



Allied Health MBS Item Changes

Date of change: 1 March 2023

Amended items: **82000 82005 82010 82015 82020**
82025 82030 82035 93032 93033
93035 93036 93040 93041 93043
93044

Revised structure

- From 1 March 2023, there will be amendments to sixteen MBS items for the assessment and treatment of Complex Neurodevelopmental Disorders (such as Autism Spectrum Disorder) and eligible disability services.
- The assessment and treatment items (82000, 82005, 82010, 82015, 82020, 82025, 82030, 82035, 93032, 93033, 93035, 93036, 93040, 93041, 93043 and 93044) will be amended to:
 - extend the eligibility of patients from under 13 years for assessment and under 15 years for treatment, to under 25 years for both;
 - expand the list of eligible disabilities to include Fetal Alcohol Spectrum Disorder (FASD), Lesch-Nyhan syndrome, and 22q deletion syndrome; and
 - update the terminology used from 'pervasive developmental disorder' to 'Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder)'.
- The assessment items (82000, 82005, 82010, 82030, 93032, 93033, 93040 and 93041) will be amended to:
 - increase the total number of assessment services from four to eight per lifetime (review and agreement by the referring eligible medical practitioner is required before the same eligible Allied Health practitioner can provide any more than four assessment services to the patient); and
 - allow for Allied Health interdisciplinary referrals (in consultation and agreement with the original referring eligible medical practitioner).
- Explanatory note MN.10.1 will be separated into three explanatory notes (MN.10.1, MN.10.2 and MN.10.3) and updated to reflect the 1 March 2023 changes.
- For private health insurance purposes, these items will continue to be listed as:
- Private Health Insurance clinical category: N/A Not Hospital treatment
- Private Health Insurance procedure type: N/A Not Hospital treatment

Patient impacts

- The eligibility criteria for patients who can receive a rebate for the assessment and treatment of a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) and eligible disability services will be expanded.

- The changes will provide access to assessment and treatment services for patients under 25 years of age.
- The changes will provide access to assessment and treatment services for patients with suspected or diagnosed FASD, Lesch-Nyhan syndrome and 22q deletion syndrome.
- The changes will also improve assessment and diagnosis by:
 - allowing Allied Health practitioners to refer to other Allied Health practitioners during the assessment phase (in consultation and agreement with the original referring eligible medical practitioner); and
 - increasing the number of assessment services available to a patient per lifetime from 4 to 8.

Restrictions or requirements

Eligible Allied Health practitioners

The Allied Health assessment and treatment services can be provided by eligible audiologists, occupational therapists, optometrists, orthoptists, physiotherapists, psychologists and speech pathologists.

To provide services under these items eligible practitioners must meet the eligibility requirements as set out in the *Health Insurance (Allied Health Services) Determination 2014*.

It is expected that eligible providers will "self-select" for the Complex Neurodevelopmental Disorder and eligible disability items (i.e. possess the skills and experience appropriate for provision of these services and be oriented to work with these patients).

A patient's eligibility for an item with frequency restrictions should be checked online using the MBS items checker in the Health Professional Online Services (HPOS) prior to providing a service. HPOS is a fast and secure way for health professionals and administrators to check if a patient is eligible for a Medicare benefit for a specific item on the date of the proposed service. This system will return advice that the item is payable or not payable.

Services Australia has published a guide on how to use this service which can be found on the [Services Australia website](#). AskMBS cannot comment on its content or management, for enquiries relating to HPOS, please contact Services Australia on 132 150 and select Option 6 - electronic claiming or Health Professional Online Services (HPOS).

Assessment items – 82000, 82005, 82010, 82030, 93032, 93033, 93040, 93041

Number of services

- A maximum of 8 assessment services can be claimed per patient per lifetime, including services consisting of any combination of 82000, 82005, 82010, 82030, 93032, 93033, 93040 and 93041.
- A course of assessment means up to 4 services.
- Up to 4 assessment services may be provided to the same patient on the same day.
- Where a patient requires more than 4 services from the same eligible Allied Health provider, review and agreement is required by the referring eligible medical practitioner before further Medicare services can be claimed.

