



Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020

I, Paul McBride, delegate of the Minister for Health, make the following determination.

Dated 9 December 2020

Paul McBride
First Assistant Secretary
Medical Benefits Division
Health Resourcing Group
Department of Health

Contents

| | |
|--|-----------|
| 1 Name | 1 |
| 2 Commencement | 1 |
| 3 Authority | 1 |
| 4 Cessation | 1 |
| Schedule 1—Amendments | 2 |
| Part 1— Preliminary | 2 |
| 5 Definitions | 2 |
| 6 Treatment of relevant services | 4 |
| 7 References in this instrument to items include items prescribed under sections 3C and 4 of the Act | 4 |
| 8 Effect of election to claim private health insurance for an allied health service | 4 |
| 9 Limitation on admitted patients | 4 |
| Part 2— General practice planning and contribution items for care recipients in residential aged care facilities | 5 |
| 10 General provisions for items in Part 2 | 5 |
| 11 Application provisions for contribution to multidisciplinary care plan items for care recipients in residential aged care facilities | 5 |
| 12 Application provisions for health assessment items for care recipients in residential aged care facilities of Aboriginal and Torres Strait Islander descent | 6 |
| Part 3— Chronic disease management allied health items for care recipients in residential aged care facilities | 9 |
| 13 Flagfall for items in Part 3 | 9 |
| 14 Claiming limitation for chronic disease management items for care recipients in residential aged care facilities | 9 |
| Part 4— Chronic disease management allied health items for care recipients in residential aged care facilities of Aboriginal and Torres Strait Islander descent | 31 |
| 15 Flagfall for items in Part 4 | 31 |
| 16 Claiming limitation for chronic disease management items for care recipients in residential aged care facilities of Aboriginal and Torres Strait Islander descent | 31 |
| Part 5—Allied health group items for care recipients in residential aged care facilities | 49 |
| 17 Flagfall for items in Part 5 | 49 |
| 18 Claiming limitation for allied health group service items for care recipients in residential aged care facilities | 49 |

1 Name

This instrument is the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Chronic Disease Management Services for Care Recipients of a Residential Aged Care Facility) Determination 2020*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

| Commencement information | | |
|---------------------------------|------------------|--------------|
| Column 1 | Column 2 | Column 3 |
| Provisions | Commencement | Date/Details |
| 1. The whole of this instrument | 10 December 2020 | |

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

4 Cessation

Unless earlier revoked, this instrument ceases as if revoked on 30 June 2022.

Schedule 1—Amendments

Part 1— Preliminary

5 Definitions

- (1) In this instrument:

Act means the *Health Insurance Act 1973*.

admitted patient means means a patient who is receiving a service that is provided:

- (a) as part of an episode of hospital treatment; or
- (b) as part of an episode of hospital-substitute treatment in respect of which the person to whom the treatment is provided chooses to receive a benefit from a private health insurer.

care recipient has the meaning given by the general medical services table.

eligible Aboriginal and Torres Strait Islander health practitioner has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible Aboriginal health worker has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible audiologist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible chiropractor has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible diabetes educator has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible dietitian has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible exercise physiologist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible mental health nurse has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible mental health worker has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible occupational therapist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible osteopath has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible physiotherapist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible podiatrist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible psychologist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

eligible speech pathologist has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

phone attendance means a professional attendance by telephone where the health practitioner:

- (c) has the capacity to provide the full service through this means safely and in accordance with professional standards; and
- (d) is satisfied that it is clinically appropriate to provide the service to the patient; and
- (e) maintains an audio link with the patient.

relevant provisions means all provisions, relating to professional services or to medical services, of the Act and regulations made under the Act, and the *National Health Act 1953* and regulations under that Act.

residential aged care facility has the meaning given by the general medical services table.

shared care plan has the meaning given by the *Health Insurance (Allied Health Services) Determination 2014*.

telehealth attendance means a professional attendance by video conference where the rendering health practitioner:

- (a) has the capacity to provide the full service through this means safely and in accordance with relevant professional standards; and
- (b) is satisfied that it is clinically appropriate to provide the service to the patient; and
- (c) maintains a visual and audio link with the patient; and
- (d) is satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy.

Note: The following terms are defined in subsection 3(1) of the Act:

- general medical services table
- hospital treatment
- hospital-substitute treatment
- item
- medical practitioner
- Chief Executive Medicare
- professional service

6 Treatment of relevant services

For subsection 3C(1) of the Act, a relevant health service, provided in accordance with this instrument and as a clinically relevant health service, is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
 - (i) related to the health service; and
 - (ii) specified in respect of the health service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

7 References in this instrument to items include items prescribed under sections 3C and 4 of the Act

A reference in this instrument to an item includes a reference to an item:

- (a) relating to a health service that, under a determination in force under subsection 3C(1) of the Act;
- (b) relating to a professional service that, under the general medical services table in force under section 4 of the Act;

is treated as if there were an item in the Schedule that relates to the service.

