



Frequently Asked Questions

Better Start for Children with Disability

1 July 2012



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FREQUENTLY ASKED QUESTIONS

Better Start for Children with Disability initiative

PART 1 – GENERAL INFORMATION

As part of the 2010 election commitment, the Prime Minister announced the Better Start for Children with Disability initiative. This initiative will provide \$122 million over four years to ensure children with an eligible disability which affects their development, have access to intensive early intervention therapies and treatment from expert health professionals.

The Better Start for Children with Disability initiative was implemented on 1 July 2011 across the Department of Health and Ageing, and the Department of Families, Housing, Community Services and Indigenous Affairs. The initiative assists children with sight and hearing impairment, cerebral palsy, Down syndrome and Fragile X syndrome.

Medicare services provided under the Better Start for Children with Disability initiative

Medicare rebates are available for services provided by a specialist, consultant physician, general practitioner or eligible allied health professional for children with an eligible disability as follows:

- Items 137 – for a specialist or consultant physician to diagnose and develop a treatment and management plan for a child aged under 13 years; or
- Item 139 – for a general practitioner to diagnose and develop a treatment and management plan for a child aged under 13 years; and
- Items 82000, 82005, 82010 and 82030 – for eligible audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists or speech pathologists to provide up to 4 assessment services per child per lifetime, to assist the referring medical practitioner with the diagnosis and development of a treatment and management plan, for a child aged under 13 years; and
- Items 82015, 82020, 82025 and 82035 - eligible audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists or speech pathologists to provide up to 20 early intervention treatment services per child per lifetime, following diagnosis and consistent with the treatment and management plan provided by the referring medical practitioner, for a child aged under 15 years.

PART 2 – PATIENT ELIGIBILITY

2.1 What conditions are eligible for the Better Start for Children with Disability initiative?

For the purposes of the Better Start for Children with Disability initiative, eligible disability means any of the following:

- sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction;
- hearing impairment that results in:
 - (i) a hearing loss of 40 decibels or greater in the better ear, across four frequencies; or
 - (ii) permanent conductive hearing loss and auditory neuropathy;
- cerebral palsy;
- Down syndrome; and
- Fragile X syndrome.

2.2 What are the age limitations for the Better Start for Children with Disability initiative?

A child is eligible to access the disability initiative if he/she has a treatment and management plan provided by a specialist, consultant physician or general practitioner before the child's 13th birthday.

Treatment services must be completed before the child's 15th birthday, provided the treatment and management plan was in place before the child's 13th birthday.

2.3 What should the specialist, consultant physician or general practitioner do if there is a concern that the child may have an eligible disability, but the diagnosis is not clear at the initial consultation?

In the case of a child who has not been previously diagnosed with an eligible disability, an appropriate item 104 to 131 or 296 to 370 (excluding item 359) for a specialist or consultant physician, or item 3 to 51 for a general practitioner, can be billed for the initial attendance or assessment. If the treating specialist, consultant physician or general practitioner forms a view that a more comprehensive assessment is warranted and needs to refer the child to allied health professionals for this purpose, subsequent attendances would be billed using one of above mentioned existing items, as appropriate.

Allied health professionals are expected to assess the child and report their assessment back to the referring practitioner as to whether or not the child has an eligible disability and advise the specialist, consultant physician or general practitioner on the development of a treatment and management plan (if required).

2.4 How will children with an existing diagnosis benefit from this initiative?

The new MBS items (item 137 or item 139) may be used to prepare a treatment and management plan for a child. It is expected that any existing diagnosis would feed into the treatment and management plan prepared through the new item, if a further diagnosis is not needed. Once a treatment and management plan has been prepared, the relevant specialist, consultant physician or general practitioner can then refer the child to allied health professionals for treatment services.

In the event that the existing diagnosis was undertaken by a different practitioner, it is a matter of clinical judgement by the treating specialist, consultant physician or general practitioner whether to accept or review the existing diagnosis. If a further assessment is required, the treating specialist, consultant physician or general practitioner may refer the child to allied health professionals for diagnostic assessment services, under one of items 104 to 131 or 296 to 370 excluding

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item 359, for specialists and consultant physicians, or items 3 to 51 for general practitioners, as appropriate.

