au/epc](http://www.health.gov.au/epc)

[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

MBS Online: [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)