8 Effect of election to claim private health insurance for an allied health service

An item in Parts 3 to 5 to this instrument does not apply to a service if a private health insurance benefit has been claimed for the service.

9 Limitation on admitted patients

An item in this instrument does not apply to a service performed for an admitted patient.

Part 2— General practice planning and contribution items for care recipients in residential aged care facilities

10 General provisions for items in Part 2

Personal attendance

- (1) Items in Part 2 apply only to a service provided in the course of a personal attendance by a single practitioner on a single patient.

Flagfall

- (2) For the first patient attended during one attendance by a general practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 93469 or 93470 applies is the amount listed in the item plus \$66.75.
- (3) For the first patient attended during one attendance by a medical practitioner at one residential aged care facility on one occasion, the fee for the medical service described in whichever of items 93475 or 93479 applies is the amount listed in the item plus \$48.55.

11 Application provisions for contribution to multidisciplinary care plan items for care recipients in residential aged care facilities

Application provision

- (1) Items 93469 and 93475 do not apply to a service unless the person with the multidisciplinary care plan suffers from at least one medical condition that:
 - (a) has been (or is likely to be) present for at least 6 months; or
 - (b) is terminal.

Claimining limitation

- (2) Items 93469 and 93475 do not apply to a service if:
 - (a) the service is associated with a service to which items 235 to 240, 735 to 758, apply; or
 - (b) the person has received a service to which item 229 to 233, 721, 723, 729, 731 or 732, 92024, 92025, 92026, 92027, 92028, 92055, 92056, 92057, 92058, 92059, 92068, 92069, 92070, 92071, 92072, 92099, 92100, 92101, 92102, 92103 applied in the previous 3 months;
unless there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

Meaning of terms

- (3) In items 93469 and 93475:

multidisciplinary care plan means a written plan that:

- (a) is prepared for a care recipient by a collaborating provider (other than a general practitioner), in consultation with at least 2 other collaborating providers, each of whom provides a different kind of treatment or service to the patient; and
- (b) describes, at least, treatment and services to be provided to the patient by the collaborating providers.

In this subclause, a **collaborating provider** is a person, including a medical practitioner, who:

- (a) provides treatment or a service to a patient; and
- (b) is not an unpaid carer of the patient.

12 Application provisions for health assessment items for care recipients in residential aged care facilities of Aboriginal and Torres Strait Islander descent

Claimining limitation provisions for health assessment items for Aboriginal and Torres Strait Islander people(s) in residential care

- (1) Items 93470 and 93479 do not apply to a service if the person has received a service to which item 228, 715, 92004, 92011, 92016, or 92023 applied in the previous 9 months.

Application provisions for health assessment items for Aboriginal and Torres Strait Islander people(s) in residential care

- (2) Clause 2.15.14 of the general medical services table shall have effect as if items 93470 and 93479 were also specified in the clause.

| Group A43 – Care Recieipient of a Residential Aged Care Facility planning and contribution items | | |
|---|--|----------------|
| Item | Service | Fee(\$) |
| Subgroup 1—GP planning and contribution items in RACF | | |
| 93469 | Professional attendance by a general practitioner at a residential aged care facility to contribute to a multidisciplinary care plan, prepared by that facility, or to a review of such a plan prepared by such a facility, if the practitioner performs any of the following: <ul style="list-style-type: none"> (a) prepares part of a multidisciplinary care plan and adding a copy of that part of the plan to the person’s medical records; or (b) preparing amendments to part of a multidisciplinary care plan and adding a copy of the amendments to the person’s medical records; (c) giving advice to a practitioner who prepares part of a multidisciplinary care plan and recording in writing, on the person’s medical records, any advice provided to the practitioner; or (d) giving advice to a practitioner who reviews part of a | 85.40 |

multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner
not more than once in a 3 month period

| | | |
|-------|--|--------|
| 93470 | Professional attendance by a general practitioner at a residential aged care facility to perform a health assessment of a person who is: (a) of Aboriginal or Torres Strait Islander descent; and (b) a care recipient in a residential aged care facility not more than once in a 9 month period | 257.50 |
|-------|--|--------|

