



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: [diagnosis and treatment for complex neurodevelopmental conditions](#).

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 for an eligible disability starts with a GP appointment. If the GP suspects a patient has an eligible disability, they can:

- diagnose the eligible disability, or
- refer the patient to one or more [Medicare-eligible allied health professional/s](#) for an assessment to assist with the diagnosis, or
- refer the patient to a specialist or consultant physician, such as a paediatrician.

The doctor will decide whether a diagnosis can be made. If more information is needed, they can refer the patient for an allied health assessment to assist with the diagnosis, and/or to contribute to a treatment and management plan or contribute to a treatment and management plan.

Referrals for assessments and/or contributions to a treatment and management plan can be made through the items listed below:

- GPs - attendance items [3 to 47](#) or telehealth items [91790](#), [91800 to 91802](#), [91890 and 91891](#).
- Specialists or consultant physicians – attendance items [104](#), [105](#), [107](#), [108](#), [110](#), [116](#), [119](#), [122](#), [128](#), [131](#), [296](#), [297](#), [299](#), [300](#), [302](#), [304](#), [306](#), [308](#), [310](#), [312](#), [314](#), [316](#), [318](#), [319](#), [320](#), [324](#), [326](#), [328](#), [330](#), [332](#), [334](#), [336](#), [338](#), [341](#), [342](#), [343](#), [344](#), [345](#), [346](#), [347](#) or [349](#), or telehealth items [91822 to 91831](#), [91833](#), [91836 to 91839](#), [91868-91884](#), [92437](#) or [92455 to 92457](#).

Medicare provides benefits for up to eight allied health assessments per lifetime under 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.

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

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

Treatment and management plan

Once the doctor has diagnosed an eligible disability, they must prepare a treatment and management plan to claim the following items:

- GPs - item [139](#) or telehealth item [92142](#).
- Specialists or consultant physicians - item [137](#) or telehealth item [92141](#).

Once a treatment and management plan is in place (after the relevant items have been claimed) the doctor can refer the patient to eligible allied health professionals for treatment services.

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 included 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.