



New Medicare items for allied health services for people with chronic conditions and complex care needs

From 1 July 2004, people with chronic conditions and complex care needs who are being managed through an Enhanced Primary Care (EPC) multidisciplinary care plan may be eligible for up to 5 allied health services per year on referral from their GP.

Services from Aboriginal health workers, audiologists, chiropractors, chiropodists, dietitians, mental health workers, occupational therapists, osteopaths, physiotherapists, podiatrists, psychologists and speech pathologists, are included under these items.

GPs must use the EPC allied health referral form to refer their patients to an eligible allied health professional. Where the GP is referring a patient to more than one allied health professional, he/she must use a separate referral form for each referral. A copy of the form is included in this package.

A Fact Sheet relating to dental services able to be provided under this initiative can be found on the HIC website at www.hic.gov.au/providers

Overview

- Patients must have an EPC care plan developed by their GP (MBS Items 720, 722, 730)
- GP must use allied health referral form to refer patient
- Allied Health Professional must be registered with the HIC
- Maximum of 5 services per year
- Referral form signed by servicing allied health professional must accompany all Medicare claims

Registration with the HIC

Eligible allied health professionals will need to be registered with the Health Insurance Commission (HIC) to provide services under this initiative.

Registration forms will be available on request from the HIC on 132 150 and HIC website at www.hic.gov.au/providers/forms

Chiropractors, osteopaths, physiotherapists and podiatrists who are already registered with the HIC to order diagnostic imaging tests under Medicare, **do not need to re-register** for this measure. Other eligible allied health professionals will need to register.

Allied health professionals currently registered with the HIC under Department of Veterans' Affairs and Office of Hearing Services programs **will need to register** separately for this measure.

What are the new MBS items?

There are eleven new MBS items for allied health services requested by a GP on an EPC allied health referral form:

Item 10950 – services provided by an **Aboriginal Health Worker**

Item 10952 – services provided by an **Audiologist**

Item 10954 – services provided by a **Dietitian**

Item 10956 – services provided by a **Mental Health Worker** (includes Aboriginal health workers, mental health nurses, occupational therapists, psychologists and some social workers)

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Item 10958 – services provided by an **Occupational Therapist**

Item 10960 – services provided by a **Physiotherapist**

Item 10962 – services provided by a **Podiatrist or Chiropodist**

Item 10964 – services provided by a **Chiropractor**

Item 10966 – services provided by an **Osteopath**

Item 10968 – services provided by a **Psychologist**

Item 10970 – services provided by a **Speech Pathologist**

As Aboriginal health workers, occupational therapists and psychologists may provide both services relevant to their discipline and mental health services, they may use **either** the MBS item relevant to their discipline or the mental health item (10956), depending on the type of service they are providing.

Eligible mental health nurses and social workers may use only the mental health item 10956.

All other eligible allied health professionals may use only the item relevant to their discipline. For example, a physiotherapist may only use item 10960.

Allied health professionals may set their own fees. However, for each item, the Medicare schedule fee is \$51.75 with a Medicare rebate of \$44.00.

GPs can begin referring patients to eligible allied health professionals from 1 July 2004. The items do not apply to services provided before this date.

Conditions for claiming the items.

The items can only be claimed where all of the following conditions are met:

(a) the service is provided by an allied health professional registered with the HIC for this initiative;

- (b) the service is provided on referral from a medical practitioner (including a general practitioner but not including a specialist or consultant physician);
- (c) the service is specified in an EPC allied health referral form;
- (d) the person is being managed under an EPC care plan prepared or contributed to by their GP (MBS items 720, 722 and 730 only apply);
- (e) the person is not an admitted patient of a hospital or day-hospital facility;
- (f) the service provided is of at least 20 minutes duration, individually and in person;
- (g) the allied health professional has provided a written report on the service to the referring practitioner;
- (h) the person has not received more than 5 services to which items 10950-10970 apply, within 12 months from the date of the first service; and
- (i) the service has not been funded through other State or Commonwealth programs (see **Other publicly funded programs**).

Is it necessary for the GP to use the referral form?

