Frequently asked questions for patients and guardians: Medicare services for complex neurodevelopmental conditions (such as autism)

Patient Eligibility

Who can seek a diagnosis of a complex neurodevelopmental condition through the Medicare Benefits Schedule (Medicare)?
Any person under 25 years of age who is suspected of having a complex neurodevelopmental condition (such as autism) can seek a diagnosis through Medicare.

What is a complex neurodevelopmental condition?
A neurodevelopmental condition is the medical term for a brain developmental condition. The condition is considered complex if the person needs support for impairments across two or more areas of brain development.

These areas can include:

- Cognition (e.g. working memory such as being able to repeat a list of words or numbers).
- Language (e.g. expressive language such as being able to name objects or pictures).
- Social-emotional development (e.g. recognising emotions such as on images of faces).
- Motor skills (e.g. fine motor skills such as writing or drawing).
- Adaptive behaviour like conceptual skills, practical skills, social skills, or social communication skills.

An example of a complex neurodevelopmental condition is autism.

Diagnosis

Do I need a referral for a diagnosis through Medicare?
Yes, you need to be referred by a GP to a psychiatrist or paediatrician.

Are allied health assessments required for a diagnosis?
No, an allied health assessment is not required for a diagnosis. If the psychiatrist or paediatrician determines that an allied health assessment is needed, they can make a referral.

Are there any types of testing/assessments that allied health professionals need to undertake to assist the formulation of a diagnosis?
It is up to the allied health professional to determine which tests are clinically appropriate.

Does a referral to an allied health practitioner for assessment need to specify the number of assessment services?
No. The number of assessment services does not need to be on the referral. Eligible allied health practitioners can provide up to four assessment services per patient from one referral.

If a patient needs more than four assessment services from the same allied health provider, the psychiatrist or paediatrician must agree. It is up to the allied health provider to consult with the paediatrician or psychiatrist to get their agreement.

A maximum of eight Medicare allied health assessment services (82000, 82005, 82010, 82030, 93032, 93033, 93040 or 93041) can be claimed per patient up to the age of 25 years.

Example: a psychologist receives a referral to assist with the paediatrician's formulation of a diagnosis for a patient who is suspected of being autistic. The psychologist uses the services to undertake a:

- detailed history from the patient and their parent/s
- cognitive assessment
- diagnostic test for autism
- another diagnostic test

These four services can be claimed under item 82000. As the referral is only for up to four services, any further services, to be eligible for Medicare benefits, will need to be under a new referral. If the psychologist sees a clinical need for further services to assist with the formulation of the diagnosis, they can contact the referring paediatrician to seek a new referral.

Can I only get one diagnosis for a complex neurodevelopmental condition through Medicare?

You can get more than one diagnosis of a complex neurodevelopmental condition. However, only **one** of the four Medicare diagnosis items (135, 289, 92140 or 92434) can be used in your lifetime.

These items are used if there is a diagnosis (or previous diagnosis) of a complex neurodevelopmental condition and the psychiatrist or paediatrician develops a treatment and management plan.

If these Medicare items have already been claimed, then a general attendance item can be used instead.

Example: a psychiatrist diagnoses a patient as autistic and uses item 289 for the consultation in which they confirm a diagnosis, write a treatment and management plan, and refer the patient for psychology treatment. If a psychiatrist or paediatrician conducts an additional diagnosis for a different complex neurodevelopmental condition with the same patient at a later stage, they will not be able to use any of the items 135, 289, 92140 or 92434, but may wish to consider using a clinically appropriate general attendance item for the consultation.

Treatment

How do I know if I am eligible for treatment?

You are eligible for the allied health treatment services (82010, 82015, 82020, 82025, 82035, 93035, 93036, 93043 or 93044) if you are under 25 years and have a confirmed diagnosis of a complex neurodevelopmental condition. Your paediatrician or psychiatrist will

need to develop a treatment and management plan and provide a referral for allied health treatment services.

What treatments will be provided by an allied health professional?

The treatment must be consistent with the treatment and management plan. The plan is prepared by the referring psychiatrist or paediatrician in keeping with commonly established interventions as practised by the health professionals and appropriate for the age and needs of the patient being treated. Allied health professionals may contribute to the patient's treatment plan where appropriate.

Do I need a referral for allied health treatment?

Yes. Medicare benefit eligibility for allied health treatment requires a diagnosis of a complex neurodevelopmental condition, a treatment and management plan, and a referral from a psychiatrist or paediatrician.

A separate referral is required for each allied health practitioner providing treatment services.

When do I need a new referral for treatment?

The referring psychiatrist or paediatrician will put the number of treatment services (up to 10 services per referral) on your referral. There is a maximum of 20 treatment services available per patient lifetime for the treatment items under Medicare (82010, 82015, 82020, 82025, 82035, 93035, 93036, 93043 or 93044).

After the referral services are used, the allied health professionals must provide your referring psychiatrist or paediatrician with a written report. When reviewing the report, the psychiatrist or paediatrician will decide if a new referral is needed for more treatment services.

Claiming and Service Requirements

Where can the services be provided?

The services can be provided in consulting rooms, or elsewhere (such as at the patient's home or school).

How long is a referred allied health assessment or treatment service?

A service for an assessment or contribution to a treatment and management plan must be at least 50 minutes in duration.

A service for treatment must be at least 30 minutes in duration.

What number of assessment or treatment services can be claimed per day?

Up to four assessment or treatment services may be provided to the same patient on the same day.

How do I find out what number of allied health services have been claimed?

You can find this information by:

- calling the Services Australia patient information line on 132 011.
- reviewing claims for the past three years through your Medicare account if linked in your www.My.Gov.au account. For claims made prior to this time, Services Australia will need to be contacted directly via the patient information line.
- checking claims via the Medicare Express Plus App, My Health Record app or through the My Health Record when linked with your www.My.Gov.au account.

Can an allied health practitioner provide non referred assessment or treatment services?

Yes. However, these services will not be eligible for a Medicare rebate.

Where can I find information on Medicare services?

Information on the Medicare items, explanatory notes and fact sheets can be accessed via the following link www.mbsonline.gov.au.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the last updated date shown and does not account for MBS changes since that date.