Subgroup 2—Medical practitioner planning and contribution items in RACF

| | | |
|-------|---|-------|
| 93475 | Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician) at a residential aged care facility to contribute to a multidisciplinary care plan, prepared by that facility, or to a review of such a plan prepared by such a facility, if the practitioner performs any of the following: (a) prepares part of a multidisciplinary care plan and adding a copy of that part of the plan to the person's medical records; or (b) preparing amendments to part of a multidisciplinary care plan and adding a copy of the amendments to the person's medical records; (c) giving advice to a practitioner who prepares part of a multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner; or (d) giving advice to a practitioner who reviews part of a multidisciplinary care plan and recording in writing, on the person's medical records, any advice provided to the practitioner not more than once in a 3 month period | 68.35 |
|-------|---|-------|

| | | |
|-------|---|--------|
| 93479 | Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician) at a residential aged care facility to perform a health assessment of a person who is: (a) of Aboriginal or Torres Strait Islander descent; and (b) a care recipient in a residential aged care facility not more than once in a 9 month period | 206.00 |
|-------|---|--------|

Part 3— Chronic disease management allied health items for care recipients in residential aged care facilities

13 Flagfall for items in Part 3

- (1) For the first patient attended during one attendance by the allied health practitioner at one residential aged care facility on one occasion, the fee for the health service described in whichever item in Part 3 applies is the amount listed in the item plus \$48.50.
- (2) Items 93537 and 93538 are not applicable to subclause (1).

14 Claiming limitation for chronic disease management items for care recipients in residential aged care facilities

Maximum of 5 chronic disease management assessment and standard items

- (1) For any particular person, an item in subgroup 1 or 3 of Group M29 or Group M3 is not applicable more than 5 times in a calendar year (in total for all items).

Maximum of 5 additional chronic disease management physical therapy items

- (2) For any particular person, an item in subgroup 2 of Group M29 is not applicable more than 5 times in a calendar year (in total for all items).

Note : Items in Group M3 are prescribed in the *Health Insurance (Allied Health Services) Determination 2014*.

| Group M29 – Additional allied health services | | |
|---|---|----------------|
| Item | Service | Fee(\$) |
| Subgroup 1—Initial/long allied health services in RACF | | |
| 93501 | <p>Aboriginal and Torres Strait Islander health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply:</p> <ol style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ol style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex | 96.30 |

| | | |
|-------|--|-------|
| | <p>condition was being treated prior to the person receiving residential care;</p> <p>(c) the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | |
| 93502 | <p>Diabetes education health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible diabetes educator if all of the following apply:</p> <p>(a) 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;</p> <p>(b) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;</p> <p>(c) the person is referred to the eligible diabetes educator 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | 96.30 |
| 93503 | <p>Audiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible audiologist if all of the following</p> | 96.30 |

apply:

- (a) 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;
- (b) the service is provided to a person whose chronic or complex care needs is being managed under:
 - (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
 - (ii) a shared care plan; or
 - (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
- (c) the person is referred to the eligible audiologist 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;
- (d) the service is provided to the person individually and in person; and
- (e) the service is at least 30 minutes in duration; and
- (f) after the service, the eligible audiologist gives a written report to the referring medical practitioner

not more than once in a calendar year

93504

Exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:

96.30

- (a) 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;
- (b) the service is provided to a person whose chronic or complex care needs is being managed under:
 - (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
 - (ii) a shared care plan; or
 - (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
- (c) the person is referred to the eligible exercise physiologist by the medical practitioner using a referral form that has been issued by the

| | | |
|-------|---|-------|
| | <p>Department or a referral form that contains all the components of the form issued by the Department;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | |
| 93505 | <p>Dietetics health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible dietitian if all of the following apply:</p> <p>(a) 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;</p> <p>(b) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;</p> <p>(c) the person is referred to the eligible dietitian 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible dietitian gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | 96.30 |
| 93506 | <p>Mental health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible mental health worker if all of the following apply:</p> <p>(a) 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;</p> <p>(b) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential</p> | 96.30 |

| | | |
|-------|---|-------|
| | <p>aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;</p> <p>(c) the person is referred to the eligible mental health worker 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible mental health worker gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | |
| 93507 | <p>Occupational therapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:</p> <p>(a) 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;</p> <p>(b) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;</p> <p>(c) the person is referred to the eligible occupational therapist 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible occupational therapist</p> | 96.30 |

| | | |
|-------|--|-------|
| | gives a written report to the referring medical practitioner | |
| | not more than once in a calendar year | |
| 93508 | <p>Physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible physiotherapist 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| 93509 | <p>Podiatry health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible podiatrist if all of the following apply:</p> <ul style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care | 96.30 |

Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;

