

MEDICARE INFORMATION

There are several different plans or packages under Medicare which may enable autistic people to receive a rebate when they access services from a private provider. These services may be for diagnostic assessment or treatment.

Rebates can be claimed through Medicare in the following ways:

Access to Diagnosis

Helping Children with Autism (HCWA)

Medicare items for the assessment and diagnosis of children:

- When an assessment of autism or other pervasive development disorder (PDD) is required, a medical practitioner can refer to a consultant paediatrician or psychiatrist under the Medicare Benefits Scheme using item number 134 or 289 respectively.
- The consultant paediatrician or psychiatrist can then refer a child to eligible allied health professionals for assessment services.
- These assessment services may include up to four (4) diagnostic/assessment visits to eligible allied health professionals (see table below) to assist the referring psychiatrist/paediatrician with diagnosis.
- To be eligible for these rebates:
 - The child must be under the age of 13.
 - The child must have been referred to the allied health professional by the psychiatrist/paediatrician who is engaged in the process of diagnosing the child.
 - The child must have been referred to the allied health professional for the purpose of assessment to assist in the diagnosis of ASD.
- The four allied health assessment services may consist of any combination of allied health services listed below.
- It is the responsibility of the referring practitioner to allocate these services in keeping with the child's individual needs and to refer the child to appropriate allied health professional(s) accordingly.
- These services are claimable only once per person per lifetime.

The MBS item numbers for these allied health assessment visits are:

Allied Health Provider	MBS items for allied health assessment
Psychologist	82000
Speech Pathologist (SP)	82005
Occupational Therapist (OT)	82010
Audiologist, optometrist, orthoptist, physiotherapist	82030

Psychiatrist Appointment

Medicare items for assessment and diagnosis for all ages and all diagnoses (that is, unlike the above HCWA items, the referral does not need to be specifically for the diagnosis of ASD):

- Psychiatrist appointment, MBS Item 291, is another support available through Medicare for diagnosis.
- This item requires a GP or nurse practitioner to refer the individual to a consultant psychiatrist specifically for the purpose of assessment and diagnosis.
- The psychiatrist then needs to provide an assessment and management plan to the referring practitioner within two (2) weeks of the appointment.
- In most cases, the psychiatrist referral will be for a single appointment, however there may be circumstances when more than one appointment with the psychiatrist is needed to determine that the management plan to be undertaken by the GP is appropriate.
- In the situation of the diagnosis of ASD, this item is likely to be used when the person has completed relevant assessments with allied health professionals and the resulting diagnosis of ASD needs to be discussed with and confirmed (or not) by a psychiatrist.

Treatment Services

Helping Children with Autism (HCWA)

Medicare rebates are available for up to **20 allied health treatment services** (psychologist, OT, SP, audiologist, optometrist, orthoptist or physiotherapist) in total per eligible child:

- The child must be diagnosed with ASD and have a treatment plan prepared for them by a paediatrician/psychiatrist by their 13th birthday, but visits can be claimed up until the child's 15th birthday.
- Only one treatment and management plan can be prepared for a child in their lifetime, but the paediatricians/psychiatrists who manage this plan can change.
- The child must be referred to the allied health professional/s by the paediatrician/psychiatrist who manages the treatment plan.
- The 20 treatment services may consist of any combination of allied health professionals. There must be separate referrals for each allied health professional service required (e.g. one referral for speech pathology services, another for occupational therapy etc) and must include:
 - The name and provider number of the referring paediatrician/psychiatrist.
 - A statement that indicates the child can access a rebate for the 20 treatment sessions under Medicare Item 135/289 as part of the HCWA package.
 - An indication of the number of treatment sessions a person requires with each allied health professional (e.g. 10 occupational therapy and 10 speech pathology sessions). It is the responsibility of the referring practitioner to allocate these services in keeping with the child's individual treatment needs and to refer the child to appropriate allied health professional(s) accordingly.
 - The item number, therapist's name or clinic/practice name. This information can be accessed from the therapist or practice you wish to be referred to.
- After 10 sessions, the allied health professional/s must provide a report to the referring paediatrician/psychiatrist. A new referral letter is required for the remainder of the treatment.

