

Allied Health and Dental Care initiative guide to Medicare claiming

medicare

Quick guide to Medicare claiming for allied health professionals

Medicare benefits are paid for some services provided by allied health professionals, (AHPs), dentists and dental specialists.

Patients with a chronic condition and complex care needs being managed by their General Practitioner (GP) under an Enhanced Primary Care (EPC) plan (see **Requirements to be met for benefits to be payable** below) can claim Medicare benefits for up to five allied health services in a calendar year from eligible AHPs.

The five services can be made up of five of the one type of allied health service or a combination of different types of service—for example, five physiotherapy services or one dietetic service and four podiatry services.

If a patient also has a dental problem that is significantly exacerbating their illness, Medicare benefits are also available for up to three dental care services in a calendar year. Patients having dental services for the first time under this initiative must have a dental assessment as the first dental service.

Services attracting Medicare benefits

Medicare benefits are paid for services as outlined in the Medicare Benefits Schedule (MBS).

Requirements for benefits to be payable:

- the patient must have already received Medicare benefits for either a GP Management Plan prepared by their GP AND Team Care Arrangements coordinated by their GP or an EPC multidisciplinary care plan
- AHPs, dentists and dental specialists must be registered with Medicare Australia
- services provided must be 'on referral' from the patient's GP, except where the dentist originally referred to by the GP refers the patient on to a dental specialist
- AHPs must provide a service of at least 20 minutes duration to the patient
- AHPs, dentists and dental specialists must provide services to the patient individually and in person.

Short explanatory notes for these services are listed in the 'General Explanatory Notes' of the MBS. Full explanatory notes are also listed in the MBS Allied Health and Dental Services booklet.

For more information on Medicare, the MBS, and schedule fees and benefits refer to *Mediguide* (available on Medicare Australia's website at www.medicareaustralia.gov.au).

The current MBS is also available at the Department of Health and Ageing's website at www.health.gov.au



AHP and dentist eligibility

Detailed information on AHP and dentist eligibility can be found on the provider section of Medicare Australia's website www.medicareaustralia.gov.au by following the links 'Incentives & Allowances', 'New Medicare Initiatives', 'Allied Health Initiative'.

Referral forms

For a Medicare benefit to be claimable for an AHP or dental service, the referring GP must complete a referral form and provide it to the AHP or dentist before or at the time of consultation.

A completed referral form should indicate that the patient's care is being managed under an EPC plan and they are eligible to receive the indicated services under this initiative. If the AHP or dentist has any doubts they should contact either the referring GP or Medicare on 132 150.

The GP must complete the 'GP section' of the referral form and indicate the number of services by the AHP or dentist. The GP must also forward this to the AHP or dentist, or give it to the patient to pass on at the time of service. When referring patients for different types of allied health services, the GP must use a separate referral form for each type of service.

The AHP or dentist must complete their section of the form after the service is provided. If a GP refers a patient for one or more services from the same provider, the AHP or dentist will need to provide the GP with a written report after the first and last service only, or more often if clinically necessary.

Copies of the relevant referral forms are available on the Department of Health and Ageing's website at www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-ahp-index.htm and www.health.gov.au/internet/wcms/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-epcdc-cnt.htm

Referral details

Referral details must be notated on the account/receipt issued to the patient or the assignment of benefit in order for a Medicare benefit to be payable. The referral form itself should be retained by the AHP or dentist.

More information on referral details required by Medicare can be found in *Mediguide* available on Medicare Australia's website at www.medicareaustralia.gov.au

Please note: referral forms must be retained by the AHP or dentist for 18 months from the first date of service.

Billing

You have two choices for billing services:

1. bill patients privately, or
2. receive payment direct from Medicare (patient assigns benefit).

Private Billing

If you bill patients privately the patient may claim a rebate through Medicare. In this instance the patient will need to lodge the claim at Medicare. Evidence of this service having taken place must be provided in the form of an account if unpaid or account/receipt if paid in full.

The following information needs to be included on the account or account/receipt:

- the name of the patient who received the service
- date on which the service was provided
- MBS item number and/or description of the service
- name and practice address or name and provider/registration number of the AHP or dentist who actually provided the service
- name and provider number of the referring medical practitioner or dentist and date of referral
- amount charged, total amount paid, and any amount outstanding in respect of the service.

Direct payments

If you decide to lodge a claim for direct payment from Medicare you will need to complete the direct payment claim forms which consist of a claim form (DB1-AH), and assignment of benefit forms (DB2-AH) for each service provided to a patient.

You can order these forms (including instruction sheets) by calling 1800 067 307.

If you agree to the direct payment method, patients must assign their right to a benefit to you as full payment for the professional service. You cannot make any additional charges for the service, nor can any other person or company.

This means that if you choose the direct payment method, the patient cannot be charged a booking fee, administration fee, a charge for bandages or record keeping or a charge by your service company. It is a legal requirement that the assignment of benefit form be signed by the patient only after the service has been provided and the form completed. A copy of the completed assignment form must be given to the patient.

You can find more information on billing, claiming, unpaid accounts and your responsibilities as an AHP or dental service provider, in *Mediguide*.

Claiming

If an account/receipt is given to the patient, the referral form must be retained by the AHP or dentist. If the patient assigns the benefit to the AHP or dentist for direct payment from Medicare, the referral details—the name and provider number of the referring medical practitioner or dentist and date of referral—must appear in the ‘referral details’ box on the DB2-AH form.

All direct payment claims will be paid to the AHP or dentist either by cheque or EFT to a nominated financial institution account.

Statement of benefits

A benefit cheque or EFT payment will be forwarded to the AHP or dentist together with a statement of benefit listing all the services that have been paid for unpaid accounts and direct payments. The statement will also show:

- a reason code for any rejected services
- where the benefit paid differs from the benefit claimed
- where a Medicare number has changed or was not present on the assignment form
- where a Medicare card is about to expire.

Mediguide

More information on Medicare and Medicare claiming is available in the Medicare Australia publication *Mediguide* available at www.medicareaustralia.gov.au

Medicare stationery

Medicare stationery is available from Leigh-Mardon, Medicare Australia's printing contractor. You can obtain stationery by downloading a Stationery Reorder form (DB6B) at www.medicareaustralia.gov.au/providers/forms/medicare.htm#stationery and sending the completed form to:

Leigh-Mardon
by fax: (02) 6230 0477

or by mail to:

Medicare Australia
Locked Bag 4444
TUGGERANONG ACT 2901

For reference

Medicare enquiries
132 150

Mailing address
Medicare
GPO Box 9822 in each capital city

Email address
medicare.prov@medicareaustralia.gov.au

Medicare Australia website
www.medicareaustralia.gov.au

Medicare forms
www.medicareaustralia.gov.au/providers/forms/medicare.htm