



## FOLLOW-UP ALLIED HEALTH SERVICES FOR PEOPLE OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT

### Medicare items 81300 to 81360

*This fact sheet must be read in conjunction with the item descriptors and explanatory notes for items 81300 to 81360 (as set out in the Medicare Benefits Schedule).*

Follow-up allied health items (81300 to 81360) are available to people of Aboriginal or Torres Strait Islander descent, on referral from their GP.

#### In Summary

- These items are available only to people of Aboriginal or Torres Strait Islander descent who have had a health assessment during which the GP has identified a need for follow-up allied health services.
- A person is of Aboriginal or Torres Strait Islander descent if they self-identify.
- The GP must refer the person to an eligible allied health professional using a 'Referral form for follow-up allied health services under Medicare for people of Aboriginal and Torres Strait Islander descent' or a form that contains all the components of the Department's form..
- Medicare rebates are available for a maximum of five (5) services per patient each calendar year (in addition to allied health services available under items 10950-10970), with out-of-pocket costs counting towards the extended Medicare safety net.
- Allied health professionals must be registered with Medicare Australia.
- Allied health professionals must report back to the referring GP.

#### Eligible patients

Only people of Aboriginal or Torres Strait Islander descent who have had a health assessment may be referred by a GP for allied health services under items 81300 to 81360. For the purposes of these items, a person is of Aboriginal or Torres Strait Islander descent if they self-identify. Patients should be asked to self-identify their Aboriginal or Torres Strait Islander status either verbally or by completing a form.

The patient must not be an admitted patient of a hospital.

## Health Assessment

For a patient of Aboriginal and Torres Strait Islander descent to be eligible for the follow-up allied health services, a GP must have first provided the patient with a health assessment under one of the following MBS items: 701, 703, 705, 707 or 715. While any of the health assessment items can be used, MBS Item 715 is specifically for Aboriginal and Torres Strait Islander people. Information about Medicare item 715 is available at [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems).

## Rebate

A Medicare rebate is available for a maximum of five (5) follow-up allied health services per patient each calendar year. Note, however, that allied health professionals may set their own fees. Charges in excess of the Medicare benefit for these allied health items are the responsibility of the patient.

## Referral arrangements

Patients need to be referred by their GP using the referral form issued by the Department that can be found at: [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems) or a form that contains all the components of the Department's form.

The five allied health services can be made up of one type of service (eg five physiotherapy services) or a combination of different types of services (eg: one dietetic, two podiatry and two physiotherapy services).

**NOTE:** It is not appropriate for allied health professionals to provide part-completed referral forms to GPs for signature, or to pre-empt the GP's decision about the services required by the patient.

## Referral validity

A referral is valid for the stated number of services. If all services are not used during the calendar year in which the patient was referred, the unused services can be used in the next calendar year.

However, those services will be counted as part of the five rebates for allied health services available to the patient during that calendar year.

When all referred services have been used, or a referral to a different allied health professional is required, patients need to obtain a new referral.

## Service length and type

Services must be of at least 20 minutes duration and the allied health provider must personally attend to an individual patient.

## Eligible allied health professionals

<b>Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal Health Worker</b> item 81300	<b>Physiotherapist</b> item 81335
<b>Diabetes Educator</b> item 81305	<b>Podiatrist</b> item 81340
<b>Audiologist</b> item 81310	<b>Chiropractor</b> item 81345
<b>Exercise Physiologist</b> item 81315	<b>Osteopath</b> item 81350
<b>Dietitian</b> item 81320	<b>Psychologist</b> item 81355
<b>Mental Health Worker**</b> item 81325	<b>Speech Pathologist</b> item 81360
<b>Occupational Therapist</b> item 81330	

\*\* (includes psychologists, occupational therapists, Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers, mental health nurses and some social workers)

Allied health professionals need to meet specific eligibility requirements, be in private practice and register with Medicare Australia. Those who are already registered with Medicare Australia to use items 10950 to 10970, or to order diagnostic imaging tests, do not need to re-register.

Information on eligibility requirements and registration forms are available at the Medicare Australia website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or from Medicare Australia on **132 150**.

## Aboriginal Health Services

These allied health items can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, an Aboriginal Community Controlled Health Service or clinic only where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted.

## Reporting requirements

A written report for the referring GP is required after the first and last service, or more often if clinically necessary.

Written reports should include any investigations, tests, and/or assessments carried out on the patient, any treatment provided and future management of the patient's condition or problem.

Where client records of both the allied health professional and referring GP are shared and held centrally, the report may be included on the client record for the GP's attention.

## Claiming the rebate

When the allied health professional has provided the service s/he may then:

1. Bulk bill the patient (stationary for bulk billing can be obtained by calling 1800 067 307); or
2. Seek payment for the service from the patient. The patient then takes the itemised receipt from the allied health professional to Medicare to claim the Medicare rebate. Out-of-pocket costs will count toward the Medicare safety net.

The following information must be included on patients' itemised accounts/receipts:

- patient's name;
- date of service;
- MBS item number
- name and provider number (or practice address) of the allied health provider;
- name and provider number (or practice address) of referring GP;
- date of referral; and
- amount charged, total amount paid, and any amount outstanding in relation to the service.

Patients who have private health insurance will need to decide if they wish to use Medicare or their private health insurance cover to pay for these services. Private health insurance ancillary cover cannot be used to 'top up' the Medicare rebate.

## Other Medicare services

A person of Aboriginal or Torres Strait Islander descent who has had a health assessment may also be eligible for up to 10 follow-up services by a practice nurse or Aboriginal and Torres Strait Islander health practitioner on behalf of a GP (item 10987).

The follow-up allied health items 81300 – 81360 are available in addition to:

- Individual allied health services for patients who have a GP Management Plan (item 721) and Team Care Arrangements (item 723);
- Group allied health services for people with type 2 diabetes; and
- Allied mental health services.

Information about Medicare rebates for individual **allied health services for patients with a chronic condition and complex care needs** and for **group allied health services for people with type 2 diabetes** is available at [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems).

Information about **allied mental health** services is available at [www.health.gov.au](http://www.health.gov.au) (follow the A-Z links to 'M' mental health).

## More information

Telephone: 132 150 (Medicare Australia)  
1800 556 955 (Aboriginal and Torres Strait Islander Access Line for Medicare Australia)  
Email: [mbsonline@health.gov.au](mailto:mbsonline@health.gov.au)  
Internet: [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems)  
[www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

Information about these items, including explanatory notes and item descriptors, is also contained in the Medicare Benefits Schedule available online at: [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)