

MEDICARE INFORMATION

Medicare offers a range of plans and packages designed to support autistic people by providing rebates when they access services from private providers. These services may be for diagnostic assessment or therapeutic supports.

Rebates can be claimed through Medicare in the following ways:

Access to Diagnosis

Complex Neurodevelopmental Disorders (previously known as Helping Children with Autism (HCWA))

Medicare items for the assessment and diagnosis of children:

- To access assessment for a diagnosis of autism spectrum disorder (ASD) under the Diagnostic and Statistical Manual – 5th Edition (DSM-5), a medical practitioner (GP) can provide a referral to a consultant paediatrician or psychiatrist. This referral falls under the Medicare Benefits Scheme and can be done using item number 135 or 289, depending on the specific professional involved.
- The consultant paediatrician or psychiatrist can then refer a person 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). After the consultant paediatrician or psychiatrist has reviewed these assessments, they may request an additional four (4) assessment services to assist further with diagnosis. A person can access a maximum of eight (8) assessment services in a lifetime.
- To be eligible for these rebates:
 - The person must be under the age of 25.
 - The person must have been referred to the allied health professional by the psychiatrist/paediatrician who is engaged in the process of diagnosing the person.
 - The person must have been referred to the allied health professional for the purpose of assessment to assist in the diagnosis of ASD.
- Allied health assessment services may consist of any combination of allied health services listed below.
- It is the responsibility of the referring consultant paediatrician or psychiatrist to allocate these services in keeping with the person's individual needs and to refer the person to appropriate allied health professional(s) accordingly.

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 MBS Item 291

Psychiatrist appointment MBS 291 is another support available through Medicare for assessment and diagnosis. The referral does not need to be specifically for the diagnosis of ASD under DSM-5:

- 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.
- 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 a psychiatrist.

Treatment Services

Complex Neurodevelopmental Disorders

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

- The person must be diagnosed with ASD under the DSM-5 and have a treatment plan prepared for them by a paediatrician/psychiatrist.
- Only one treatment and management plan can be prepared for the person in their lifetime, but the paediatricians/psychiatrists who manage this plan can change.
- The person 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 person can access a rebate for the 20 treatment sessions under Medicare Item 135/289 as part of the Complex Neurodevelopmental Disorders 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). The referring practitioner must allocate these services to appropriate allied health professional(s) in keeping with the person's individual treatment needs.
- 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) to an allied health professional each calendar year from the date of the initial plan.
- The 5 sessions can be made up of one type of service (e.g. 5 occupational therapy 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.
- The service type and quantity must be identified in the Team Care Arrangement by the referring GP.
- The service must be at least 20 minutes in duration (please note that the rebate amount is the same regardless of how long the appointment is for - e.g. \$56 for a half-hour appointment, \$56 for a one-hour appointment).
- 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, they do not roll over.
- 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
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 to confirm co-occurring anxiety, depression, or other mental illness.

Individuals can be referred for mental health services by a psychiatrist, paediatrician, or GP who has 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 mental health services can access up to 10 individual sessions per calendar year:

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

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, or final 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:

Medicare items fact sheet

Education guide for Medicare items for Complex Neurodevelopmental Disorders and Eligible Disability



SCAN ME

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.



SCAN ME



SCAN ME:
For information on Occupational Therapists with an interest in ASD.



SCAN ME:
For information on Speech Pathologists with an interest in ASD.



SCAN ME:
For information on Psychologists with an interest in ASD.