Referral requirements

For an MBS rebate to be claimed for these services, an initial referral for up to 4 Allied Health services from an eligible medical practitioner is required. The referral is only valid if the person has received a service billed under the following MBS items*:

- For the assessment for the purposes of assistance with diagnosis or contribute to the treatment and management plan of a *Complex Neurodevelopmental Disorder*, referred by a:
 - consultant psychiatrist following items 296 – 308, 310, 312, 314, 316, 318, 319 - 352, 91827 - 91831, 91837 – 91839, 92437, or 92455 - 92460
 - consultant paediatrician following items 110, 116, 119, 122, 128, 131, 91824 - 91826, or 91836.
- For the assessment for the purposes of assistance with diagnosis or contribute to the treatment and management plan of an *eligible disability*, referred by a:
 - specialist or consultant physician following items 104, 105, 110, 116, 119, 122, 128, 131, 296 – 308, 310, 312, 314, 316, 318, 319 -352, 91822, 91823, 91824 – 91826, 91827 - 91831, 91833, 91836, 91837 – 91839, 92437 or 92455 – 92460
 - GP following items 3 - 51 or 91790 - 91802.

** Note that more information on the telehealth items that can be claimed for these services can be found in Note AN.40.1.*

A separate referral from the eligible medical practitioner is required for each eligible Allied Health practitioner providing any services unless an interdisciplinary referral is provided by the first practitioner. The referral may be a letter, departmental form, or note to an eligible Allied Health practitioner, signed and dated by the referring eligible medical practitioner. A Medicare claim for the referring MBS service must be submitted before a rebate for the subsequent referred Allied Health service can be paid.

Allied Health practitioners should retain referrals for 24 months from the date the service was rendered for Medicare auditing purposes.

Interdisciplinary referrals

If an eligible Allied Health practitioner seeks to make an interdisciplinary referral of the patient to another eligible Allied Health professional, this must be undertaken in consultation and agreement with, but without the need for a physical attendance by, the original referring eligible medical practitioner (such as, but not limited to, a phone call, written correspondence, or secure online messaging exchange). This consultation and agreement should be documented in the patient notes by the eligible Allied Health practitioner and included in the interdisciplinary referral. The referral may be a letter or note to an eligible Allied Health practitioner, signed and dated by the referring eligible Allied Health practitioner. There is no specific form to refer patients for these services. However, the referral should include a copy of the original referral by the eligible medical practitioner.

Interdisciplinary referrals will only be valid where the referring eligible medical practitioner's referral (whose original referral initiated the assessment and assisting with a diagnosis service/contribution to a treatment and management plan) remains valid.

Provision of assessment services and need for review and agreement by the referring eligible medical practitioner

- An eligible Allied Health practitioner can provide up to 4 assessment services without the need for review and agreement by a referring eligible medical practitioner.
- If an eligible Allied Health professional has provided 4 assessment services to a patient and proposes to provide more assessment services to that patient, review and agreement from the referring eligible medical practitioner must be obtained prior.
- The referring eligible medical practitioner may specify the type of review that should be undertaken as part of the original referral. If it is not specified, an acceptable means of review

includes a case conference, phone call, written correspondence, secure online messaging exchange, or attendance with the referring eligible medical practitioner.

- The review and agreement by the referring eligible medical practitioner should be recorded by the eligible Allied Health practitioner in the patient notes.

Reporting requirements for assessment services

After completion of the final assessment service by an eligible Allied Health practitioner, a written report that outlines the assessment findings must be provided to the referring eligible medical practitioner. Preparation of the report is not counted towards the service time under the item.

The written report must include information on:

- the assessment/s provided;
- the results of the assessment/s that may assist with diagnostic formulation or development of a treatment and management plan by the referring eligible medical practitioner; and
- if applicable, advice on further assessments that could be undertaken by other eligible Allied Health practitioners to assist with the referring medical practitioner's diagnostic formulation or development of a treatment and management plan by the referring eligible medical practitioner.

Treatment items 82015, 82020, 82025, 82035, 93035, 93036, 93043, 93044

Number of services

- A maximum of 20 services can be claimed per patient per lifetime, including services consisting of any combination of 82015, 82020, 82025, 82035, 93035, 93036, 93043 or 93044.
- A course of treatment means up to 10 treatment services.
- Up to 4 of these services may be provided to the same patient on the same day.
- It is the responsibility of the referring eligible medical practitioner to allocate these services in keeping with the patient's individual treatment needs and to refer the patient to the appropriate Allied Health professional(s) accordingly.

Referral Requirements

For a Medicare rebate to be paid, the eligible Allied Health practitioner providing the service must be in receipt of a current referral provided by an eligible medical practitioner. A separate referral from an eligible medical practitioner is required for each eligible Allied Health practitioner. The referral is only valid if the person has received a service billed under any of the following MBS items*:

- For a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder): referred by a consultant psychiatrist (using item 289 or 92434) or a consultant paediatrician (using item 135 or 92140)
- For an eligible disability: referred by a specialist or consultant physician (using item 137 or 92141) or a GP (using item 139 or 92142).