MBS item 137 or item 139 is billed once the specialist, consultant physician or general practitioner is in a position to determine a diagnosis and develop a treatment and management plan. Subsequent attendances to review the child's condition and the outcomes of the treatment and management plan would be billed under one of the existing items mentioned above, as appropriate. Where a review of a treatment plan is required, the specialist, consultant physician or general practitioner may refer the child to allied health professionals under one of items 104 to 131 or 296 to 370 (excluding item 359) or items 3 to 51, as appropriate, for diagnostic assessment services (where maximum of 4 has not been achieved for that child) even after claiming item 137 or item 139.

2.5 My child has accessed services under the Helping Children with Autism program. Can he/she also access services under the Better Start for Children with Disability initiative?

No. Children with both autism/PDD and an eligible disability can only access one program or the other, **not** both. Allied health providers (audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists) and number of services are the same for both programs.

2.6 How can a child's eligibility for allied health services be checked?

Children seeking Medicare rebates for disability allied health services will need to have a referral from a specialist, consultant physician or general practitioner. If there is any doubt about a child's eligibility, Medicare Australia will be able to confirm:

- whether a relevant MBS service has been claimed from a specialist, consultant physician or general practitioner (to facilitate access to the assessment items);
- whether a disability treatment and management plan has been claimed (to facilitate access to the treatment items); and
- the number of allied health disability services already claimed by the child.

Allied health professionals can call Medicare Australia on 132 150, parents and carers can contact Medicare Australia on 132 011.

PART 3 – PROVIDER INFORMATION

3.1 Which allied health professionals can provide services for children with an eligible disability?

Allied health services can be provided by eligible audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists.

Allied health professionals must be registered with Medicare Australia and be working in private practice.

3.2 What is the eligibility criteria for each allied health provider?

Allied health professionals providing services using these items must be registered with Medicare Australia. To be eligible to register with Medicare Australia to provide these services, an allied health professional must meet the specific eligibility requirements detailed below:

- **Audiologist** must be either a 'Full Member' of the Audiological Society of Australia Inc (ASA), who holds a 'Certificate of Clinical Practice' issued by the ASA; or an 'Ordinary Member – Audiologist' or 'Fellow Audiologist' of the Australian College of Audiology (ACAud);
- **Occupational Therapist** must be registered with the Occupational Therapy Board of Australia;
- **Optometrist** must be registered as an optometrist or optician under a law of a State or an internal Territory that provides for the registration of optometrists or opticians, and be a participating optometrist;
- **Orthoptist** must be registered with the Australian Orthoptic Board and have a Certificate of Currency; and be a member of Orthoptics Australia;
- **Physiotherapist** must be registered with the Physiotherapy Board of Australia;
- **Psychologist** must hold General Registration without limitation with the Psychology Board of Australia; or
- **Speech Pathologist** in Queensland must be registered with the Speech Pathologist Board of Queensland. In all other States, the Australian Capital Territory and the Northern Territory, they must be a 'Practising Member' of Speech Pathology Australia.

3.3 Who can claim MBS items 137 and 139?

Item 137 and item 139 are only available for a specialist, consultant physician or general practitioner. Once this item has been claimed by the child, any other practitioner or specialist reviewing a child's treatment and management plan, will only be able to do so under an existing MBS attendance item. They cannot use item 135 or item 289.

3.4 How will the allied health services be allocated between the different providers?

It is the responsibility of the referring specialist, consultant physician or general practitioner to allocate services to allied health providers in accordance with the child's individual needs, as outlined in the treatment and management plan.

3.5 What is a course of treatment?

For the purpose of treatment services, a course of treatment will consist of the number of services stated on the child's referral (up to a maximum of 10). This enables the referring practitioner to consider a report from the allied health professional/s about the services provided to the child, and the need for further treatment.

