Australian Government
Department of Health

CHRONIC DISEASE MANAGEMENT
INDIVIDUAL ALLIED HEALTH SERVICES UNDER MEDICARE

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PROVIDER INFORMATION

People with **chronic conditions** and complex care needs – items 10950 to 10970 This fact sheet must be read in conjunction with the item descriptors and explanatory notes for items 10950 to 10970 (as set out in the Medicare Benefits Schedule - Allied Health Services book).

Summary: A Medicare rebate is available for a **maximum of five services** per patient **each calendar year.** Additional services are not possible in any circumstances. If a provider accepts the Medicare benefit as full payment for the service, there will be no out-of-pocket cost. If not, the patient will have to pay the difference between the fee charged and the Medicare rebate. Patients must have a GP Management Plan and Team Care Arrangements prepared by their GP, or be residents of a residential aged care facility who are managed under a multidisciplinary care plan. Referrals to allied health providers must be from GPs. Allied health providers must report back to the referring GP.

Eligible Patients: Community-based patients may be eligible if they **have a chronic (or terminal) medical condition** and their GP has provided the following Chronic Disease Management (CDM) services: A GP Management Plan (GPMP) – (item 721) and Team Care Arrangements (TCAs) – (item 723). Residents of a residential aged care facility may be eligible if their GP has contributed to a multidisciplinary care plan prepared for them by the aged care facility or to a review of the multidisciplinary care plan (item 731).

A **chronic medical condition** is one that has been (or is likely to be) present for **six months or longer, for example, asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke**. There is **no list of eligible conditions*.** However, the CDM items are designed for patients who require a structured approach and to enable GPs to plan and coordinate the care of patients with complex conditions requiring ongoing care from a multidisciplinary team. Patients have complex care needs if they need ongoing care from a multidisciplinary team consisting of their GP and at least two other health or care providers.

Validity: **A referral is valid for the stated number of services. If all services are not used during the calendar year in which the patient was referred, the unused services can be used in the next calendar year.** However, those services will be counted towards the five rebates for allied health services available to the patient during that **calendar year**.When all referred services have been used, or a referral to a different allied health provider is required, patients need to obtain a new referral.

Eligible allied health provider: **Chiropractor - item 10964**
Registration forms are available from the Department of Human Services (Medicare) website: http://www.humanservices.gov.au/ or can be obtained by phoning 132 150.
Allied health services funded by other Commonwealth or State programs are not eligible for Medicare rebates, except where a subsection 19(2) exemption has been granted.

Reporting requirements allied health providers to GP: A written report is required after the first and last service, or more often if clinically necessary. Written reports should include any investigations, tests, and/or assessments carried out on the patient, any treatment provided and future management of the patient's condition or problem. More Information The explanatory notes and item descriptors for these items are in the Medicare Benefits Schedule (MBS) available online at: www.mbsonline.gov.au/

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No Gap Return Chiropractic Appointments for EPC/CDM/, DVA, TCA and WorkCover

Chiropractic Services Offered:

- 💆‍♂️ Manual Chiropractic Adjustments
- 🌸 Soft Tissue Work
- 🤲 Gentle And Low Force Available
- 🔄 Rehabilitation Programs
- 🤸 Exercises and Stretches
- 🛋️🚶 Ergonomic & Lifestyle advice