** Note that more information on the telehealth items that can be claimed for these services can be found in Note AN.40.1.*

The referral may be a letter or note to an eligible Allied Health practitioner, signed, and dated by the referring eligible medical practitioner. Referring eligible medical practitioners are not required to use a specific form to refer patients for these services. A Medicare claim must be submitted for the referring service before a rebate for the subsequent referred Allied Health service can be paid.

The referred service consists of the number of Allied Health services stated on the patient's referral. This enables the referring practitioner to consider a report from the Allied Health practitioner about the services provided to the patient and the need for further treatment.

Within the maximum service allocation of 20 services for the treatment items, the eligible Allied Health practitioner/s can provide one or more courses of treatment. A new referral is required for each new course of treatment (up to 10 services). The number of services in each course of treatment is determined by the referring eligible medical practitioner. The referring eligible medical practitioner should review the written report provided by the eligible Allied Health practitioner after completion of a course of treatment and prior to referring for a subsequent course of treatment.

Eligible Allied Health practitioners should retain the referral for 24 months from the date the service was rendered for Medicare auditing purposes.

Reporting requirements

On completion of a course of treatment (and any subsequent courses of treatment), the eligible Allied Health practitioner must provide a written report to the referring eligible medical practitioner which includes information on:

- treatment provided;
- recommendations on future management of the patient's disorder or disability; and
- if applicable, any advice provided to third parties (for example: parents, schools, places of employment).

The writing of the report is not counted towards the service time under the item.

Eligibility requirements (82000, 82005, 82010, 82015, 82020, 82025, 82030, 82035, 93032, 93033, 93035, 93036, 93040, 93041, 93043, 93044)

Eligible patients

These items provide Medicare rebates for Allied Health services provided to patients under 25 years old with a suspected or diagnosed Complex Neurodevelopmental Disorder or one or more of the eligible disabilities.

'Eligible disabilities' for the purpose of these services means any of the following conditions:

- (a) sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction.
- (b) hearing impairment that results in:
 - a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or
 - permanent conductive hearing loss and auditory neuropathy.
- (c) deafblindness
- (d) cerebral palsy
- (e) Down syndrome
- (f) Fragile X syndrome
- (g) Prader-Willi syndrome
- (h) Williams syndrome
- (i) Angelman syndrome
- (j) Kabuki syndrome
- (k) Smith-Magenis syndrome

- (l) CHARGE syndrome
- (m) Cri du Chat syndrome
- (n) Cornelia de Lange syndrome
- (o) microcephaly if a patient has:
 - a head circumference less than the third percentile for age and sex; and
 - a functional level at or below 2 standard deviations below the mean for age on a standard developmental test, or an IQ score of less than 70 on a standardised test of intelligence*.
- (p) Rett's disorder
- (q) Fetal Alcohol Spectrum Disorder (FASD)
- (r) Lesch-Nyhan syndrome
- (s) 22q deletion syndrome

**"standard developmental test" refers to tests such as the Bayley Scales of Infant Development or the Griffiths Mental Development Scales; "standardised test of intelligence" means the Wechsler Intelligence Scale for Children (WISC) or the Wechsler Preschool and Primary Scale of Intelligence (WPPSI). It is up to the clinical judgement of the practitioner to determine which tests are appropriate to be used.*

Amended items - Assessment items 82000, 82005, 82010, 82030, 93032, 93033, 93040 and 93041

Overview: The amendments to the assessment items will expand the eligible age from under 13 to under 25 years of age, expand the list of eligible disabilities, update terminology, increase the number of services from four to eight per lifetime and allow for Allied Health interdisciplinary referrals.

Amended item 82000 – Psychology

Descriptor: Psychology health service provided to a patient aged under 25 years by an eligible psychologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82005, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#)

MBS fee: \$105.45 (no change).

Benefit: 85% = \$89.65

Amended item 82005 – Speech Pathology

Descriptor: Speech pathology health service provided to a patient aged under 25 years by an eligible speech pathologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82010, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 82010 – Occupational Therapy

Descriptor: Occupational therapy health service provided to a patient aged under 25 years by an eligible occupational therapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82030, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 82030 – Audiology, optometry, orthoptic or physiotherapy

Descriptor: Audiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years by an eligible audiologist, optometrist, orthoptist or physiotherapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and

- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 93032 – Psychology telehealth service

Descriptor: Psychology health service provided by telehealth attendance to a patient aged under 25 years by an eligible psychologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$105.45 (no change).

