

How to Access Allied Health & Dental Service Medicare Rebates for Residents in Aged Care Facilities

Patients in Residential Aged Care Facilities (RACFs) can receive Medicare rebates for services provided by some allied health professionals (AHP) and dentists, where this is part of a multidisciplinary care plan for treatment of a chronic condition. Dental rebates are for treatment of a dental condition that is exacerbating the chronic disease. [*Chronic*: residents who have one or more medical conditions that have been present, or are likely to be present, for 6 months, or a terminal illness, and who would benefit from multidisciplinary care.]

- a) Up to 5 rebates are available per patient per year for allied health services (ie. 5 in total, not 5 per service type). In addition, up to 3 rebates are available per year for dental care.
- b) The rebate applies only to certain types of private services, which are registered with Medicare; for details contact your local Division of General Practice or phone Medicare Australia on 132 011.
- c) The Medicare schedule fee, as of November 2006, for allied health is \$55.05 with a rebate of \$46.80; and for dental care is \$91.70 with a rebate of \$77.95. Note, a gap fee may apply: resident/carer should check each service's individual charges. Out of pocket expenses contribute towards the Medicare Safety net. Government funded services are not eligible. Resident must choose either a Medicare rebate or private health insurance for the service, not both.

Steps	Other service task	GP task
1. RACF staff request GP to contribute to their care plan for the resident (or to a review of the plan).	<p>A care plan is developed by the RACF for every resident. The resident's 'usual' attending GP can be invited to make a contribution.</p> <p>The RACF should offer the GP a copy of the care plan, or relevant part. On receipt of the GP's contribution, the RACF can provide her/him with a copy of any resulting amendments to the plan.</p> <p>GP contribution should be documented in the RACF's plan.</p>	<p>GP should confirm the resident/carer's consent to the contribution.</p> <p>GP collaborates with the persons preparing the plan to set goals and specify treatment to be provided by the GP. Discussion can be face to face or by telephone.</p> <p>Contribution should be in writing; can be sent by fax, email or mail. Include a copy in your medical record for that resident.</p>
2. GP lodges Medicare claim for service.	For the resident to be eligible to access rebates for private allied health and/or dental care, the GP must <u>first</u> have lodged a claim with Medicare for an EPC care plan contribution.	The GP must lodge a claim for MBS item 731 (<i>see MBS explanatory notes A.22.38</i>) before the resident can access rebates – before the resident's first rebatable service.
3. Identify need for allied health and/or dental care.	RACF identifies need and appropriate service provider, and asks GP to write a referral as below. Obtain resident / carer's agreement to share information with other providers. Note the need (& name of service) on the care plan.	Or, GP identifies a care need and, having discussed with RACF an appropriate service provider, writes a referral as below. Obtain resident / carer's agreement to share information with other providers.
4. GP makes referral.	<p>See above for number of services (a), provider eligibility (b) and costs (c).</p> <p>Discuss whether GP will send the referral direct to the service or do this via the RACF.</p>	GP must use specific EPC referral form for allied health/dental care under Medicare. See www.health.gov.au/strengtheningmedicare or fax 02 6289 7120. Use separate form for <u>each</u> provider.
5. Service provided.	When registering with Medicare, AHPs & dentists receive guidelines on their claiming procedure.	The AHP / dentist must provide a written report to the GP after the service: see form for details.
6. Further/ongoing services.	<p>Facility and GP identify need for additional services and ensure the care plan is 'active' – that is, the GP has claimed EPC item 731 for a contribution or review in the last 2 years.</p> <p>Referrals can be written for further services (up to 5 allied health in total, and up to 3 dental) each calendar year.</p>	