3.6 What are the reporting requirements for allied health providers?

A written report must be provided to the referring specialist, consultant physician or general practitioner by the allied health provider/s after having provided the disability assessment services.

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On completion of the course of treatment services, the eligible allied health provider must provide a written report to the referring specialist, consultant physician or general practitioner which includes information on:

- treatment provided;
- recommendations on future management of the child's disability; and
- any advice provided to third parties (eg. parents, schools).

A written report must also be provided to the referring specialist, consultant physician or general practitioner at the completion of any subsequent course or courses of treatment provided to the child.

3.7 Can a child who has an incomplete treatment and management plan created by one practitioner have the plan 'finished' by another practitioner?

If the service was incomplete and an item other than item 137 or item 139 was claimed by the initial practitioner, then the treating specialist, consultant physician or general practitioner who completes the diagnosis and prepares the treatment and management plan, can claim item 137 or item 139. The specialist, consultant physician or general practitioner can contact Medicare Australia on 132 150 for the information regarding claims for the child.

A child will not be able to receive more than one disability treatment and management plan. However, if there is need for a review of the plan at a later stage, this can be undertaken through other existing consultation items.

3.8 What do specialists, consultant physicians or general practitioners needs to consider in developing a treatment and management plan?

It is advisable before using item 137 or item 139 that practitioners familiarise themselves with the eligible disability criteria in establishing the diagnosis and conducting the assessment (see section 2.1).

For the management plan, a risk assessment mentioned in the item descriptors, involves assessment of the risk of a contributing co-morbidity as well as environmental, physical, social and emotional risk factors to the patient or to others. The need for medication should also be considered where appropriate.

If the patient's care needs do not require a treatment and management plan, treatment can be provided under existing attendance items for the specialist, consultant physician or general practitioner.



PART 4 – REFERRAL PATHWAYS

4.1 Does a specialist or consultant physician need a GP (or any medical practitioner) referral to claim MBS item 137?

Yes. It is a requirement of the item to have a referral from a general practitioner or any other medical practitioner. If a specialist or consultant physician has a current referral from a general practitioner, they can claim item 137 for the child.

4.2 Who can refer my child for allied health services?

A referral from a specialist or consultant physician (using items 104 to 131 or 296 to 370 – excluding item 359) or a general practitioner (using items 3 to 51) is required to receive allied health assessment services (items 82000, 82005, 82010 and 82030).

A referral from a specialist or consultant physician (using item 137) or general practitioner (using item 139) is required to receive allied health treatment services (items 82015, 82020, 82025 and 82035).

4.3 Can referrals for services be made from the public health system?

A medical practitioner working in the public health system can make a referral to a specialist or consultant physician who subsequently claims a Medicare service in connection with the referral. However, specialists or consultant physicians working in the public health system are not able to refer patients to allied health professionals for the purpose of accessing the MBS items.

4.4 Does a specialist or consultant physician need a new referral at each stage of an assessment that occurs over a number of visits?

No. A referral is specific to a single course of treatment. This means that a new referral is not required in the progression of a staged assessment, providing it is for the same condition. If it is a separate course of treatment a new referral may be needed.

4.5 If the specialist, consultant physician or general practitioner is confident with the diagnosis and claims item 137 or item 139 for the initial consultation with a new child, does the child forego the right to claim the four allied health items for diagnosis?

The allied health professional assessment items (items 82000, 82005, 82010 and 82030) cannot be claimed from item 137 or item 139. They can only be claimed from MBS items 104 to 131 or 296 to 370 (excluding item 359).

Therefore, item 137 or item 139 should only be billed once the specialist, consultant physician or general practitioner has received all the information necessary to form a diagnosis and develop a treatment and management plan.

4.6 Will the child be required to obtain a new diagnosis to access allied health treatment items?

Yes. There may be occasions where a child has been diagnosed with an eligible disability prior to the introduction of the *Better Start for Children with Disability* initiative Medicare items on 1 July 2011. In addition, there may be situations where, after 1 July 2011, a diagnosis is made by a practitioner who does not claim a relevant MBS item. For example, the practitioner may be working in the public system and therefore is unable to claim an MBS item.

