



Australian Government

Department of Health

CHRONIC DISEASE MANAGEMENT INDIVIDUAL ALLIED HEALTH SERVICES UNDER MEDICARE

PATIENT INFORMATION

Summary

- Medicare rebate for a maximum of five allied health services per patient each calendar year from eligible providers. Additional services are not possible in any circumstances.
- If a provider accepts the Medicare benefit as full payment for the service, there will be no out-of-pocket cost. If not, you will have to pay the difference between the fee charged and the Medicare rebate.
- A patient must have a **GP Management Plan (GPMP) and Team Care Arrangements (TCAs)** (or a multidisciplinary care plan for residents of a residential aged care facility).
- Your GP will decide whether you would benefit from these services and, if so, will refer you for appropriate allied health services.
- Allied health services must be provided by eligible providers who are registered with Medicare Australia.

Who is Eligible?

You may be able to claim Medicare rebates for allied health services if you have a chronic (or terminal) medical condition that is being managed by your GP under both of these Medicare Chronic Disease Management (CDM) items: a GPMP and TCAs. The need for allied health services must be directly related to your chronic condition.

Chronic medical conditions

A chronic medical condition is one that has been (or is likely to be) present for six months or longer, for example, asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke. There is no list of eligible conditions. However, the CDM items are designed for patients who require a structured approach and to enable GPs to plan and coordinate the care of patients with complex conditions requiring ongoing care from a multidisciplinary team.

Management of your condition

If you have a chronic (or terminal) condition, with or without complex care needs, a GPMP will enable your GP to provide a structured approach to your care. It is a plan of action in which you agree management goals with your GP.

If you also have complex care needs requiring multidisciplinary care, TCAs will enable your GP to collaborate with at least two other care providers involved in your treatment. TCAs will identify who needs to be involved in your care and help coordinate the team-based approach.



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Patients in residential aged care facilities

Residents of residential aged care facilities may also be eligible for Medicare rebates for allied health services if their GP has contributed to a multidisciplinary care plan prepared by the facility.

Individual Allied Health Services

Once you have a GPMP and TCAs in place, you can be referred for up to five allied health services each calendar year. Only your GP can decide whether you should be referred for these services, and the type and number of services required.

The five services can be provided by a single allied health provider or shared across different providers. You can request that your GP refer you to an allied health provider you already know, or your GP can recommend one.

Allied health providers need to meet specific eligibility criteria and be registered with Medicare Australia.

Eligible Allied Health Providers

- Aboriginal Health Workers
- Aboriginal and Torres Strait Islander Health Practitioners
- Audiologists
- Chiropractors
- Diabetes Educators
- Dietitians
- Exercise Physiologists
- Mental Health Workers*
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Speech Pathologists

* includes Aboriginal and Torres Strait Islander Health Practitioners, Aboriginal Health Workers, mental health nurses, occupational therapists, psychologists and some social workers.

More Information

The explanatory notes and item descriptors for these items are in the Medicare Benefits Schedule (MBS) available online at: <http://www.mbsonline.gov.au/>

For inquiries about eligibility, claiming, fees and rebates, call the Department of Human Services (Medicare): patient inquiries 132 011; provider inquiries 132 150.