

Chronic Disease Management in Residential Aged Care Facilities

Allied Health

From 10 December 2020 to 30 June 2022 (inclusive), new Medicare Benefits Schedule (MBS) items will be available for care recipients in residential aged care facilities (RACFs). These items support the mental and physical health of aged care residents who have been affected by the COVID-19 pandemic or the measures taken to contain its spread.

For these items, the person must be a care recipient in an RACF but not as an admitted patient of a hospital.

What does this mean for providers?

These changes for care recipients in an RACF replicate the existing face to face and telehealth items for allied health chronic disease management plan services, Indigenous follow-up services for eligible patients who have received a health assessment, and group assessment services. There are also new temporary items that permit residential care recipients to access up to 10 services per calendar year for selected physical therapy services, including exercise physiology, occupational therapy and physiotherapy.

In addition, new temporary face to face MBS items will be introduced for care recipients in an RACF for longer initial individual allied health chronic disease management services and initial Indigenous follow-up services.

A flagfall is available for the items described in this fact sheet. This flagfall applies for the first patient attended during one attendance by the allied health practitioner at one RACF on one occasion. The fee for the health service described in whichever item applies plus \$48.50. The flagfall does not apply to the phone and telehealth items (93537 and 93538).

Further information

- This fact sheet is one of six Practice Assist fact sheets that provide information about MBS items for care recipients in RACFs. Further information can be found on the [Practice Assist website](#).
- The full item descriptor(s) and information on other changes to the MBS can be viewed on the [MBS Online website](#), where you can also subscribe to future MBS updates by clicking 'subscribe'.
- The Department of Health provides email advice for providers about the interpretation of the MBS items and rules, and the Health Insurance Act and associated regulations. If you have a query relating exclusively to the interpretation of the MBS, email askMBS@health.gov.au
- To receive regular updates, subscribe to [News for health professionals](#) on the Services Australia website.

Allied Health Services in RACFs Item Numbers – Initial/Long Service Items

- These items are applicable if the patient is a care recipient in a residential aged care facility; and
- The person has chronic or complex care needs that are being managed under a multidisciplinary care plan for a residential aged care recipient, a shared cared care plan, or a multidisciplinary care plan or team care arrangement where the chronic or complex condition was being treated prior to the person receiving residential care.
- The service must be provided by an eligible allied health professional and can be used if the following apply:
 - the person's chronic or complex care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs.
 - the person is referred by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department.
 - the service is provided to the person individually and in person; and
 - the service is at least 30 minutes in duration; and
 - after the service, a written report is provided to the referring medical practitioner.

Source: www.mbsonline.gov.au (Dec 2020) – refer to source for full item details including eligibility and restrictions. *75% and/or 85%/100% rebate also applies to some of these item numbers. **Refer to MBS (Medicare Benefit Schedule) for full patient eligibility guidelines.

- Each of these items can be provided once in a calendar year for each individual.
- Items in Group M29 and M3 can only be provided 5 times in a calendar year (in total for all items). Group M29 (Initial services 1 per provider per patient in a 12 month period) includes items 93501 to 93538 and Group M3 (Allied Health Services) includes items 10950 to 10970.

Item	Description	Fee*
93501	Aboriginal and Torres Strait Islander health service provided by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner.	\$96.30
93502	Diabetes education health service provided by an eligible diabetes educator.	\$96.30
93503	Audiology health service provided by an eligible audiologist.	\$96.30
93504	Exercise physiology health service provided by an eligible exercise physiologist.	\$96.30
93505	Dietetics health service provided by an eligible dietitian.	\$96.30
93506	Mental health service provided by an eligible mental health worker.	\$96.30
93507	Occupational therapy health service provided by an eligible occupational therapist.	\$96.30
93508	Physiotherapy health service provided by an eligible physiotherapist.	\$96.30
93509	Podiatry health service by an eligible podiatrist.	\$96.30
93510	Chiropractic health service provided by an eligible chiropractor.	\$96.30
93511	Osteopathy health service provided by an eligible osteopath.	\$96.30
93512	Psychology health service by an eligible psychologist.	\$96.30
93513	Speech pathology health service provided by an eligible speech pathologist.	\$96.30