- (c) the person is referred to the eligible podiatrist 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;
- (d) the service is provided to the person individually and in person; and
- (e) the service is at least 30 minutes in duration; and
- (f) after the service, the eligible podiatrist gives a written report to the referring medical practitioner

not more than once in a calendar year

| | | |
|-------|---|-------|
| 93510 | Chiropractic health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible chiropractor if all of the following apply: <ul style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible chiropractor 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible chiropractor gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| 93511 | Osteopathy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible osteopath if all of the following apply: | 96.30 |

| | | |
|-------|---|-------|
| | <ul style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible osteopath 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible osteopath gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | |
| 93512 | <p>Psychology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible psychologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible psychologist 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; | 96.30 |

| | | |
|--|--|-------|
| | <ul style="list-style-type: none"> (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible psychologist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | |
| 93513 | <p>Speech pathology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible speech pathologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) 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; (b) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (c) the person is referred to the eligible speech pathologist 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| Subgroup 2—Physical therapy items in RACF | | |
| 93518 | <p>Additional exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) 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; (b) the person's chronic or complex care needs are assessed as requiring additional exercise physiology therapy services in a calendar year; | 64.20 |

-
- (c) the service is provided to a person whose chronic or complex care needs is being managed under:
 - (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
 - (ii) a shared care plan; or
 - (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
 - (d) the person is referred to the eligible exercise physiologist 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;
 - (e) the service is provided to the person individually and in person; and
 - (f) the service is at least 20 minutes in duration; and
 - (g) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner
 - (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters
-

93519

Additional occupational therapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:

64.20

- (a) 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;
 - (b) the person's chronic or complex care needs are assessed as requiring additional occupational therapy services in a calendar year;
 - (c) the service is provided to a person whose chronic or complex care needs is being managed under:
 - (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or
 - (ii) a shared care plan; or
 - (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;
 - (d) the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a
-

| | | |
|-------|---|-------|
| | <p>referral form that contains all the components of the form issued by the Department;</p> <ul style="list-style-type: none"> (e) the service is provided to the person individually and in person; and (f) the service is at least 20 minutes in duration; and (g) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93520 | <p>Additional physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) 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; (b) the person's chronic or complex care needs are assessed as requiring additional physiotherapy services in a calendar year; (c) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (d) the person is referred to the eligible physiotherapist 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; (e) the service is provided to the person individually and in person; and (f) the service is at least 20 minutes in duration; and (g) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the | 64.20 |

referral—in relation to that service; or

(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters

Subgroup 3—Subsequent/standard allied health services in RACF

| | | |
|-------|--|-------|
| 93524 | <p>Aboriginal and Torres Strait Islander health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply:</p> <ul style="list-style-type: none">(a) the service is provided to a person whose chronic or complex care needs is being managed under:<ul style="list-style-type: none">(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or(ii) a shared care plan; or(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;(b) the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner 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;(c) the service is provided to the person individually and in person; and(d) the service is at least 20 minutes in duration; and(e) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner<ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93525 | <p>Diabetes education health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible diabetes educator if all of the following apply:</p> <ul style="list-style-type: none">(a) the service is provided to a person whose chronic or complex care needs is being managed under:<ul style="list-style-type: none">(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, | 64.20 |

| | | |
|-------|---|-------|
| | <p>92102, 93469 or 93475 applies; or</p> <ul style="list-style-type: none"> (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; <p>(b) the person is referred to the eligible diabetes educator 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;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner</p> <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93526 | <p>Audiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible audiologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b) the person is referred to the eligible audiologist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible audiologist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would | 64.20 |

reasonably expect to be informed of—in relation to those matters

| | | |
|-------|--|-------|
| 93527 | <p>Exercise physiology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:</p> <ul style="list-style-type: none">(a) the service is provided to a person whose chronic or complex care needs is being managed under:<ul style="list-style-type: none">(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or(ii) a shared care plan; or(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;(b) the person is referred to the eligible exercise physiologist 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;(c) the service is provided to the person individually and in person; and(d) the service is at least 20 minutes in duration; and(e) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner<ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93528 | <p>Dietetics health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible dietitian if all of the following apply:</p> <ul style="list-style-type: none">(a) the service is provided to a person whose chronic or complex care needs is being managed under:<ul style="list-style-type: none">(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or(ii) a shared care plan; or(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;(b) the person is referred to the eligible dietitian by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the | 64.20 |