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Either item 137 or item 139 must have been claimed prior to a child accessing allied health treatment services. The requirement ensures that a child has a current and appropriate treatment and management plan for his/her condition, so that each child will get the maximum benefit from the new MBS items.

4.7 *Can a specialist or consultant physician, using item 110 or item 296, refer a child to a new allied health item to assist with diagnosis and then use item 116 or items 304 to 318 to review the child and refer them to another new allied health service until the limit of four is reached?*

Yes. Given the complexity involved in the assessment and diagnosis of children with disability, this practice will be allowed under the *Better Start for Children with Disability* initiative.

4.8 *What MBS items are available to a specialist, consultant physician or general practitioner to review a child's condition after a treatment and management plan has been developed under item 137 or item 139?*

Subsequent attendances to review the child's condition and the outcomes of the treatment and management plan can be billed under the relevant existing attendance items (items 104 to 131 or 296 to 370, excluding item 359 or items 3-51) as appropriate.

4.9 *What provisions exist for a child who has a treatment and management plan developed under item 137 or item 139 and moves to a new locality, thereby preventing access to the allied health practitioners named in the plan?*

In this situation, the child may receive a referral to a new specialist, consultant physician or general practitioner who may review the treatment and management plan and refer the child to allied health providers in the new area. However, the child will still only be eligible for a total of twenty treatment services.

4.10 *Does a child need separate referrals for different allied health providers?*

Yes. A child requires a separate referral for each allied health professional they receive services from. However, when an allied health professional completes a course of treatment (10 treatment services) and further services are allowed under the current referral, a discussion with the referring practitioner to confirm that the services should be continued is adequate. The allied health professional must also prepare a written report for the referring practitioner on completion of a course of treatment.



PART 5 – MEDICARE SERVICES

5.1 What is an assessment service?

Assessment services are provided by audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists (items 82000, 82005, 82010, 82030) for the purpose of assisting the referring specialist, consultant physician or general practitioner with their diagnosis of the child, and for contributing to the child's disability treatment and management plan. To claim Medicare rebates on assessment services the service must be provided to a child who is not in a hospital, it must be provided to the child individually, the service must last at least 50 minutes, and the service must be provided before the child's 13th birthday.

5.2 How many assessment services can my child have?

Each eligible child is entitled to up to four (4) assessment services per lifetime. The four services may consist of any combination of eligible allied health providers. It is the responsibility of the referring specialist, consultant physician or general practitioner to allocate these services in keeping with the child's individual needs and to refer the child to the appropriate allied health professionals accordingly. These services must be provided before the child's 13th birthday.

5.3 Who can provide assessment services?

Assessment services can be provided by audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists, using items 82000, 82005, 82010 or 82030, after referral from a specialist, consultant physician or general practitioner.

5.4 What is a treatment service?

Treatment services are provided by audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists (items 82015, 82020, 82025, 82035) to a child consistent with the treatment and management plan provided by the referring specialist, consultant physician or general practitioner. To claim Medicare rebates on treatment services the service must be provided to a child who is not in a hospital, it must be provided to the child individually, the service must last at least 30 minutes, and the service must be provided before the child's 15th birthday, provided the treatment and management plan was in place before the child's 13th birthday.

5.5 How many treatment services can my child have?

An eligible child is entitled to up to twenty (20) treatment services per lifetime. The twenty services may consist of any combination of eligible allied health providers. It is the responsibility of the referring specialist, consultant physician or general practitioner to allocate these services in keeping with the child's individual needs and to refer the child to the appropriate allied health professionals accordingly. These services must be provided before the child's 15th birthday.

5.6 Who can provide treatment services?

Treatment services can be provided by audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists, using items 82015, 82020, 82025 or 82035, after referral from a specialist, consultant physician or general practitioner.

