

ITEMS 10950-10970

ALLIED HEALTH REFERRALS

What is it?

A Medicare rebate is available for Allied Health (AH) services (see below) to residents with Item 731 in place.

Eligible AH Professionals:

| | | | |
|--------------------------|-----------------------|------------------------|--------------------|
| Aboriginal Health Worker | Diabetes Educator | Occupational Therapist | Psychologist |
| Audiologist | Dietitian | Osteopath | Speech Pathologist |
| Chiropractor | Exercise Physiologist | Physiotherapist | |
| Chiropodist | Mental Health Worker | Podiatrist | |

RACF - Low Care and High Care

- AH services eligible for a Medicare item are those NOT currently funded by other State or Commonwealth funding, or DVA.
- Residents that would have normally paid for these services are eligible,
 - Most services for low care residents are eligible and
 - Only services in high care that are required above and beyond funded services are eligible for a Medicare rebate. Each RACF have different arrangements on the level of AH services that are offered to residents free of charge, these are paid for by RACF funds and NOT eligible for the Medicare rebate.

Eligibility

- Residents with a chronic condition* and complex care needs that are being managed by their GP **and** written in the resident's multidisciplinary care plan.

Frequency

A maximum of 5 AH services can be claimed per resident per calendar year.

The Process

1. GP contributes/reviews resident's care plan noting the need for referral to specific AH services, as relevant to resident's needs.
2. Claim MBS Item 731.
3. GP refers resident to AH professional(s) by filling out EPC Program Referral Form ensuring that there are separate referrals for each AH professional.
4. AH professionals must be registered with Medicare Australia.
5. AH professional will provide a written report on the service(s) to the referring practitioner.
6. Add reminder to resident file as resident may be eligible for another 5 services in 12 months.

MEDICARE SCHEDULE FEE - a gap fee may apply; the resident must choose either a Medicare rebate OR private health insurance for the service, not both.

- **DVA card holders** – GPs referring residents to AH providers who are DVA card holders (with the exception of white DVA card holders as these are disease specific and would need to relate to the disease) either the resident or the GP needs to ensure that the provider is registered with DVA and will bill them using their DVA card.
- If the DVA provider claims through DVA, the resident cannot claim through Medicare as well.

Claiming procedures – If the GP care planning items 731 has not been claimed and paid by Medicare Australia no Medicare benefits for allied health services can be paid to the resident. Care plan contributions cannot be done retrospectively, ie after the allied health services have been provided to the resident.