



Diagnosis and treatment for complex neurodevelopmental conditions

This factsheet provides information on Medicare Benefits Schedule (Medicare) support for diagnosis and treatment of a complex neurodevelopmental condition. A neurodevelopmental condition is referred to as a 'neurodevelopmental disorder' in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). For information on Medicare support for diagnosis and treatment of an eligible disability, please refer to the [diagnosis and treatment for eligible disabilities](#) factsheet.

Eligibility

You are eligible if you have a Medicare card and you:

- are not admitted to a hospital.
- are **under 25 years** of age.
- have a valid referral from a psychiatrist or paediatrician.

What is a complex neurodevelopmental condition?

Neurodevelopmental conditions like intellectual disability, autism and global developmental delay are a group of conditions that affect the way the brain develops.

A neurodevelopmental condition is complex when it is characterised by cognitive and functional disabilities, developmental delays, or clinically significant impairments across two or more areas.

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.

Diagnosis

The Medicare diagnosis pathway starts with a GP appointment. If the GP suspects a patient has a complex neurodevelopmental condition, they can refer to a psychiatrist or paediatrician for a diagnosis. Under Medicare, only a paediatrician or psychiatrist can diagnose a complex neurodevelopmental condition.

The psychiatrist or paediatrician will decide if a diagnosis can be made, or if more information is needed, they can refer the patient to one or more [Medicare-eligible allied health professionals](#) for an assessment to assist with the diagnosis.



Medicare provides benefits for up to eight allied health assessments per lifetime under Medicare Benefit Schedule (MBS) items [82000](#), [82005](#), [82010](#), [82030](#), [93032](#), [93033](#), [93040](#), [93041](#). Up to four assessment services can be provided to the patient on the same day.

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

After the final assessment service, the allied health professional will report back to the referring paediatrician or psychiatrist.

The allied health professional may also refer to other allied health professionals for further assessments if needed (and agreed to by the referring paediatrician or psychiatrist).

The paediatrician or psychiatrist will review the reports from the allied health assessments and can make a diagnosis.

Treatment and management plan

If a patient is diagnosed with a complex neurodevelopmental condition, the paediatrician or psychiatrist will prepare a treatment and management plan. They can refer the patient to one or more Medicare-eligible allied health professionals to contribute to the plan. These allied health services are claimed under assessment MBS items [82000](#), [82005](#), [82010](#), [82030](#), [93032](#), [93033](#), [93040](#), [93041](#). Medicare provides benefits for up to eight allied health assessments per lifetime under these items. Medicare provides benefits for up to eight allied health assessments per lifetime under these items.

A treatment and management plan is needed for a patient to access Medicare allied health treatment services.

Treatment

Treatment services can be provided by Medicare-eligible allied health professionals if recommended in the treatment and management plan.

Medicare provides benefits for up to 20 allied health treatments per lifetime under MBS items [82015](#), [82020](#), [82025](#), [82035](#), [93035](#), [93036](#), [93043](#) and [93044](#). Up to 10 allied health treatments can be referred per referral. To access the full 20 services, two referrals are needed.

Case conferencing services

Medicare also provides benefits for medical practitioners and allied health professionals to attend case conferences.

A case conference will be organised by the medical practitioner. The health professionals involved in treatment will meet to discuss a patient's medical history, health care needs and goals. Patients do not usually attend these meetings.

There are no limits on the number of case conferences.



Medicare-eligible allied health professionals

Audiologists, dietitians, exercise physiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists can provide assessment and treatment services.

Cost of services

Medicare provides benefits for health services listed on the [Medicare Benefits Schedule](#). Health professionals are free to set their own fees for their services. This means that there may be out-of-pocket fees if a practitioner does not bulk bill.

It is important to talk to your healthcare provider about the fees and Medicare benefits available. You can discuss with your GP the best diagnostic and treatment pathway for your circumstances.

The relevant Medicare items for these services can be found [here](#).

MBS Online

MBS Online contains the latest Medicare information. Information on the services in this factsheet can be found on [MBS Online](#) or via the following links:

- [MN.10.1](#), [MN.10.2](#), [MN.10.3](#), [MN.10.4](#), [AN.0.72](#), [AN.0.23](#), [AN.0.24](#).

* A neurodevelopmental condition is referred to as a 'neurodevelopmental disorder' in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5).

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.