



Answers to some frequently asked questions about the Medicare allied health and dental care initiative

Patients who are being managed under EPC Plans are eligible for Medicare rebates for certain allied health and dental care services. When is a patient considered to be managed under an EPC plan?

Care plans developed using the new EPC chronic disease management (CDM) items (both 721 and 723 together; or 731) or the former EPC multidisciplinary care planning items (720, 722, or 730) are referred to in a generic way as ‘EPC plans’.

Patients are considered to be managed under an EPC plan if, during the last two years:

- their GP has prepared an EPC plan for them and claimed:
 - former MBS item 720 - preparation of an EPC multidisciplinary care plan; or
 - former MBS item 722 - preparation of an EPC multidisciplinary discharge care plan; or
 - new MBS items 721 and 723 together - CDM items for preparation of a GP Management Plan and coordination of Team Care Arrangements; or
- their GP has contributed to a plan prepared for them as a resident of an aged care facility and claimed former MBS item 730 or new MBS item 731; or
- their GP has reviewed their existing EPC plan and claimed former MBS item 724 or new MBE items 725 or 727.

Does this mean that patients with an EPC multidisciplinary care plan (former items 720, 722 or 730) may continue to access rebates for eligible allied health and dental care services under that plan?

Yes. Patients who were already being managed by their GP under an EPC multidisciplinary care plan (former items 720, 722) prior to the introduction of new EPC chronic disease management (CDM) items, may continue to access eligible allied health and/or dental care services recommended in that plan. They are regarded as having both a GP Management Plan (new item 721) and Team Care Arrangements (new item 723) in place from the date their care plan was completed and billed.

Similarly, aged care residents who were already being managed under an EPC multidisciplinary care plan contributed to by their GP (item 730) will continue to access Medicare rebates for eligible allied health and/or dental care services under that plan (regarded as having a new item 731).

However, GPs should use the relevant new EPC CDM review items (725 or 727) to review an existing EPC multidisciplinary care plan.

Exercise physiology services will be included under the Medicare allied health and dental care initiative from 1 January 2006. Who will be able to provide these services?

To be eligible to provide exercise physiology services under the initiative, exercise physiologists will be required to be an accredited exercise physiologist as accredited by the Australian Association for Exercise and Sports Science (AAESS).

Eligibility requirements for allied health professional groups can be found at www.health.gov.au/strengtheningmedicare.

Will patients be able to claim a Medicare rebate for group exercise sessions supervised by an exercise physiologist?

No. Eligible patients will only receive a Medicare rebate for exercise physiology services provided by an eligible exercise physiologist, in person, to individual patients, and lasting for at least 20 minutes. These requirements are the same as for all other eligible allied health services provided under the Medicare allied health and dental care initiative.

If a dentist or dental specialist supplies and fits a dental prosthesis using dental care item 10976 or 10977, does the cost attract a Medicare rebate?

The cost of making or supplying prostheses such as, an inlay, crown, bridge, implant, denture, obturator, veneer or a combination of these, are NOT covered by Medicare. Dentists and dental specialists should separately itemise any costs associated with the making or supply of prostheses when billing patients for a dental treatment using item 10976 or 10977.

Costs associated with fitting prostheses can be included under these items.

Must Medicare items for relevant GP services be claimed before a Medicare rebate can be paid for allied health or dental services?

Yes. Allied health and dental care services will not attract a Medicare rebate unless they are provided after the relevant GP service(s) are complete and the appropriate item(s) have been claimed. This means that, before a Medicare rebate can be paid for allied health or dental care treatment provided on referral from a GP (as part of a patient's care plan), either the patient must have already claimed Medicare rebates for:

- former MBS item 720 – preparation of an EPC multidisciplinary care plan; or
- former MBS item 722 – preparation of an EPC multidisciplinary discharge care plan; or
- new MBS items 721 and 723 - preparation of a GP Management Plan and coordination of Team Care Arrangements; or
- former MBS item 730 or new MBS item 731- contribution to an EPC plan prepared for a resident of an aged care facility; or
- former MBS item 724 or new MBS items 725 or 727 - review of an existing EPC plan.

