

Fetal alcohol spectrum disorder (FASD)

Summary of inclusion into the MBS for GPs

On 1 March 2023, changes were made to the MBS to include fetal alcohol spectrum disorder (FASD) on the list of eligible disabilities that can access item numbers for complex neurodevelopmental disorders and disabilities. The age of eligibility for MBS Item 139 was also expanded from under 13 to under 25 and the number of assessment services increased from four to eight.

Requirements for MBS Item 139

Professional attendance lasting at least 45 minutes, at a place other than a hospital, by a GP (not including a specialist or consultant physician), for a patient aged under 25, if the GP:

- undertakes, or has previously undertaken in prior attendances, a comprehensive assessment in relation to which a diagnosis of an eligible disability is made (if appropriate, using information provided by an eligible allied health provider)
- develops a treatment and management plan, which must include:
 - documentation of the confirmed diagnosis
 - findings of any assessments performed for the purposes of formulation of the diagnosis or contribution to the treatment and management plan
 - a risk assessment
 - treatment options (which may include biopsychosocial recommendations)
- provides a copy of the treatment and management plan to one or more allied health providers, if appropriate, for the treatment of the patient.

For further information and associated explanatory notes, refer to [MBS Item 139](#).

Billing and referral requirements

To be eligible for Medicare benefits:

- the GP or allied health professional must provide all services to the eligible patient personally
- the GP or allied health professional must provide the service to a single patient on a single occasion
- the patient must be present for all services provided – where appropriate, telehealth video consultations can be used.

Referrals

There is no specific referral form for allied health services. A signed and dated referral letter or note that includes the required number of services is acceptable.

Patients require a separate referral for each allied health professional they are referred to. Patients also require a separate referral for assessment and diagnosis services and treatment services.

Referrals for allied health treatment services can include up to 10 services per course of treatment. Referrals and management plan documents must be retained for two years.

Other MBS Items available

Assessment and diagnosis:	MBS Items 3-47 or the equivalent telehealth items.
Treatment and management plan:	MBS Item 139 or 92142 . <ul style="list-style-type: none"> • Only one treatment and management plan item is payable per eligible patient's lifetime. • If the treatment and management plan allocates allied health treatment services, a referral must be written. A maximum of 10 services can be allocated in each course of treatment.
Review and follow up:	MBS Items 3-47 or the equivalent telehealth items to review the plan or provide additional referrals.

Further information

- [MBS Online](#)
- [Services Australia: Medicare items for complex neurodevelopmental disorder and eligible disability](#)

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