

Medicare Information

There are a number of different plans or packages under Medicare which may enable families of children with a diagnoses of Autism Spectrum Disorder (ASD) to access services from a private provider and to be rebated by Medicare.

It is important to check that your family is registered from the Medicare safety net.

The Medicare Safety Net provides families and individuals with financial assistance for high out-of-pocket costs for out of hospital Medicare Benefits Schedule (MBS) services. Once you reach a Medicare Safety Net threshold visiting a doctor or having tests may cost you less.

If your family is not registered for the Medicare safety net, please contact Medicare (contact details provided below).

Rebates can be claimed through Medicare in the following ways:

HELPING CHILDREN WITH AUTISM PROGRAM – ACCESS TO DIAGNOSIS

Visits for the purpose of assessment and diagnosis:

1. Psychiatrist visits for the purpose of diagnosis of the child (Psychiatrist MBS Item 289)
 - Child must be under the age of 13
 - Child must have been referred to the psychiatrist by a GP
2. Up to four diagnostic/assessment visits to eligible allied health professionals (that is, psychologists, speech pathologists (SLP) and occupational therapists (OT), audiologist, optometrist, othoptist or physiotherapist) to assist the referring psychiatrist with diagnosis or to contribute to a child's treatment and prerequisites for these rebates are MBS Item 296-370 for a psychiatrist referral visit.
 - Child must be under the age of 13
 - Child must have been referred to the allied health professional by the psychiatrist who is engaged in the process of diagnosing the child
 - Child must have been referred to the allied health professional for the purpose of assessment to assist in diagnosis of ASD in the preparation of a treatment plan

The MBS item numbers for these allied health assessment visits are:

- MBS item 82000 for a psychologist visit
- MBS item 82005 for a speech pathologist visit
- MBS item 82010 for an occupational therapist visit
- MBS item 82030 for an audiologist, optometrist, othoptist or physiotherapist visit

Children who were already diagnosed before these new Medicare items were introduced can still use them to visit their psychiatrist specifically for the purpose of preparing a treatment plan and the psychiatrist can still refer the child for the 4 allied health professional visits for assessment to assist in the preparation of the treatment plan. Patients need a separate referral for each allied health provider they are referred to.

These Medicare items are only able to be claimed once in a child's lifetime.



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Visits for the purpose of treatment for up to 20 visits to eligible allied health professional (psychologist, occupational therapist, speech pathologist, audiologist, optometrist, orthoptist or physiotherapist)

1. The child must be diagnosed with ASD and have a treatment plan prepared for them by a psychiatrist by their 13th birthday but visits can be claimed up to until the child's 15th birthday
2. Only one treatment and management plan can be prepared for a child in their lifetime but the psychiatrists who manage this plan can change.
3. The child must be referred to the allied health professional/s by the psychiatrist who manage the treatment plan. This referral must consist of a letter from the psychiatrist addressed directly to each health professional (e.g. one letter for the speech pathologist, one letter to the occupational therapist, etc.) and must include:
 - a. The name and provider number of the referring psychiatrist
 - b. A statement which indicates the child is able to access a rebate for the 20 treatment sessions under Medicare Item 135/289 as part of the Helping Children with Autism package
 - c. The item number, therapist's name, clinic name and provider number. This information can be accessed from the therapist that you wish to be referred to.
4. After 10 sessions, the allied health professional/s must provide a report to the referring psychiatrist and a new referral letter is required for the remainder of the treatment.

The item numbers for these treatment visits are:

- MBS 82015 for a psychologist visit
- MBS 82020 for a speech pathologist
- MBS 82025 for an occupational therapist
- MBS 82035 for an audiologist, optometrist, orthoptist or physiotherapist visit.

(Prerequisite item for these rebates is Item 289-Psychiatrist)

These Medicare items are only able to be claimed once in a child's lifetime.

