How much will it cost?

Allied health professionals may set their own fees. The Medicare rebate is $48.95 (November 2008). When the fee charged is greater than the Medicare rebate the patient is responsible for paying the difference. However, such out-of-pocket costs will count towards the Medicare safety net.

Patients with private health insurance need to decide if they will use Medicare or their health insurance to pay for these services. Patients cannot use private health insurance cover to "top up" the Medicare rebate for these services.

What type of service?

Services provided under the allied health Medicare items must be of at least 20 minutes duration and provided to an individual, not as part of a group.

The allied health provider must send a written report on the service to the referring GP

Practice details:

If you have any questions about the Allied Health Medicare Rebates please speak to your doctor.
or

Refer to the Department of health & Ageing website
www.health.gov.au/epc
or

Phone Medicare Australia
Patient Enquiry Line 132 011

BAYSIDE general practice network

Brochure adapted from Monash Division of General Practice
July 2008

Are You Eligible For Allied Health Medicare Rebates?

Patient Information Sheet

You may have heard that some people can now obtain Medicare rebates for services such as physiotherapy and podiatry

It is important to note that **Medicare has strict criteria** as to who can use these services and set limits on how often the services can be used.

Who is eligible?

Allied health service rebates under Medicare are only available for people with a chronic medical condition and complex care needs.

A chronic condition is one that has been, or is likely to be, present for at least six months for example but not limited asthma, arthritis, cancer, diabetes, heart disease.

A person is considered to have complex care needs if they require ongoing care from a team consisting of their doctor and at least two other health or care providers.

Other requirements

A person can only be referred for the allied health rebates if they are being managed by their usual doctor and have:

- GP Management Plan (GPMP)

Written plan outlining a person's needs and health care required

AND

- Team Care Arrangement (TCA)

Plan developed by the doctor with the patient and at least two other care providers involved in ongoing care of the patient

The doctor must see the Patient to complete both a GPMP and a TCA ***before***
The patient can claim the Medicare rebate for the allied health services.

Preparing a GPMP and a TCA takes time and involves the GP working with the patient and other providers.

It should be noted that doctors manage chronic illness in a variety of ways; not all doctors choose to use GP Management Plans and Team Care Arrangements.

Which allied health services are eligible?

GP's can only refer eligible patients to certain Medicare–registered private allied health services.

Eligible services include those provided by:

- Aboriginal health workers
- Audiologists
- Chiropractors
- Diabetes educator
- Exercise physiologist
- Dietitians
- Mental health worker

(This may include some social workers)

- Occupational therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Speech therapists

*Allied health services funded by other Commonwealth or State programs are **not** eligible for Medicare rebates, for example community health centre services, state government hospital outpatient clinics or Department of Veterans' Affairs services.*

How many services?

People who meet the eligibility requirements can have a maximum of five allied health service rebates per calendar year (i.e. January–December)

More than one allied health service may be used but the total number of services from all providers cannot exceed five per calendar year (e.g. three podiatry visits plus two physiotherapy)