| | | |
|-------|---|-------|
| | <p>components of the form issued by the Department;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible dietitian gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | |
| 93529 | <p>Mental health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible mental health worker if all of the following apply:</p> <p>(a) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;</p> <p>(b) the person is referred to the eligible mental health worker 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;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible mental health worker gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | 64.20 |
| 93530 | <p>Occupational therapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:</p> <p>(a) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> | 64.20 |

| | | |
|-------|---|-------|
| | <ul style="list-style-type: none"> (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; <p>(b) the person is referred to the eligible occupational therapist 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;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner</p> <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93531 | <p>Physiotherapy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b) the person is referred to the eligible physiotherapist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would | 64.20 |

reasonably expect to be informed of—in relation to those matters

| | | |
|-------|--|-------|
| 93532 | <p>Podiatry health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible podiatrist if all of the following apply:</p> <ul style="list-style-type: none">(a) the service is provided to a person whose chronic or complex care needs is being managed under:<ul style="list-style-type: none">(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or(ii) a shared care plan; or(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;(b) the person is referred to the eligible podiatrist 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;(c) the service is provided to the person individually and in person; and(d) the service is at least 20 minutes in duration; and(e) after the service, the eligible podiatrist gives a written report to the referring medical practitioner<ul style="list-style-type: none">(i) if the service is the only service under the referral—in relation to that service; or(ii) if the service is the first or last service under the referral—in relation to that service; or(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93533 | <p>Chiropractic health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible chiropractor if all of the following apply:</p> <ul style="list-style-type: none">(a) the service is provided to a person whose chronic or complex care needs is being managed under:<ul style="list-style-type: none">(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or(ii) a shared care plan; or(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;(b) the person is referred to the eligible chiropractor 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;(c) the service is provided to the person individually and in | 64.20 |

| | | |
|-------|--|-------|
| | <p>person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible chiropractor gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | |
| 93534 | <p>Osteopathy health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible osteopath if all of the following apply:</p> <p>(a) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care;</p> <p>(b) the person is referred to the eligible osteopath 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;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible osteopath gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | 64.20 |
| 93535 | <p>Psychology health service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible psychologist if all of the following apply:</p> <p>(a) the service is provided to a person whose chronic or complex care needs is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> | 64.20 |

| | | |
|-------|---|-------|
| | <ul style="list-style-type: none"> (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; <ul style="list-style-type: none"> (b) the person is referred to the eligible psychologist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible psychologist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93536 | <p>Speech pathology service provided to a care recipient in a residential aged care facility, at a residential aged care facility, by an eligible speech pathologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b) the person is referred to the eligible speech pathologist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |

| | | |
|-------|--|-------|
| 93537 | <p>Telehealth attendance provided to a care recipient in a residential aged care facility, by an eligible allied health practitioner, if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b) the person is referred to the eligible allied health practitioner 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; (c) the service is provided to the person individually; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible allied health practitioner gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93538 | <p>Phone attendance provided to a care recipient in a residential aged care facility, by an eligible allied health practitioner, if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose chronic or complex care needs is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; (b) the person is referred to the eligible allied health practitioner 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; (c) the service is provided to the person individually; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible allied health practitioner gives a | 64.20 |

-
- written report to the referring medical practitioner
- (i) if the service is the only service under the referral—in relation to that service; or
 - (ii) if the service is the first or last service under the referral—in relation to that service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters
-

Part 4— Chronic disease management allied health items for care recipients in residential aged care facilities of Aboriginal and Torres Strait Islander descent

15 Flagfall for items in Part 4

- (1) For the first patient attended during one attendance by the allied health practitioner at one residential aged care facility on one occasion, the fee for the health service described in whichever item in Part 4 applies is the amount listed in the item plus \$48.50.
- (2) Items 93592 and 93593 are not applicable to subclause (1).

16 Claiming limitation for chronic disease management items for care recipients in residential aged care facilities of Aboriginal and Torres Strait Islander descent

Maximum of 5 chronic disease management assessment and standard items

- (1) For any particular person, an item in subgroup 1 or 3 of Group M30 or Group M11 is not applicable more than 5 times in a calendar year (in total for all items).

Maximum of 5 additional chronic disease management physical therapy items

- (2) For any particular person, an item in subgroup 2 of Group M30 is not applicable more than 5 times in a calendar year (in total for all items).

