# Are You Eligible for Allied Health Medicare Rebates?

**Patient Information Sheet**

You may have heard that some people can now obtain Medicare rebates for services such as physiotherapy and podiatry. Medicare has strict criteria on who can use these services and how often the services can be used.

## Eligibility

Allied health service rebates under Medicare are only available for people with a chronic (long term) medical condition and complex care needs.

* A chronic condition has been, or is likely to be, present for at least six months.
* A person has complex care needs if they require ongoing care from a team consisting of their doctor and at least two other health or care providers.

## Other requirements

A person can only be referred for the allied health rebates if they are being managed by their usual doctor and have:

* A GP Management Plan (GPMP) outlining the person’s health care needs  
  **and**
* A Team Care Arrangements (TCA) document developed by the doctor with the patient and at least two other care providers involved in ongoing care of the patient.

The doctor must see the patient to complete both a GPMP and a TCA before the patient can claim the Medicare rebate for the allied health services.

Preparing a GPMP and a TCA takes time and involves the GP working with the patient and other providers. Doctors manage chronic illness in a variety of ways and not all doctors choose to use GP Management Plans and Team Care Arrangements.

## Eligible services

GPs can refer eligible patients to certain Medicare-registered private allied health services. Such as:

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| * Aboriginal health workers * Audiologists * Chiropractors * Chiropodists * Diabetes educators * Exercise physiologists | * Dieticians * Mental health workers (including some social workers) Occupational therapists * Osteopaths | * Physiotherapists * Podiatrists * Psychologists * Speech pathologists. |

## How many services?

People who meet the eligibility requirements can have a maximum of five allied health service rebates per calendar year (January–December).

More than one allied health service may be used, but the total number of services from all providers cannot exceed five per calendar year, for example, three podiatry visits plus two physiotherapy visits.

## How much will it cost?

Allied health professionals may set their own fees. The Medicare rebate is $56 (June 2023). When the fee charged is greater than the Medicare rebate, the patient is responsible for paying the difference. However, such out-of-pocket costs will count towards the Medicare safety net.

Patients with private health insurance need to decide if they will use Medicare or their health insurance to pay for these services. Patients cannot use private health insurance cover to ‘top up’ the Medicare rebate for these services.

## What type of service?

Services provided under the allied health Medicare items must be of at least 20 minutes duration and provided to an individual, not as part of a group. The only exception is patients with Type 2 Diabetes, who are also eligible for group sessions under this initiative.

The allied health provider must send a written report on the service to the patient’s GP.

## Practice details:

If you have any questions, speak with your GP **or** call the Medicare Australia Patient Enquiry Line **132 011**.