



# Support at Home prices for allied health and nursing services

## Fact sheet for providers

Prices for allied health and other therapeutic services and nursing services can have a billable unit for direct and indirect activities. This is an update to [Support at Home pricing guidance](#) released in March 2025.

The previous guidance specified that services with time-based billable units could only have a single type of billable unit, which was for the face-to-face time spent with a participant. This fact sheet provides updated guidance on prices for allied health and other therapeutic services and nursing services. Prices for these services have the option for distinct time-based billable units for face-to-face ('direct') activities and for related indirect activities.

## What is the difference between direct and indirect activities for allied health and other therapeutic services and nursing services?

Allied health and other therapeutic services and nursing services can have a unit price for both direct and indirect activities. This means that you do not need to include the costs of delivering indirect activities in the price for direct activities. It also means you have the option for separate unit prices for direct and indirect activities.

For these services, indirect activities may include:

- documentation and record keeping
  - writing progress notes
  - updating patient files
  - preparing reports and recommendations for other healthcare providers.
- coordination and case management
  - organising referrals
  - participating in case conferencing meetings with other health professionals and care partner.
- service planning and development
  - designing individualised clinical care plans and training supports in those care plans
  - designing clinical guides or programs for participants and carers.

These activities should be included in the unit price for indirect activities. All other activities related to the delivery of a service must be included in the unit price for direct activities.

## **Can travel costs be included as an indirect activity?**

No, travel costs are not an example of an indirect activity and must be included within your unit price for direct activities. You can set prices for services delivered in different locations (for example, different areas within the same city) to reflect differences in travel times.

## **How should direct and indirect services be invoiced?**

You may have separate unit prices for direct and indirect activities. You will need to claim for the direct and indirect prices separately against the time delivered for the service.

This example and the prices used are for illustrative purposes only.

For example:

- Provider ABC determines that a direct price of \$185 per hour and an indirect price of \$100 per hour for physiotherapy is reasonable to cover all the costs of delivering the service. These unit prices are agreed with the participant in their service agreement.
- Provider ABC delivers 2 hours of physiotherapy to their participant, with one hour being direct services and one hour being indirect services.
- When submitting the claim, Provider ABC must include one hour of physiotherapy at \$185 (direct services) and one hour of physiotherapy at \$100 (indirect services).
  - Provider ABC must create 2 distinct invoice items for this physiotherapy session – one for direct services and one for indirect services.
  - Each invoice item must reflect the correct price (\$185 for direct and \$100 for indirect) and the service (physiotherapy).

- You do not have to upload evidence, but you must retain records that demonstrate the delivery of both direct and indirect physiotherapy services. This is as per the provider obligations under section 154 of the *Aged Care Rules 2025*.

All services, including those covering indirect activities, must be agreed between you and your participant through their care plan and budget. Services to be delivered and prices must be agreed through the service agreement.

## **Are there any changes to care management?**

No, care management should be billed per hour of service delivered to the ongoing participant, which includes any time spent on direct or indirect care management activities. This is not limited to face-to-face time spent with the participant.

Further information on the scope of direct and indirect care management is available in the [Support at Home program manual](#).

## **How do I charge for delivering allied health services through the Assistive Technology and Home Modifications scheme?**

The Assistive Technology and Home Modifications (AT-HM) scheme separately funds participants with assistive technology products, equipment and home modifications to support them to live at home independently for longer.

For qualified health professionals providing services under the AT-HM scheme, a unit price will be time-based. It can include direct (face-to-face) time as well as time spent on indirect activities related to providing the services.

Indirect time may include activities such as:

- planning and documenting home modifications (HM)
- interaction with builders and tradespeople for HM
- researching assistive technology (AT) and HM solutions
- consulting with other health professionals on complex AT requirements
- consulting with AT suppliers
- writing home assessment reports and AT prescriptions.

AT-HM scheme funding is not available to pay for health professionals subsidised under Medicare through the Medical Benefit Scheme (MBS).

Read more about the [AT-HM scheme](#).

## **How do I know if my prices are reasonable?**

Prices should correspond to your costs of delivering services. If a provider elects to charge separate prices for direct and indirect services, then the price for direct services must only include the costs to deliver that service directly to your participant. It must not include any costs associated with delivering the corresponding indirect service.

If your price does not correspond to your costs, government may consider your prices to be unreasonable. The department will be actively monitoring prices from 1 November 2025, and you must keep evidence to show how you have set your prices. The department and the Commission can request to see this evidence and will use this to confirm that your prices are justified.

The department may refer providers to the Commission for action under their monitoring and compliance powers if there are concerns that your prices are not reasonable or transparent. The Commission will actively monitor and respond to any complaints or information on breaches of this obligation.

Under Australian Consumer Law, you cannot make misleading or deceptive statements about your prices, or the reasons for a price change. The Australian Competition and Consumer Commission can investigate and act where businesses mislead consumers about prices.