



# Allied health M10 services – Addition of accredited dietitians and exercise physiologists

Last updated: 1 July 2025

- From 1 July 2025, accredited dietitians and exercise physiologists can provide referred services under Medicare Benefits Schedule (MBS) M10 assessment and treatment items to patients with complex neurodevelopmental disorders (CND), such as autism, and eligible disabilities.
- These changes are relevant for paediatricians, psychiatrists, specialist consultants, General Practitioners (GPs), accredited dietitians and accredited exercise physiologists.
- Paediatricians, psychiatrists and specialist consultants will be able to refer patients to accredited dietitians and exercise physiologists to assist with the formulation of their diagnosis, contribute to a patient treatment and management plan, and provide treatment to patients with a CND or an eligible disability.
- GPs will be able to refer patients to accredited dietitians and exercise physiologists to assist with the formulation of their diagnosis, contribute to a patient treatment and management plan, and provide treatment to patients with an eligible disability.

## What are the changes?

The changes to MBS items include:

- Three amended assessment items (MBS item 82030 and MBS telehealth items 93033 and 93041) to add accredited dietitians and exercise physiologists to assist with a diagnostic formulation by an eligible medical practitioner or contribute to a patient's treatment and management plan.
- Three amended treatment items (MBS item 82035 and MBS telehealth items 93036 and 93044) to add accredited dietitians and exercise physiologists to provide treatment services in line with the patient's treatment and management plan.
- Accredited dietitians and exercise physiologists will be included in the list of eligible allied health practitioners where MBS benefits can be claimed for participation in multidisciplinary case conferences (MBS items 82001, 82002 and 82003) with medical practitioners.

For private health insurance purposes, items 82030, 82035, 93033, 93036, 93041 and 93044 will continue to be listed under the following clinical category and procedure type:

Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

## Why are the changes being made?

The expansion of allied health professionals who can provide M10 services is a result of the MBS Review Taskforce (the Taskforce) recommendation 6d which recommended additional allied health practitioners for M10 services, in the *MBS Review Taskforce Report on Primary Care*. The recommendation was informed by the Allied Health Reference Group and stakeholder consultation.

More information about the Taskforce and associated Committees is available on the Department of Health, Disability and Ageing (the department) website under the [Medicare Benefits Schedule Review](#). The [MBS Review Taskforce Report on Primary Care](#) can be found in the [MBS Review final taskforce reports, findings and recommendations](#) section of the [department's website](#).

## What does this mean for providers?

Accredited dietitians and exercise physiologists should familiarise themselves with the item descriptors and associated explanatory notes for M10 assessment items 82030, 93033 and 93041, treatment items 82035, 93036 and 93044, and case conference items 82001, 82002 and 82003. Providers have a responsibility to ensure that services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

## What does this mean for referrers?

Paediatricians, psychiatrists and GPs (eligible disabilities only) will be able to refer patients to accredited dietitians and exercise physiologists for M10 assessment items 82030, 93033 and 93041, and treatment items 82035, 93036 and 93044. Paediatricians, psychiatrists and GPs will need to determine whether referrals to accredited dietitians and exercise physiologists are clinically appropriate for their patients.

## How will these changes affect patients?

These changes will benefit patients suspected of having, or diagnosed with, CND or an eligible disability through access to MBS benefits for accredited dietetic and exercise physiology health services.

## Who was consulted on the changes?

The Allied Health Reference Group was established in 2018 by the Taskforce, to provide broad clinical and consumer expertise. The MBS Review included a targeted consultation process. Feedback was received from Audiology Australia, Australian Paediatric Society, Australian Physiotherapy Association, Dietitians Association of Australia, Exercise and Sports Science Australia, Indigenous Allied Health Australia, Royal Australian College of General Practitioners, Services for Australian Rural and Remote Allied Health, and considered by the Allied Health Reference Group prior to making its final recommendations to the Taskforce.

## How will the changes be monitored and reviewed?

The department regularly reviews the usage of MBS items in consultation with health professionals. These changes will be subject to MBS compliance processes and activities.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department compliance program can be found on its website at [Medicare compliance](#).

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

The department provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

## Amended item descriptors (to take effect 1 July 2025)

### Category 8 – Miscellaneous services

#### Group M10 – Complex neurodevelopmental disorder and disability services

##### Subgroup 1 – Complex neurodevelopmental disorder and disability

###### 82030

Audiology, dietetic, exercise physiology, optometry, orthoptic or physiotherapy health service provided to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, 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 in person; 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, 93032, 93033, 93040 or 93041 apply may be provided to the same patient on the same day

Fee: \$102.60

Benefit: 85%

Extended Medicare Safety Net Cap (if applicable): 300%

###### Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

###### 82035

Audiology, dietetic, exercise physiology, 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, dietitian, exercise physiologist, 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 in person; and
- (c) the service is at least 30 minutes duration; and
- (d) on the completion of the course of treatment, the eligible audiologist, dietitian, exercise physiologist, 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

Fee: \$102.60

Benefit: 85%

Extended Medicare Safety Net Cap (if applicable): 300%

**Private Health Insurance Classification:**

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

**Category 8 – Miscellaneous services**

**Group M18 – Allied health telehealth services**

**Subgroup 15 – Complex neurodevelopmental disorder and disability telehealth services**

**93033**

Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by video attendance to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or 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 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

Fee: \$102.60

Benefit: 85%

Extended Medicare Safety Net Cap (if applicable): 300%

**Private Health Insurance Classification:**

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

**93036**

Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by video 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 audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or 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 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 audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or 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, 82020, 82025, 82035, 93035, 93043 or 93044 apply may be provided to the same patient on the same day

Fee: \$102.60

Benefit: 85%

Extended Medicare Safety Net Cap (if applicable): 300%

**Private Health Insurance Classification:**

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

## Subgroup 16 – Complex neurodevelopmental disorder and disability phone services

### 93041

Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology health service provided by phone attendance to a patient aged under 25 years by an eligible audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or 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 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

Fee: \$102.60

Benefit: 85%

Extended Medicare Safety Net Cap (if applicable): 300%

#### Private Health Insurance Classification:

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

### 93044

Audiology, dietetic, exercise physiology, occupational therapy, optometry, orthoptic, physiotherapy or speech pathology 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 audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist or 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 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 audiologist, dietitian, exercise physiologist, occupational therapist, optometrist, orthoptist, physiotherapist, or 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, 82020, 82025, 82035, 93035, 93036 or 93043 apply may be provided to the same patient on the same day

Fee: \$102.60

Benefit: 85%

Extended Medicare Safety Net Cap (if applicable): 300%

**Private Health Insurance Classification:**

- Clinical category: N/A (Not hospital treatment)
- Procedure type: N/A (Not hospital treatment)

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 factsheet is current as of the last updated date shown above and does not account for MBS changes since that date.