BETTER ACCESS INITIATIVE

Under the initiative, Medicare rebates are available for people with an assessed mental health disorder

1. Up to 6 individual visits each calendar year from the date of the initial plan to a psychologist or other eligible mental health professionals with an additional 4 sessions available following a review with GP (Maximum of 10 sessions per year) A new referral is required to access services after the initial 6 individual or sessions. Services can include psychological assessment and therapy by clinical psychologist, and focussed psychological assessment and therapy services provided by appropriately qualified GPs and eligible psychologists, social workers and occupational therapists.
2. 10 group sessions of therapy with a psychologist, occupational therapist or social worker. There are no age limits – available for children and adults.
 - o Group sessions can be used for social skills groups, anxiety groups or a/ group that is run by the above listed professionals.

The patient must have a diagnosed mental disorder – ASD is not considered a mental disorder, so an additional diagnosis is required; however, many of the associated symptoms of ASD are considered as mental disorders, so medical professionals are able to identify and diagnose an additional mental disorder alongside ASD.

Eligible mental disorders are:



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- Anxiety disorder
- Adjustment disorder
- Depression
- Conduct disorders
- Sleep problems
- Attention deficit disorder
- Obsessive-compulsive disorder
- Eating disorder
- Psychotic disorders
- Schizophrenia \
- Bipolar disorder
- Phobic disorder
- Sexual disorder
- Bereavement disorders
- Post-traumatic stress disorder
- Co-occurring anxiety and depression

Referral must be made by a General Practitioner (GP), psychiatrist or paediatrician

These visits are recurring; unused visits from one year cannot be carried over into another year.

CHRONIC DISEASE MANAGEMENT / TEAM CARE ARRANGEMENTS

(Previously known as Enhanced Primary Care (EPC) plan)

Referral must be made by a GP (MBS Item 721). Under this initiative, Medicare rebates are available for:

- Up to five visits each year from date of initial plan to an allied health professional
 - There are no age limits – available for children and adults
 - The patient must have a chronic condition and / or complex care needs. A chronic medical condition is one that has been (or is likely to be) present for six months or longer. Complex care needs are when a patient requires ongoing care from a multidisciplinary team consisting of their GP and at least two other health care providers. People with ASD therefore usually meet these criteria.
 - The patient must be referred directly to the allied health professional by a GP and must have a GP Management Plan (GPMP) and/or Team Care Arrangements (TCA).
 - Eligible allied health professionals for CDM are:

<ul style="list-style-type: none"> ○ Aboriginal health worker ○ Audiologist ○ Chiropractor ○ Diabetes Educator ○ Dietitian ○ Exercise physiologist ○ Occupational therapist ○ Osteopath ○ Physiotherapist 	<ul style="list-style-type: none"> ○ Podiatrist ○ Psychologist ○ Speech pathologist ○ Mental health worker (includes Aboriginal health workers, mental health nurses, occupational therapists, psychologists and some social workers)
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 - Any combination of sessions is acceptable (e.g. three with a dietitian and two with a speech pathologist, or all with an occupational therapist)

These visits are recurring – the person is entitled to five visits per year throughout life. However, unused visits from one year cannot be carried over into another year – five per year is the maximum.



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Please note:

You can use your Medicare items with a range of therapists who can be found at the locations provided below. However, you may not be able to use your Department of Social Services (DSS) early intervention funds with these therapists, as not all therapists are approved panel providers through DSS. Please check this with the therapist prior to commencing intervention.

For further information, and to confirm the accuracy of this information leaflet, please call Medicare on 13 20 11 or see:

- [http://www.health.gov.au/internet/main/publishing.nsf/Content/37F91B74D05550B9CA257BF0001C9671/\\$File/Fact%20Sheet%20-%20Better%20Start%20Disability%201%20March%202014.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/37F91B74D05550B9CA257BF0001C9671/$File/Fact%20Sheet%20-%20Better%20Start%20Disability%201%20March%202014.pdf)
- [https://health.gov.au/internet/main/publishing.nsf/Content/C665D26F4ABC5339CA257BF0001B5F35/\\$File/Autism%20FAQ%202012.pdf](https://health.gov.au/internet/main/publishing.nsf/Content/C665D26F4ABC5339CA257BF0001B5F35/$File/Autism%20FAQ%202012.pdf)

For local advice regarding support services and assistance accessing funding, please contact Autism Queensland, Website: <https://autismqld.com.au>



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