CHRONIC DISEASE INDIVIDUAL ALLIED HEALTH SERVICES MBS ITEMS 10950 - 10970

Eligible Allied Health

Allied health professional services are allocated an individual MBS item, you can find a list of item numbers with the corresponding service on **MBS item 10950-10970**:

To claim these items the allied health professional must:

- personally attend the appointment for at least 20 minutes
- treat the patient 1-to-1 and not through group treatment.

Access

Eligible patients can access 5 services per calendar year. The 5 services may be either:

- 1 type of service, for example 5 physiotherapy services
- a combination of services, for example 1 dietetic and 4 podiatry services

Eligible Patients

Patients are eligible for these allied health services if their medical practitioner has completed:

- a general practitioner management plan (GPMP) - item 229 or 721 and
- team care arrangements (TCAs) - item 230 or 723.

If the patient is a permanent resident of a residential aged care facility (RACF), their medical practitioner must have contributed to:

- a multidisciplinary care plan prepared for them by the RACF
- a review of the care plan - item 232 or 731.

Referral Requirements

- The referring medical practitioner determines the number and combination of services that are appropriate for the patient. The referral is only valid for the number of services mentioned in the referral
- Only the referring medical practitioner can determine whether the patient's chronic condition would benefit from allied health services.
- The referral needs to be retained for 2 years.
- It is not appropriate for allied health professionals to:
  - have a multidisciplinary care plan prepared for them by the RACF
  - undertake a review of the care plan – item 232 or 731.
  - provide a partly-completed referral form to a referring medical practitioner for signing
  - pre-empt the decision about the services that the patient requires.

About

To claim Medicare benefits for these services:

- a medical practitioner must refer the patient
- the patient must be eligible
- an eligible allied health practitioner must attend and deliver the service for at least 20 minutes
- the allied health practitioner must bill the services using the correct MBS item number
- the allied health practitioner must give reports to the referring medical practitioner.

Reporting Requirements

The allied health practitioner must provide a written report to the referring medical practitioner after the first and last service. They can provide the reports more often if clinically necessary.

Reports should include:

- investigations, tests and assessments carried out
- treatment provided
- recommendations on how to manage the patient's condition in the future.

When you bill an item, it's your responsibility to:

- understand the complete **medical service principle**
- select the correct item for the service you provide
- meet the conditions of the description of the item
- consider whether your peers would choose the same treatment for your patient.

If you bill an item incorrectly, you may get a penalty and need to repay the money you received.

Resources

- Chronic Disease Management - Individual Allied Health Services under Medicare - Provider Information
- Education guide - Chronic disease individual allied health services Medicare items 10950-10970. Services Australia
- Explanatory notes and item 10950 - 10970 descriptors - Medicare Benefits Schedule (MBS)
- Patient's eligibility MBS Online Items Checker
- Education guide - Billing multiple MBS items - Services Australia
- Chronic disease Management Plans - Allied Health Checklist
- AskMBS Advisory - Allied health services - Part A chronic disease management
- AskMBS email advice service - respond to enquiries about services listed on the MBS seeking advice on interpretation of MBS items, explanatory notes and associated legislation.

Australian Government
Department of Health

An eligible allied health practitioner must deliver the service

Eligible patients can access 5 services per calendar year

Patient must meet the eligibility criteria

A medical practitioner must refer the patient

Allied health practitioner must bill the services using the correct MBS item number

Report on treatment must be given to the referring medical practitioner