Allied Health Services in RACFs Item Numbers – Subsequent/Standard Items

- These items are applicable if the patient is a care recipient in a residential aged care facility; and
- The person has chronic or complex care needs that are being managed under a multidisciplinary care plan for a residential aged care recipient, a shared cared care plan, or a multidisciplinary care plan or team care arrangement where the chronic or complex condition was being treated prior to the person receiving residential care; and
- The service must be provided by an eligible allied health professional and can be used if the following apply:
 - the person is referred by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department.
 - the service is provided to the person individually and in person; and
 - the service is at least 20 minutes in duration; and
 - a written report is provided to the referring medical practitioner if:
 - the service is the only service under the referral—in relation to that service; or
 - the service is the first or last service under the referral—in relation to that service; or
 - the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters.
- Items in Group M29 and M3 can only be provided 5 times in a calendar year (in total for all items). Group M29 (Initial services 1 per provider per patient in a 12 month period) includes items 93501 to 93538 and Group M3 (Allied Health Services) includes items 10950 to 10970.

93524	Aboriginal and Torres Strait Islander health service provided by eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner.	\$64.20
93525	Diabetes education health service provided by an eligible diabetes educator.	\$64.20
93526	Audiology health service provided by an eligible audiologist.	\$64.20
93527	Exercise physiology health service provided by an eligible exercise physiologist.	\$64.20
93528	Dietetics health service provided by an eligible dietitian.	\$64.20
93529	Mental health service provided by an eligible mental health worker.	\$64.20
93530	Occupational therapy health service provided by an eligible occupational therapist.	\$64.20
93531	Physiotherapy health service provided by an eligible physiotherapist.	\$64.20
93532	Podiatry health service provided by an eligible podiatrist.	\$64.20
93533	Chiropractic health service provided by an eligible chiropractor.	\$64.20

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93534	Osteopathy health service provided by an eligible osteopath.	\$64.20
93535	Psychology health service provided by an eligible psychologist.	\$64.20
93536	Speech pathology service provided by an eligible speech pathologist.	\$64.20
93537	Telehealth attendance provided by an eligible allied health practitioner.	\$64.20
93538	Phone attendance provided by an eligible allied health practitioner.	\$64.20

Physical Therapy in RACFs Item Numbers

- These items are applicable if the patient is a care recipient in a residential aged care facility; and
- The person has chronic or complex care needs that are being managed under a multidisciplinary care plan for a residential aged care recipient, a shared cared care plan, or a multidisciplinary care plan or team care arrangement where the chronic or complex condition was being treated prior to the person receiving residential care; and
- The service must be provided by an eligible allied health professional and can be used if the following apply:
 - The person has received 5 services, to which an item in subgroup 1 or 3 of Group M29 or Group M3 applied (in total for all items), in that calendar year; and
 - the person's chronic or complex care needs are assessed as requiring additional exercise physiology therapy services in a calendar year; and
 - the person is referred by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department.
 - the service is provided to the person individually and in person; and
 - the service is at least 20 minutes in duration; and
 - a written report is provided to the referring medical practitioner if:
 - the service is the only service under the referral—in relation to that service; or
 - the service is the first or last service under the referral—in relation to that service; or
 - the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters.
- Note: Group M29 (Initial services 1 per provider per patient in a 12 month period) includes items 93501 to 93538 and Group M3 (Allied Health Services) includes items 10950 to 10970.

93518	Additional exercise physiology health service provided by an eligible exercise physiologist.	\$64.20
93519	Additional occupational therapy health service provided by an eligible occupational therapist.	\$64.20
93520	Additional physiotherapy health service provided by an eligible physiotherapist.	\$64.20

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