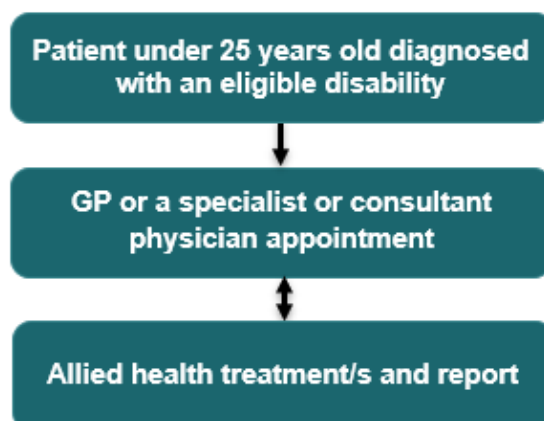




Referral pathway for allied health treatment for eligible disabilities



Restrictions or requirements

- An eligible disability is defined on [MBSOnline](#) at explanatory note [MN.10.3](#).

Referrals

- A referral and a treatment and management plan from the GP, specialist or consultant physician must be provided to the allied health professional.

Treatment services

- A course of treatment covers up to 10 allied health treatment services. One course of treatment can be requested per referral.
- A maximum of 20 treatment services from [eligible allied health professionals](#) can be claimed per patient per lifetime.
- A report must be prepared for the referring doctor after each course of treatment.

Patients 25 and over

- Doctors can use general attendance Medicare items to treat diagnosed patients.
- If allied health treatment is required, patients can discuss with their doctor the best diagnostic and treatment pathway to access benefits for these services.

Further information

- Further information on relevant items can be found on [MBSOnline](#) under [M10 items](#) and explanatory note [MN.10.2](#) and [MN.10.3](#).

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 and does not account for MBS changes since that date.