Yes. The GP referral form is an important part of the referral, claiming and payment process. However, clinical patient notes should **not** be included on the form.

Some examples of how the referral, claiming and payment process will work are provided later in this Fact Sheet.

How do patients get a rebate for these services?

When the allied health professional has provided the service he/she must complete the allied health referral form, including providing their HIC registration number.

The allied health professional may then:

(1) seek payment for the service from the patient.

The patient then takes the completed allied health referral form and receipt from the allied health professional to Medicare

to claim the Medicare rebate. Out of pocket costs will count toward the Medicare safety net; or

- (2) seek payment for the service directly from Medicare.

The patient will sign an assignment of benefit form and the allied health professional will send that and the referral form to Medicare for payment. In this case, the allied health professional will be accepting the value of the Medicare rebate in full payment for the service and will not be able to charge the patient a gap.

Allied health professionals should check their responsibilities for Medicare claiming and payment processes with the HIC on **132 150** prior to providing services. In particular, information about what is required to be shown on accounts, receipts or Medicare assignment forms should be confirmed.

While the MBS Book will not be updated to include allied health items and relevant explanatory notes until the November 2004 edition, allied health professionals will find the information in the current book on pages 9-14 helpful. Alternatively the HIC website www.hic.gov.au is a useful resource.

What about patients with private health insurance cover?

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services.

Patients with such insurance can either:

- (1) access rebates from Medicare under the allied health items by following the claiming processes; or
- (2) see allied health professionals of their choice and claim on their insurance's ancillary benefits. No referral form will be required in this case.

Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate.

It is important for patients to check with their health fund which ancillary services are

covered and what their out of pocket expenses are likely to be.

Other publicly funded programs

Allied health services funded by other Commonwealth or State programs are not eligible for Medicare rebates. Examples include State government hospital outpatient clinics, the More Allied Health Services (MAHS) program, Commonwealth Hearing Services Scheme or Department of Veterans' Affairs services for veterans.

Are Aboriginal health workers working in Aboriginal Medical Services eligible?

Yes. Information about this will be provided through Aboriginal Medical Services shortly.

How do I find out more about EPC care planning?

More information about EPC care plans is contained in the notes to the Medicare Benefits Schedule book (pages 36-39, November 2003 edition).

Detailed information is also available from the Department of Health and Ageing website at www.health.gov.au/epc

Examples of the how the initiative will work

Example A

*Mrs Smith has an EPC multidisciplinary care plan and is being referred by her GP to a podiatrist for **1** service.*

Her GP completes Part A of the referral form and gives it to Mrs Smith to take to the podiatrist.

After the service has been provided, Mrs Smith's podiatrist completes and signs Part B of the referral form.

If Mrs Smith's podiatrist accepts the Medicare rebate as full payment for this service, the

podiatrist keeps the Original completed copy of the Referral Form he/she has signed for Medicare claiming purposes.

The podiatrist will provide Mrs Smith with a photocopy of the referral form signed by him/her for Mrs Smith's records, and keep a photocopy for record keeping and HIC auditing purposes.

If the podiatrist charges a fee higher than the Medicare rebate and Mrs Smith elects to pay the full amount up front, she will need to have the Original completed copy of the referral form signed by the podiatrist for Medicare claiming purposes. The podiatrist will also keep a photocopy for record keeping and HIC auditing purposes.

Example B

Mrs Smith is being referred by her GP to a podiatrist for 5 services.

On her first visit, Mrs Smith's podiatrist will make 4 photocopies of the referral form.

Mrs Smith will need to have the Original completed copy and any photocopies of completed forms used for subsequent services, all signed by the podiatrist, after completion of each service, to enable her to claim a Medicare rebate.

No Medicare rebate is payable unless originals or photocopies of the referral form submitted to Medicare for payment have the original signature of the servicing allied health professional.

More information on this initiative is available from the HIC on 132 150 or the HIC website at

www.hic.gov.au/providers/incentives_allowances/medicare_initiatives.htm

For more information call 132 150 or go to www.hic.gov.au