Note : Items in Group M11 are prescribed in the *Health Insurance (Allied Health Services) Determination 2014*.

| Group M30 – Allied health services for Indigenous Australians in RACF | | |
|---|--|----------------|
| Item | Service | Fee(\$) |
| Subgroup 1—Initial/long allied health service for Indigenous Australians in RACF | | |
| 93546 | Aboriginal and Torres Strait Islander health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply: <ol style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ol style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible Aboriginal health worker | 96.30 |

| | | |
|-------|---|-------|
| | <p>or eligible Aboriginal and Torres Strait Islander health practitioner by a 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | |
| 93547 | <p>Diabetes education health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible diabetes educator if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs;</p> <p>(c) the person is referred to the eligible diabetes educator by a 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | 96.30 |
| 93548 | <p>Audiology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible audiologist if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs;</p> <p>(c) the person is referred to the eligible audiologist by a medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components</p> | 96.30 |

| | | |
|-------|--|-------|
| | <p>of the form issued by the Department;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible audiologist gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | |
| 93549 | <p>Exercise physiology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs;</p> <p>(c) the person is referred to the eligible exercise physiologist by a 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> <p>(f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner</p> <p>not more than once in a calendar year</p> | 96.30 |
| 93550 | <p>Dietetics health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible dietitian if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs;</p> <p>(c) the person is referred to the eligible dietitian by a 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;</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is at least 30 minutes in duration; and</p> | 96.30 |

| | | |
|-------|---|-------|
| | (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner not more than once in a calendar year | |
| 93551 | <p>Mental health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible mental health worker if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible mental health worker by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible mental health worker gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| 93552 | <p>Occupational therapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible occupational therapist by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |

| | | |
|-------|---|-------|
| 93553 | <p>Physiotherapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible physiotherapist by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| 93554 | <p>Podiatry health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible podiatrist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible podiatrist by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible podiatrist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |

| | | |
|-------|---|-------|
| 93555 | <p>Chiropractic health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible chiropractor if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible chiropractor by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible chiropractor gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| 93556 | <p>Osteopathy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible osteopath if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible osteopath by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible osteopath gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| 93557 | <p>Psychology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible psychologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied | 96.30 |

| | | |
|--|---|-------|
| | <p>health treatment services has been identified by:</p> <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or <ul style="list-style-type: none"> (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible psychologist by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible psychologist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | |
| 93558 | <p>Speech pathology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible speech pathologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person's health care needs are assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; (c) the person is referred to the eligible speech pathologist by a 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; (d) the service is provided to the person individually and in person; and (e) the service is at least 30 minutes in duration; and (f) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner <p>not more than once in a calendar year</p> | 96.30 |
| Subgroup 2—Physical therapy items in RACF | | |
| 93571 | <p>Additional exercise physiology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the person has received 5 services, to which an item in subgroup 1 or 3 of Group M30 or Group M11 applied (in total for all items), in that calendar year; (b) the person's health care needs are assessed as requiring | 64.20 |

| | | |
|-------|--|-------|
| | <p>additional exercise physiology therapy services in a calendar year;</p> <p>(c) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(d) the person is referred to the eligible exercise physiologist 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;</p> <p>(e) the service is provided to the person individually and in person; and</p> <p>(f) the service is at least 20 minutes in duration; and</p> <p>(g) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | |
| 93572 | <p>Additional occupational therapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:</p> <p>(a) the person has received 5 services, to which an item in subgroup 1 or 3 of Group M30 or Group M11 applied (in total for all items), in that calendar year;</p> <p>(b) the person's health care needs are assessed as requiring additional occupational therapy services in a calendar year;</p> <p>(c) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(d) the person is referred to the eligible occupational therapist 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;</p> <p>(e) the service is provided to the person individually and in person; and</p> <p>(f) the service is at least 20 minutes in duration; and</p> <p>(g) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in</p> | 64.20 |

| | | |
|--|---|-------|
| | <ul style="list-style-type: none"> relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93573 | <p>Additional physiotherapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the person has received 5 services, to which an item in subgroup 1 or 3 of Group M30 or Group M11 applied (in total for all items), in that calendar year; (b) the person's health care needs are assessed as requiring additional physiotherapy health services in a calendar year; (c) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (d) the person is referred to the eligible physiotherapist 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; (e) the service is provided to the person individually and in person; and (f) the service is at least 20 minutes in duration; and (g) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| Subgroup 3—Subsequent/standard allied health services in RACF | | |
| 93579 | <p>Aboriginal and Torres Strait Islander health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or | 64.20 |

| | | |
|-------|--|-------|
| | <ul style="list-style-type: none"> 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93580 | <p>Diabetes education health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible diabetes educator if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible diabetes educator 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the | 64.20 |

| | | |
|-------|---|-------|
| | service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93581 | <p>Audiology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible audiologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible audiologist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible audiologist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93582 | <p>Exercise physiology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible exercise physiologist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible exercise physiologist 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; (c) the service is provided to the person individually and | 64.20 |

