



# Quick reference guide for allied health professionals

Medicare items 10950–10970 (chronic disease allied health services)

**Have you received the referral form for chronic disease allied health (individual) services under Medicare?**

YES

Provide service and bill using appropriate Medicare Benefits Schedule (MBS) item number

Provide report to referring GP following first and last service, or more regularly if clinically necessary

NO

No entitlement to Medicare benefits

## Important service information

- Limit of five services per calendar year, per eligible patient. The five services may be made up of one type of service (e.g. five physiotherapy services) or a combination of different types of services (e.g. one dietetic and four podiatry services).
- Personal attendance of at least 20 minutes.
- Referral form for chronic disease allied health (individual) services under Medicare must be retained for 24 months.
- Cannot be provided to hospital in-patients.
- One to one treatment, not group treatment.

See overleaf for more information

Additional copies of this guide are available at [www.medicareaustralia.gov.au/education](http://www.medicareaustralia.gov.au/education)

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### Patient eligibility

Only the GP can determine whether the patient is eligible for Medicare allied health services.

Patients are considered eligible if their GP has completed the following prerequisite 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 contributed to a review of) a multidisciplinary care plan prepared for them by the Aged Care facility (Item 731).

Allied health professionals can contact Medicare Australia on **132 150\*** to confirm how many allied health services have been claimed within a calendar year.

**Note:** it is not appropriate for allied health professionals to provide a part-completed referral form to a GP for signing, or to pre-empt the GPs decision about the services required by the patient.

### Reporting requirements

Where an allied health professional provides a single service to the patient under a referral, they must provide a written report back to the referring GP after each service.

Where an allied health professional provides multiple services to the same patient under the one referral, they must provide a written report back to the referring GP after the first and last service only, or more often if clinically necessary. Written reports should include:

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

It is strongly recommended that health professionals refer to the latest Medicare Benefits Schedule for full information about the items, including the explanatory notes. Information is available at [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems) including the referral form and frequently asked questions.

\* Call charges apply