Benefit: 85% = \$89.65

Amended item 93033 – Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy telehealth service

Descriptor: Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a patient aged under 25 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93040 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 93040 – Psychology telephone service

Descriptor: Psychology health service provided by phone attendance to a patient aged under 25 years by an eligible psychologist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93041 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$105.45 (no change).

Benefit: 85% = \$89.65

Amended item 93041 – Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy telephone service

Descriptor: Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a patient aged under 25 years by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist if:

- (a) the patient was referred by an eligible medical practitioner, or by an eligible Allied Health practitioner following referral by an eligible medical practitioner, to:
 - (i) assist the eligible medical practitioner with diagnostic formulation where the patient has a suspected Complex Neurodevelopmental Disorder or eligible disability; or
 - (ii) contribute to the patient's treatment and management plan developed by the referring eligible medical practitioner where a Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability is confirmed; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 50 minutes duration

Up to 4 services to which this item or any of items 82000, 82005, 82010, 82030, 93032, 93033 or 93040 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.1](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Treatment items 82015, 82020, 82025, 82035, 93035, 93036, 93043 and 93044

Overview: The amendments to the treatment items will expand the eligible age limits for the patients from under 15 to under 25 years of age and expand the list of eligible disabilities.

Amended item 82015 – Psychology

Descriptor: Psychology health service provided to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible psychologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82020, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$105.45 (no change).

Benefit: 85% = \$89.65

Amended item 82020 – Speech pathology

Descriptor: Speech pathology health service provided to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible speech pathologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible speech pathologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82025, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 82025 – Occupational Therapy

Descriptor: Occupational therapy health service provided to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible occupational therapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82035, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 82035 – Audiology, optometry, orthoptic or physiotherapy

Descriptor: Audiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible audiologist, optometrist, orthoptist or physiotherapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the patient is not an admitted patient; and
- (c) the service is provided to the patient individually and in person; and
- (d) the service is at least 30 minutes duration; and
- (e) on the completion of the course of treatment, the eligible audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 93035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 93035 – Psychology telehealth service

Descriptor: Psychology health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible psychologist, if:

- (a) the patient has a treatment and management plan in place has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93036, 93043 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$105.45 (no change).

Benefit: 85% = \$89.65

Amended item 93036 – Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy telehealth service

Descriptor: Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by telehealth attendance to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93043 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

Amended item 93043 – Psychology telephone service

Descriptor: Psychology health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible psychologist, if:

- (a) the patient has a treatment and management plan in place and has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93044 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$105.45 (no change).

Benefit: 85% = \$89.65

Amended item 93044 – Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy telephone service

Descriptor: Speech pathology, occupational therapy, audiology, optometry, orthoptic or physiotherapy health service provided by phone attendance to a patient aged under 25 years for the treatment of a diagnosed Complex Neurodevelopmental Disorder (such as Autism Spectrum Disorder) or eligible disability by an eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist, if:

- (a) the patient has a treatment and management plan in place has been referred by an eligible medical practitioner for a course of treatment consistent with that treatment and management plan; and
- (b) the service is provided to the patient individually; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible speech pathologist, occupational therapist, audiologist, optometrist, orthoptist or physiotherapist gives a written report to the referring eligible medical practitioner on assessments (if performed), treatment provided and recommendations on future management of the patient's condition

Up to 4 services to which this item or any of items 82015, 82020, 82025, 82035, 93035, 93036 or 93043 apply may be provided to the same patient on the same day

Other requirements: refer [MN.10.2](#), [MN.10.3](#).

MBS fee: \$92.95 (no change).

Benefit: 85% = \$79.05

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

Amended item descriptors (to take effect 1 March 2023)

Item	Descriptor
82000	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
82005	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
82010	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
82015	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
82020	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
82025	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
82030	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
82035	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
93032	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
93033	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
93040	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
93041	Amendment to this assessment and treatment plan item will expand the eligible age limits for the patients that can benefit from the MBS items from under 13 years of age to under 25 years of age and increase the number of assessment items from four to eight per lifetime
93035	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
93036	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
93043	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age
93044	Amendment to this treatment item will expand the eligible age limits for the patients that can benefit from the MBS items from under 15 years of age to under 25 years of age

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.