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5.7 Can a disability service be provided to a child and then followed up with another disability service immediately after the first session?

Under the *Better Start for Children with Disability* initiative multiple attendances for the same child on the same day for allied health assessment or treatment services are permitted. A child may have up to four assessment or treatment services per day from the same (or different) allied health professionals.

5.8 Where can I find more information about the medical practitioner and allied health items for the Better Start for Children with Disability initiative?

Information about all the MBS items, including schedule fee, Medicare rebate, item descriptors and explanatory notes is available at: www.mbsonline.gov.au.

PART 6 – OTHER INITIATIVES AND FURTHER INFORMATION

6.1 Can my child access the ‘Chronic Disease Management’ items as well as the Better Start for Children with Disability initiative?

Yes, provided your child meets the necessary requirements for both programs. To be eligible to use the Chronic Disease Management items, patients must have a chronic (or terminal) medical condition and complex care needs that are being managed by their general practitioner (GP) under a GP Management Plan (MBS item 721) and Team Care Arrangements (MBS item 723). Once these items are in place, patients are able to be referred by their GP for up to five Medicare rebateable allied health services each calendar year.

Eligible allied health services can be provided by aboriginal health workers, audiologists, diabetes educators, chiropractors, dietitians, exercise physiologists, mental health workers, occupational therapists, osteopaths, physiotherapists, podiatrists, psychologists, and speech pathologists.

6.2 Can my child access the ‘Better Access’ items as well as the Better Start for Children with Disability initiative?

If your child is diagnosed by the medical practitioner as having a mental health condition, then they may be eligible to receive services under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative. Patients, on referral by a GP who is managing the patient’s condition under a GP Mental Health Treatment Plan, or on referral by a psychiatrist or paediatrician, may be eligible for Medicare benefits in respect of up to 10 allied health services per calendar year.

Eligible allied health services can be provided by psychologists, occupational therapists and social workers.

6.3 Can children with learning disorders access any disability items for direct instruction programs that have been demonstrated to improve reading skills?

Disability Medicare items were introduced only for children with an eligible disability. If the child’s learning disorder is related to this disability, he/she can access Medicare rebates for appropriate treatment provided by eligible allied health professionals. Links to information and services for children with learning disabilities are provided at the Government’s website www.fahcsia.gov.au.

6.4 Do the out of pocket expenses count towards the Medicare Safety Net?

Charges in excess of the Medicare benefit for these items are the responsibility of the parent. Such out-of-pocket costs will count toward the Medicare safety net for that child. Any allied health disability assessment services that are in excess of the maximum of four, and any allied health treatment services that are in excess of the maximum of twenty allowable per child will not attract a Medicare benefit and the safety net arrangements will not apply to costs incurred by the child for such services.

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6.5 Where can I access information about the \$12,000 early intervention funding?

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is administering this component of the Better Start for Children with Disability initiative.

To find out more about the early intervention funding visit:

www.fahcsia.gov.au/betterstart

6.6 How can I find out how much of the original \$12,000 early intervention funding is left?

Family Activity Statements (FAS) will be sent to families registered for the *Better Start for Children with Disability* initiative on a monthly basis, providing there has been expenditure out of their allocated funding during that month. The FAS will provide information about the balance of the remaining early intervention funds.

Service providers are required to check the family's early intervention funding balance on FOFMS (FaHCSIA Online Funding Management System) each time a family attends for a service to ensure that funds are available.

Families also need to be mindful of the fact that there can be a time lag between the date a service is received and the date on which the fee is claimed for that service by a provider. Therefore the current balance on the FAS may not reflect all the services a family has received. Service providers are required to claim fees from FaHCSIA within 28 days from the date of the service. Families are also advised to track their own expenditure.

Under the *Better Start for Children with Disability* initiative, when families are registered, they will receive an Expenditure Tracking Form from the Registration and Information Service, along with their letter of introduction.

Families who wish to check their early intervention funds balance will be able to find the relevant contact details on the FaHCSIA website: www.fahcsia.gov.au/betterstart.