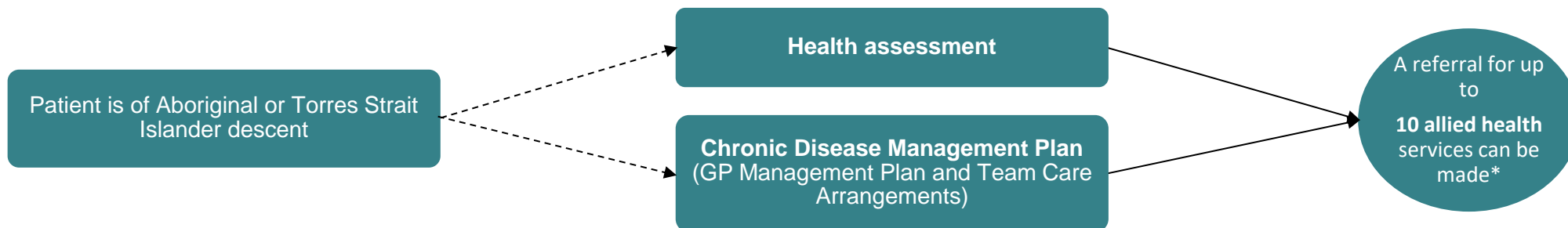




Flowchart for First Nations Australians accessing MBS individual allied health services

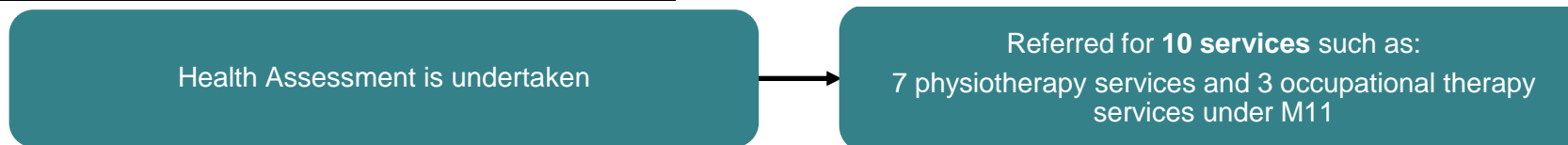
Referral pathway to access individual allied health services



* A collective **claiming cap of 10 services per calendar year** is applied to the individual allied health MBS items specified below:

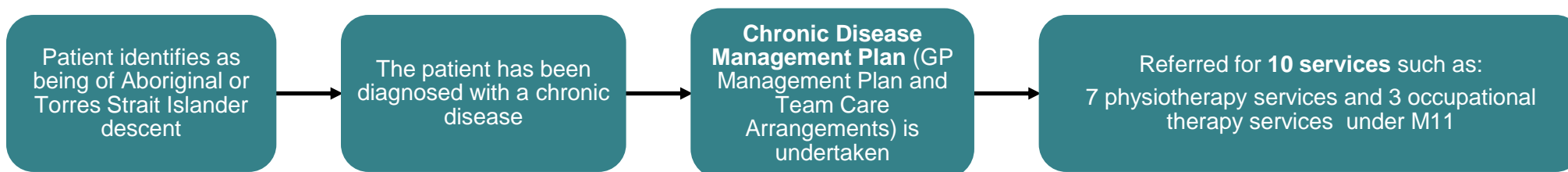
- [Group M11 - individual allied health services for patients of Aboriginal or Torres Strait Islander descent](#): 81300 – 81360, 93048 and 93061. A maximum of 10 services can be claimed in this group per calendar year.
- [Group M3 - individual allied health services for patients with a Chronic Disease Management Plan](#): 10950 – 10954, 10956, 10958, 10960 – 19070, 93000 and 93013. A maximum of 5 services can be claimed in this group per calendar year.

Example 1: Allied health services through a health assessment

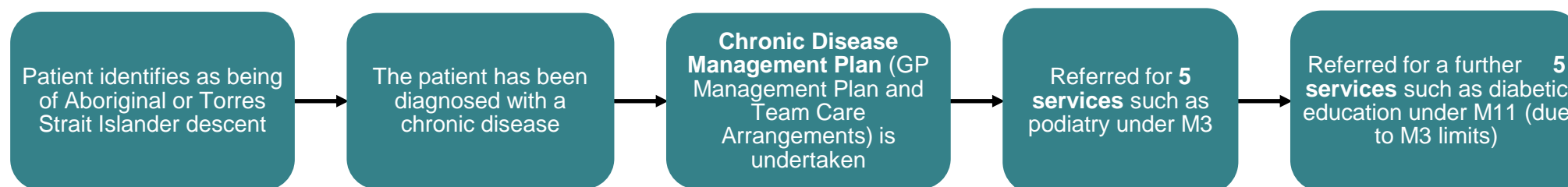


Example 2: Allied health services through a Chronic Disease Management Plan

Patient pathway example A:



Patient pathway example B:



Restrictions or requirements

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

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.