



**Note: To be completed by referring GP or prescribed medical practitioner\***

Select, if the patient has had a:

- ☐ Health assessment  
☐ GP Management Plan AND Team Care Arrangements  
☐ GP or prescribed medical practitioner contribute to or reviewed a multidisciplinary care plan prepared by the patient's residential aged care facility

**GP or prescribed medical practitioner details**

Provider number   
Name   
Address  Postcode

**Patient details**

Medicare card number  Patient's reference number   
First name  Surname   
Address  Postcode

**Allied health professional patient referred to**

Name or Type of provider   
Address  Postcode

**Referral details** – Use a separate copy of the referral form for each **type** of service.

GPs and prescribed medical practitioners are encouraged to attach relevant information to the referral form.

Eligible patients may access Medicare rebates for a maximum of **10 referred allied health services (total) in a calendar year**.

Provider Type	No. of Services	MBS Group M11
Aboriginal and Torres Strait Islander health worker		81300
Aboriginal and Torres Strait Islander health practitioner		81300
Audiologist		81310
Chiropractor		81345
Diabetes educator		81305
Dietitian		81320
Exercise physiologist		81315
Mental health worker		81325
Occupational therapist		81330
Osteopath		81350
Physiotherapist		81335
Podiatrist		81340
Psychologist		81355
Speech pathologist		81360

Referring GP or prescribed medical practitioner's signature  Date

The allied health professional must provide a written report to the referring GP or prescribed medical practitioner\* after the first and last service, and more often if clinically necessary. Providers should retain referrals for their services for 24 months from the date the service was rendered for Medicare auditing purposes.

\* A prescribed medical practitioner is a medical practitioner other than a GP, specialist or consultant physician.

This form may be downloaded from the Department of Health and Aged Care website.

**THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**

## Information for Referring GP or Prescribed Medical Practitioners

### Eligible Patients

A patient who is of Aboriginal or Torres Strait Islander descent may be referred for individual allied health services under items 81300 to 81360, 93048 and 93061 (MBS Group M11 and equivalent telehealth services) when the GP or prescribed medical practitioner:

- has undertaken a health assessment and identified a need for follow-up allied health services; or
- is managing the patient's complex care needs under a GP Management Plan and Team Care Arrangements or, if the patient is a resident of a residential aged care facility, the patient's GP or prescribed medical practitioner has contributed to a multidisciplinary care plan.

### Why has this form changed?

The referral pathway for follow-up allied health services for people of Aboriginal or Torres Strait Islander descent has been streamlined so referrals for up to 10 services can be referred using a single form. Previously there were separate referral pathways and referral forms to access 10 allied health services for patients identifying as Aboriginal or Torres Strait Islander descent following a health assessment, or a GP Management Plan and Team Care Arrangement or multidisciplinary care plan. From 1 March 2024, access to individual allied health services has been simplified so that there is a single referral form for people of Aboriginal or Torres Strait Islander descent who have either had a health assessment or are being managed under a GP Management Plan and Team Care Arrangement or multidisciplinary care plan.

### How many services can be referred on this form?

Up to 10 services of the same service type can be referred on one form. A separate form is required for each service type (e.g. audiology, dietetics).

Note: There is an **annual limit of 10** (per calendar year) for individual allied health services per patient. These services can include a combination of the following items:

- up to 5 services under CDM items (10950 to 10954, 10956, 10958, 10960 to 10970, 93000 and 93013).
- up to 10 services under MBS Group M11 and equivalent telehealth services (81300 - 81360, 93048, 93061).

### Why aren't the CDM items on this form?

A separate form is available to refer eligible patients, if required, to services under CDM items 10950 to 10954, 10956, 10958, 10960 to 10970, 93000 and 93013. These services are not specific for Aboriginal or Torres Strait Islander patients.

The '*Referral form for allied health services under Medicare for people of Aboriginal or Torres Strait Islander descent*', which refers for services under items 81300 - 81360, 93048, 93061, is only for patients of Aboriginal or Torres Strait Islander descent.

### If the patient only has a GP Management Plan and Team Care Arrangements or a multidisciplinary care plan, can a GP or prescribed medical practitioner refer any items from M11?

Yes, access to the items from Group M11 is allowed if the patient has had either a health assessment or is being managed under a GP Management Plan and Team Care Arrangements or a multidisciplinary care plan. The total number of referred allied health services must not exceed 10 in the calendar year.

### Item 81300

- There is no restriction on where this service can be provided other than it must be provided out-of-hospital.
- The service is to be provided by an Aboriginal and/or Torres Strait Islander Health Practitioner or Aboriginal and/or Torres Strait Islander Health Worker.
- For this service to be claimed, the Aboriginal and/or Torres Strait Islander Health Practitioner or individual with a Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care providing the service must have a Medicare provider number. Information on Medicare provider numbers can be found on the [Services Australia website](#) and information on provider eligibility requirements can be found in schedule 1 of the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024*. This legislation is available on the [Federal Register of Legislation](#) website and can be found under the 'Legislative instruments' tab, select 'Principal in force' and search for '*Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024*'.