| | | |
|-------|--|-------|
| | <p>in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | |
| 93583 | <p>Dietetics health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible dietitian if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(b) the person is referred to the eligible dietitian 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;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible dietitian gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | 64.20 |
| 93584 | <p>Mental health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible mental health worker if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> | 64.20 |

| | | |
|-------|---|-------|
| | <ul style="list-style-type: none"> (ii) a shared care plan; or (b) the person is referred to the eligible mental health worker 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible mental health worker gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93585 | <p>Occupational therapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible occupational therapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible occupational therapist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical | 64.20 |

| | | |
|-------|---|-------|
| | practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93586 | <p>Physiotherapy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible physiotherapist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible physiotherapist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible physiotherapist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93587 | <p>Podiatry health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible podiatrist if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible podiatrist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible podiatrist gives a written report to the referring medical practitioner | 64.20 |

| | | |
|-------|---|-------|
| | <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93588 | <p>Chiropractic health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible chiropractor if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible chiropractor 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the eligible chiropractor gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |
| 93589 | <p>Osteopathy health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible osteopath if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the eligible osteopath by the medical practitioner using a referral form that has | 64.20 |

| | | |
|-------|--|-------|
| | <p>been issued by the Department or a referral form that contains all the components of the form issued by the Department;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible osteopath gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | |
| 93590 | <p>Psychology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible psychologist if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> <p>(i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(b) the person is referred to the eligible psychologist 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;</p> <p>(c) the service is provided to the person individually and in person; and</p> <p>(d) the service is at least 20 minutes in duration; and</p> <p>(e) after the service, the eligible psychologist gives a written report to the referring medical practitioner</p> <p>(i) if the service is the only service under the referral—in relation to that service; or</p> <p>(ii) if the service is the first or last service under the referral—in relation to that service; or</p> <p>(iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters</p> | 64.20 |
| 93591 | <p>Speech pathology health service provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an speech pathologist if all of the following apply:</p> <p>(a) the service is provided to a person whose need for allied health treatment services has been identified by:</p> | 64.20 |

| | | |
|-------|--|-------|
| | <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the speech pathologist 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the speech pathologist gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93592 | <p>Telehealth attendance provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible allied health practitioner if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the by an eligible allied health practitioner 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the by an eligible allied health practitioner gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the | 64.20 |

| | | |
|-------|--|-------|
| | referral—in relation to that service; or | |
| | (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | |
| 93593 | <p>Phone attendance provided to a care recipient in a residential aged care facility of Aboriginal or Torres Strait Islander descent, at a residential aged care facility, by an eligible allied health practitioner if all of the following apply:</p> <ul style="list-style-type: none"> (a) the service is provided to a person whose need for allied health treatment services has been identified by: <ul style="list-style-type: none"> (i) a health assessment service to which items 228, 715, 92004, 92011, 92016, 92023, 93470 or 93479 applies; or (ii) a shared care plan; or (b) the person is referred to the by an eligible allied health practitioner 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; (c) the service is provided to the person individually and in person; and (d) the service is at least 20 minutes in duration; and (e) after the service, the by an eligible allied health practitioner gives a written report to the referring medical practitioner <ul style="list-style-type: none"> (i) if the service is the only service under the referral—in relation to that service; or (ii) if the service is the first or last service under the referral—in relation to that service; or (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of—in relation to those matters | 64.20 |

Part 5—Allied health group items for care recipients in residential aged care facilities

17 Flagfall for items in Part 5

For the first patient attended during one attendance by the allied health practitioner at one residential aged care facility on one occasion, the fee for the health service described in whichever item in Part 5 applies is the amount listed in the item plus \$48.50.

18 Claiming limitation for allied health group service items for care recipients in residential aged care facilities

Maximum of 1 group assessment service item

- (1) For any particular person, an item in subgroup 1 of Group M31 or 81100, 81110, 81120 is not applicable more than 1 time in a calendar year (in total for all items).

Maximum of 8 group therapy items

- (2) For any particular person, an item in subgroup 2 of Group M31 or 81105, 81115, 81125 is not applicable more than 8 times in a calendar year (in total for all items).

Maximum of 2 additional physical group therapy items

- (3) For any particular person, an item in subgroup 3 of Group M31 is not applicable more than 2 times in a calendar year.

