



CHRONIC DISEASE INDIVIDUAL ALLIED HEALTH SERVICES UNDER MEDICARE

For patients with a chronic (or terminal) medical condition 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:

- A Medicare rebate is available for a maximum of five (5) services per patient each calendar year. (Note, however, that allied health providers may set their own fees)
- Patients must have a GP Management Plan *and* Team Care Arrangements prepared by their GP, or be Commonwealth-funded residents of an aged care facility who are managed under a multidisciplinary care plan.
- GP refers to allied health professional.
- Allied health professionals must report back to the referring GP.

Eligible Patients

Patients may be eligible if their GP has provided the following MBS Chronic Disease Management services:

- A GP Management Plan (GPMP) - item 721 (or review item 732); AND
- Team Care Arrangements (TCAs) - item 723 (or review item 732)

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

A chronic medical condition is one that has been (or is likely to be) present for six months or longer. It includes, but is not limited to, 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 other health or care providers.

Referral arrangements

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

Patients need to be referred by their GP for services recommended in their care plan, using the referral form issued by the Department that can be found at:

<http://www.health.gov.au/mbsprimarycareitems> or a form that contains all the components of the Department's form.

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 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 GPMP and TCAs or, where appropriate, manage the referral process using a GP consultation item.

NOTE: It is not necessary to have a new GPMP or TCAs 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 a GPMP and TCAs as long as the need for eligible services continues to be recommended in their plan.

The review item (732) is used to assess and manage the patient's progress once a GPMP and TCAs have been prepared. It is expected that a GPMP and TCAs 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

Aboriginal and Torres Strait Islander Health Practitioner - 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 and Torres Strait Islander health practitioners, 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 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.

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' the rebate.

Information about Medicare rebates for **group allied health services for people with type 2 diabetes** is available at www.health.gov.au/mbsprimarycareitems.

More information

Telephone: Medicare Australia on 132 150
Email: mbsonline@health.gov.au
Internet: www.health.gov.au/mbsprimarycareitems
www.medicareaustralia.gov.au
MBS Online: www.health.gov.au/mbsonline