OR the GP must have already lodged a claim for direct payment from Medicare for the relevant EPC item(s).

Where GPs bulk-bill patients for care planning, it may sometimes happen that a patient will have their first referred allied health or dental care service before the GP has actually lodged a Medicare claim for direct payment. When this happens, Medicare will be unable to process the patient's claim (or allied health professional/dentist's claim for direct payment) until after the GP's claim is submitted.

Doesn't a GP just have to use the special 'referral form' to refer a patient for eligible allied health or dental care services?

No. A patient must have an EPC plan in place (either a GP Management Plan and Team Care Arrangements; or an EPC multidisciplinary care plan) before a GP can refer them for Medicare rebateable allied health or dental care services as recommended in their plan. Only then can the GP refer a patient to an eligible allied health professional or dentist using the relevant *EPC Program referral form for allied health (or dental care) services under Medicare*.

Medicare must have processed a claim for the required EPC item(s) before a claim for an eligible allied health or dental care service will be paid.

Does the referral form still need to accompany Medicare claims?

No. EPC Program referral forms no longer need to accompany Medicare claims for eligible allied health and dental care services. Allied health professionals and dentists do not need to attach copies of the relevant form to itemised invoices, receipts or assignment of benefit forms.

GPs are still required to use a revised EPC program referral form to refer patients to allied health professionals and dentists.

The new forms are issued by the Department of Health and Ageing instead of Medicare Australia. They are available for downloading from the Department's website at www.health.gov.au/strengtheningmedicare or by faxing a request to (02) 6289 7120.

The format of the forms may be modified by GPs to suit practice software needs. However, their content must remain substantially the same as the original Department issued forms. Microsoft Word versions of the forms are available on the website to facilitate this.

If GPs are concerned about the appropriateness of format and/or minor content changes made, they may fax copies of modified forms to the Department's EPC and Allied Health Section on (02) 6289 7120 for approval. The attached Department of Health and Ageing *EPC referral forms for allied health and dental care services under Medicare* are provided in Microsoft Word.

Allied health professionals and dentists are still required to retain referral forms for Medicare Australia auditing purposes.

Do patients being managed under an EPC plan need to obtain a new referral for eligible allied health and/or dental care services when they have used up their current referrals?

Yes, if they wish to continue to access rebates for these services.

Referrals for eligible allied health and dental care services remain valid for the stated number of services. If the services are not used during the calendar year in which the patient is referred, the unused services may be used in the next calendar year. However, they will be counted as part of the five rebates for allied health and three rebates for dental care services available to the patient during that calendar year.

Where patients wish to access Medicare benefits for eligible allied health and/or dental care services during their next period of eligibility for rebates (that is, the next calendar year), they should see their GP to obtain new referral forms.

It is not necessary to have a new EPC plan prepared every 12 months in order to access new referrals for eligible allied health and/or dental care services. Patients continue to be eligible for rebates for allied health and dental services while they are being managed under an EPC plan, as long as the need for eligible services continues to be recommended in their plan.

Do GPs have to undertake a formal review of EPC plans just to refer them for a new set of eligible allied health and/or dental care services?

No. Depending on the patient's circumstances and needs, GPs may choose to use this visit to undertake a review of the patient's EPC plan or, where appropriate, to manage the process using a GP attendance item.

However, it is expected and strongly encouraged that a GP Management Plan (GPMP) and Team Care Arrangements (TCA) would be regularly reviewed, given that the patient must have a chronic medical condition and complex needs. Certainly such plans would be expected to be reviewed at least once during a two year period, using the relevant chronic disease management (CDM) review item. The Medicare Australia system would look for a signal that the patient is continuing to be managed under an EPC plan, with one or more of these items claimed in the previous two year period.

The explanatory notes for GPMPs and TCAs contained in the 1 November 2005 Medicare Benefits Schedule (MBS) book provide GPs with a comprehensive guide to using the CDM items.

How many rebates for eligible allied health and dental care services may be claimed through Medicare?

For allied health services, the maximum number of services a patient may receive a rebate for is five a year. The five services can be made up of five of the one type of allied health service or a combination of different types of service, for example, five physiotherapy services or one dietetic service and four podiatry services. A single patient cannot receive more than five rebates for eligible services in one year.