Note : Items in 81100, 81105, 81110, 81115, 81120 and 81125 are prescribed in the *Health Insurance (Allied Health Services) Determination 2014*.

| Group M31 – Allied health group services in RACF | | |
|--|--|---------|
| Item | Service | Fee(\$) |
| Subgroup 1—Assessment for allied health group services in RACF | | |
| 93606 | Diabetes education health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible diabetes educator for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if: (a) the person's type 2 diabetes is assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; and (b) the service is provided to a person whose type 2 diabetes is being managed under: (i) a multidisciplinary care plan for a residential aged care | 96.30 |

| | | |
|-------|---|-------|
| | <p>recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; and</p> <p>(c) the person is referred to an eligible diabetes educator 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; and</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is of at least 45 minutes duration; and</p> <p>(f) after the service, the eligible diabetes educator gives a written report to the referring medical practitioner</p> | |
| 93607 | <p>Exercise physiology health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible exercise physiologist for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the patient's needs and preparing the person for the group services if:</p> <p>(a) the person's type 2 diabetes is assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; and</p> <p>(b) the service is provided to a person whose type 2 diabetes is being managed under:</p> <p>(i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or</p> <p>(ii) a shared care plan; or</p> <p>(iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; and</p> <p>(c) the person is referred to an eligible exercise physiologist 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; and</p> <p>(d) the service is provided to the person individually and in person; and</p> <p>(e) the service is of at least 45 minutes duration; and</p> <p>(f) after the service, the eligible exercise physiologist gives a written report to the referring medical practitioner</p> | 96.30 |
| 93608 | <p>Dietetics health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible dietitian for assessing the person's suitability for group services for the management of type 2 diabetes, including taking a comprehensive patient history, identifying an appropriate group services program based on the</p> | 96.30 |

| | | |
|--|--|-------|
| | <p>patient's needs and preparing the person for the group services if:</p> <ul style="list-style-type: none"> (a) the person's type 2 diabetes is assessed, including taking a comprehensive patient history and identifying an appropriate treatment program based on the person's needs; and (b) the service is provided to a person whose type 2 diabetes is being managed under: <ul style="list-style-type: none"> (i) a multidisciplinary care plan for a residential aged care recipient to which items 232, 731, 92027, 92058, 92071, 92102, 93469 or 93475 applies; or (ii) a shared care plan; or (iii) a GP Management Plan and Team Care Arrangements, where the chronic or complex condition was being treated prior to the person receiving residential care; and (c) the person is referred to an eligible dietitian 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; and (d) the service is provided to the person individually and in person; and (e) the service is of at least 45 minutes duration; and (f) after the service, the eligible dietitian gives a written report to the referring medical practitioner | |
| Subgroup 2—Allied health group services in RACF | | |
| 93613 | <p>Diabetes education health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible diabetes educator as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110, 81120, 93284, 93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person under item 81105, 81115, 81125, 93285, 93613, 93614, 93615 the eligible diabetes educator prepares, or contributes to, a written report to be provided to the referring medical practitioner | 20.50 |
| 93614 | <p>Exercise physiology health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible exercise physiologist as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110, 81120, 93284, 93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and | 20.50 |

| | | |
|--|---|-------|
| | <ul style="list-style-type: none"> (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person under item 81105, 81115, 81125, 93285, 93613, 93614, 93615 the eligible exercise physiologist prepares, or contributes to, a written report to be provided to the referring medical practitioner | |
| 93615 | <p>Dietetics health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible dietitian as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110, 81120, 93284, 93286, 93606, 93607 or 93608; and (b) the service is provided to a person who is part of a group of between 2 and 12 patients; and (c) the service is provided in person; and (d) the service is of at least 60 minutes duration; and (e) after the last service in the group services program provided to the person under item 81105, 81115, 81125, 93285, 93613, 93614, 93615 the eligible dietitian prepares, or contributes to, a written report to be provided to the referring medical practitioner | 20.50 |
| Subgroup 3—Physical group therapy items in RACF | | |
| 93620 | <p>Additional exercise physiology health service provided to a care recipient in a residential aged care facility with type 2 diabetes, at a residential aged care facility, by an eligible exercise physiologist as a group service for the management of type 2 diabetes if:</p> <ul style="list-style-type: none"> (a) the person has been assessed as suitable for a type 2 diabetes group service under assessment item 81100, 81110, 81120, 93284, 93286, 93606, 93607 or 93608; and (b) the person has received 8 services, to which an item in subgroup 2 of Group M31 or 81105, 81115, 81125 applied (in total for all items), in that calendar year. (c) the service is provided to a person who is part of a group of between 2 and 12 patients; and (d) the service is provided in person; and (e) the service is of at least 60 minutes duration; and (f) after the last service to which this item applies was provided to a person in a calendar year, the eligible exercise physiologist gives a written report to the referring medical practitioner | 20.50 |