Diagnosis and treatment for eligible disabilities

This factsheet provides information on Medicare Benefits Schedule (Medicare) support for diagnosis and treatment of an eligible disability. For information on Medicare support for diagnosis and treatment of a complex neurodevelopmental condition (including autism), please refer to the diagnosis and treatment for complex neurodevelopmental conditions 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 GP, specialist or consultant physician (doctor).

What is an eligible disability

If a person is suspected of having or has been diagnosed with one or more of the following disabilities, they can access certain Medicare benefits.

- Angelman syndrome
- cerebral palsy
- CHARGE syndrome
- Cri du Chat syndrome
- Cornelia de Lange syndrome
- deafblindness
- Down syndrome
- fetal alcohol spectrum disorder (FASD)
- Fragile X syndrome
- hearing impairment that results in:
    - a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or permanent conductive hearing loss and auditory neuropathy
- Kabuki syndrome
- Lesch-Nyhan syndrome
- microcephaly if a child has:
    - a head circumference less than the third percentile for age and sex;
    - and a functional level at or below 2 standard deviations below the mean for age on a standard developmental test, or an IQ score of less than 70 on a standardised test of intelligence*
- Prader-Willi syndrome
- sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction
- Rett syndrome (previously known as Rett's disorder)
- Smith-Magenis syndrome
- Williams syndrome
- 22q deletion syndrome
- stuttering
- speech sound disorders, including:
    - articulation disorder
    - phonological disorder
    - childhood apraxia of speech (also known as dyspraxia, developmental verbal dyspraxia, or speech apraxia), and

  - dysarthria
- cleft lip and/or palate

Diagnosis

The Medicare diagnosis pathway starts with a GP appointment. If the GP suspects a patient has an eligible disability, they can make a diagnosis of the eligible disability themselves or write a referral to a specialist or consultant physician, such as a paediatrician.

The doctor 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 professional/s 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 doctor must agree. It is up to the allied health provider to consult with the doctor to get their agreement.

After the final assessment service, the allied health professional will report back to the doctor.

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

The doctor will review the reports from the allied health assessments and can make a diagnosis.

Treatment and management plan

If a patient is diagnosed with an eligible disability, the doctor 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.

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 can 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.0.73, AN.0.23.

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.