For dental care services, the maximum number of services a patient may receive a rebate for is three a year, with the first service being a dental assessment.

Prior to 1 January 2006, the 'year' was counted as 12 months from the date of the first allied health and dental care service. From 1 January 2006, this will change to 'a calendar year'. That is, patients will be able to access rebates for up to five allied health and three dental care services between 1 January and 31 December each year.

This change will make it easier for patients to track their usage of the allied health and dental care items and their contribution to the Medicare extended safety net.

How often do allied health professionals have to provide written reports to the referring GP?

Allied health professionals were required to provide a written report back to the referring GP after every service, whether they provide patients with one or multiple services under the one referral.

On 1 November 2005, allied health professional reporting requirements changed. Allied health professionals providing multiple services to the same patient, under the one referral, are now required to provide a written report back to the referring GP after the first and last Medicare rebateable service only, and more often if clinically necessary.

Allied health professionals providing patients with single services under one or more referrals, are still required to provide a written report back to the referring GP after each of these services.

How does a GP know if their patient is eligible for Medicare allied health or dental care services?

Most people managed under a GP Management Plan and Team Care Arrangements or an EPC multidisciplinary care plan are managed by their usual GP, and this GP will be making referrals to allied health or dental care services. Where a GP is unsure of the eligibility of their patient, for example, where the patient has recently moved from another area, Medicare Australia will be able to confirm whether the required EPC item(s) have been claimed, and how many allied health services have already been claimed.

GPs can call with the patient present or, alternatively, the patient can call Medicare Australia on 132 011.

How can allied health professionals and dentists check that either a GP Management Plan and Team Care Arrangements, or an EPC multidisciplinary care plan, is in place for the patient?

Patients being referred for allied health or dental care services must provide the allied health professional or dentist with the relevant *EPC referral form for allied health (or dental care) services under Medicare* signed by their GP. This should indicate that the patient has received the required GP services and is eligible for Medicare rebateable allied health or dental care services. GPs are also encouraged to attach the relevant part of the care plan to the referral form for the information of the allied health professional or dentist.

Where an allied health professional or dentist is not sure whether a patient has received the appropriate services despite being referred by their GP on the correct referral form, they can call Medicare Australia, with the patient present, on 132 011.

While allied health professionals and dentists referred to for services are not required to be members of the care planning team, they often will be. They will know, therefore, that the patient has a GP Management Plan and Team Care Arrangements, or an EPC multidisciplinary care plan, and what services have been recommended.

Where allied health professionals and dentists are not members of the care planning team, they may be contacted by the GP to check their availability to provide services under the plan.

Where an allied health professional or dentist is still unsure of the eligibility of their patient, for example, where the patient has recently moved from another area, Medicare Australia will be able to confirm whether previous EPC and allied health services have been received.

Allied health professionals and dentists can call with the patient present or alternatively the patient can call Medicare Australia on 132 011.

How will a GP know whether an allied health professional or dentist is registered with Medicare Australia to provide Medicare rebateable services?

Medicare Australia cannot disclose personal information to third parties, however there are several ways a GP can find out whether an allied health professional or dentist is registered with Medicare Australia to provide Medicare rebateable services:

- Where the GP invites an allied health professional or dentist to participate as a member of the care planning team and/or to provide recommended services, they will be able to inform the GP of their Medicare Australia registration status;
- Where allied health professionals and dentists are not members of the team, they may be contacted by the GP to check their availability to provide services under the plan and will be able to inform the GP of their Medicare Australia registration status;
- Where patients are already being treated by an allied health professional or dentist and become eligible for services under a care plan they may request that their GP refer them to a particular allied health professional or dentist.
- The patient or GP can confirm directly with the allied health professional or dentist if they are registered with Medicare Australia.

Allied health professionals and dentists may also inform GPs in their local area that they are registered with Medicare Australia to provide Medicare rebateable services as part of their overall business communication strategy.

Allied health professional and dental peak bodies are working towards providing databases of registered providers on their websites. Links to these websites may be found on the Australian Divisions of General Practice (ADGP) website at: <http://www.adgp.com.au/site/index.cfm?display=6878>.