The MBS item numbers for these allied health treatment sessions are:

Allied Health Provider	MBS items for allied health assessment
Psychologist	82015
Speech Pathologist (SP)	82020
Occupational Therapist (OT)	82025
Audiologist, optometrist, orthoptist, physiotherapist	82035

Allied Health Initiative - Chronic Disease Management Plan (GPMP)

Individuals who have a *GP Management Plan* (MBS item 229 or 721) and *Team Care Arrangement* (MBS items 230 or 723) are eligible for referral to allied health services. Under this initiative:

- Medicare rebates are available for up to five (5) visits each calendar year from date of initial plan to an allied health professional.
- The 5 sessions can be made up of one type of service (e.g. 5 OT sessions) or a combination of different types of services (e.g. 1 speech pathology session and 4 occupational therapy sessions).
- A separate referral form is required for each service type.
- Service type and quantity must be identified in the Team Care Arrangement by the referring GP.
- Service must be at least 20 minutes in duration.
- There are no age limits.
- The individual must have a chronic condition and/or complex care needs. A chronic medical condition is one that has been (or is likely to be) present for six months or longer. Complex care needs are when a person requires ongoing care from a multidisciplinary team consisting of their GP and at least two other health care providers. People with a diagnosis of ASD therefore usually meet these criteria.
- If the 5 services are not used at the end of the calendar year, it is not necessary to get a new referral for the remaining services. However, unused services used in the new calendar year will count as part of the total of 5 services for which the patient is eligible in that year.
- Allied health services must provide a written report back to the referring practitioner after the first and last service. Written reports will include information regarding:
 - Any investigations or assessment carried out
 - Treatment provided
 - Future management.

Eligible allied health services and MBS item numbers for allied health initiative are:

Allied Health Provider	MBS items for allied health assessment
Aboriginal & Torres Strait Islander Health Service	10950
Audiologist	10952
Chiropractor	10964
Diabetes Education Service	10951

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Dietetics Services	10954
Exercise Physiologist	10953
Occupational Therapist	10958
Osteopath	10966
Physiotherapist	10960
Podiatrist	10962
Psychologist	10968
Speech Pathologist	10970
Mental Health Service (consisting of any or all of the above-listed allied health professionals)	10956
All of the above-listed items are only reclaimable from private providers.	

Mental Health Treatment Services

Better Access Initiative - Mental Health Treatment/Care Plan

The purpose of the *Better Access Initiative* is to improve treatment and management of mental illness within the community. Under this initiative, Medicare rebates are available for people with a diagnosed mental health disorder. ASD is not considered a mental health disorder, so an additional diagnosis is required (such as anxiety).

Individuals can be referred for mental health services by a psychiatrist or paediatrician, or by a GP who have completed a mental health treatment/care plan with the individual. Selected mental health services can be provided by:

- GPs
- Eligible medical practitioners
- Psychiatrists
- Clinical psychologists
- Registered psychologists
- Accredited mental health social workers
- Occupational therapists with *Better Access for Mental Health* endorsement.

People referred for allied mental health services can access up to 20 individual sessions per calendar year (or up to 10 sessions per calendar year, post 31 December 2022):

- **Six (6) initial individual sessions:** face-to-face, telehealth or by phone each calendar year.
- **Four (4) additional individual sessions:** face-to-face, telehealth or by phone each calendar year. To receive these sessions, individuals must obtain a new referral from their GP, psychiatrist or paediatrician after their 6 initial sessions, to get a new referral.
- **Ten (10) additional individual sessions:** to receive these sessions, individuals must obtain a new referral from their GP, psychiatrist or paediatrician, after the additional 4 sessions, for a new referral.

People can also access up to **ten (10) group sessions**:

- Social skills groups, anxiety groups or a group that is run by the above listed professionals.
- Group sessions must have at least six (6) participants.

Allied health services will provide a brief written report to the referring practitioner (GP, psychiatrist or paediatrician) after the first session. They must also provide a brief written report after the 6th, 10th, 20th, or after the last session. Written reports will include information regarding:

- Any investigations or assessment carried out.
- Treatment provided.
- Recommendations for future management.

Please note these Medicare items cannot be used for diagnostic assessments of ASD.

Medicare Safety Net

It is important to check you and your family are registered for the Medicare safety net.

The Medicare Safety Net provides families and individuals with financial assistance for high out-of-pocket out-of-hospital Medicare Benefits Schedule (MBS) service costs. Once you reach a Medicare Safety Net threshold visiting a doctor or having tests may cost you less.

If your family is not registered for the Medicare safety net please **call Medicare on 13 20 11** or visit:

Helping children with autism

Medicare items available through the Helping Children with Autism program are early intervention services for children undergoing diagnosis/assessment or treatment for autism.



CLICK
OR
SCAN

Medicare items fact sheet

Better Start for Children with Disability Initiative Medicare Items Fact Sheet for Health Providers and Parents for the early diagnosis and treatment of children with an eligible disability.



CLICK
OR
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Medicare safety nets

Medicare Safety Nets can help lower your out of pocket medical costs for out of hospital services particularly if you need to see a doctor or get tests regularly.



CLICK
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For information on Occupational Therapists with an interest in ASD:



For information on Speech Pathologists with an interest in ASD:



For information on Psychologists with an interest in ASD:

