



Note: To be completed by referring GP or prescribed medical practitioner*

Select, if the patient has had a:

- Health assessment
 GP Management Plan AND Team Care Arrangements
 GP or prescribed medical practitioner contribute to or reviewed a multidisciplinary care plan prepared by the patient's residential aged care facility

GP or prescribed medical practitioner details

Provider number
 Name
 Address Postcode

Patient details

Medicare card number Patient's reference number
 First name Surname
 Address Postcode

Allied health professional patient referred to

Name or Type of provider
 Address Postcode

Referral details – Use a separate copy of the referral form for each **type** of service.

GPs and prescribed medical practitioners are encouraged to attach relevant information to the referral form.

Eligible patients may access Medicare rebates for a maximum of **10 referred allied health services (total) in a calendar year.**

Service Type	No. of Services	MBS Group M11
Aboriginal and Torres Strait Islander health service **		81300
Audiology health service		81310
Chiropractic health service		81345
Diabetes education health service		81305
Dietetics health service		81320
Exercise Physiology service		81315
Mental health service		81325
Occupational therapy service		81330
Osteopathy health service		81350
Physiotherapy health service		81335
Podiatry health service		81340
Psychology health service		81355
Speech Pathology health service		81360

Referring GP or prescribed medical practitioner's signature **Date**

The allied health professional must provide a written report to the referring GP or prescribed medical practitioner after the first and last service, and more often if clinically necessary. Providers should retain referrals for their services for 24 months from the date the service was rendered for Medicare auditing purposes.

* A prescribed medical practitioner is a medical practitioner other than a GP, specialist or consultant physician.

** Item 81300 Aboriginal and Torres Strait Islander health services are provided by Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners.

Information for Referring GP or Prescribed Medical Practitioners

Eligible Patients

A patient who is of Aboriginal or Torres Strait Islander descent may be referred for individual allied health services under items 81300 to 81360, 93048 and 93061 (MBS Group M11 and equivalent telehealth services) when the GP or prescribed medical practitioner:

- has undertaken a health assessment and identified a need for follow-up allied health services; or
- is managing the patient's complex care needs under a GP Management Plan and Team Care Arrangements or, if the patient is a resident of a residential aged care facility, the patient's GP or prescribed medical practitioner has contributed to a multidisciplinary care plan.

Why has this form changed?

The referral pathway for follow-up allied health services for people of Aboriginal or Torres Strait Islander descent has been streamlined so referrals for up to 10 services can be referred for using a single form. Previously there were separate referral pathways and referral forms to access 10 allied health services for patients identifying as Aboriginal or Torres Strait Islander descent following a health assessment, or a GP Management Plan and Team Care Arrangement or multidisciplinary care plan. From 1 March 2024, access to individual allied health services has been simplified so that there is a single referral form for people of Aboriginal or Torres Strait Islander descent who have either had a health assessment or are being managed under a GP Management Plan and Team Care Arrangement or multidisciplinary care plan.

How many services can be referred on this form?

Up to 10 services of the same service type can be referred on one form. A separate form is required for each service type (e.g. audiology, dietetics).

Note: There is an **annual limit of 10** (per calendar year) for individual allied health services per patient. These services can include a combination of the following items:

- up to 5 services under CDM items (10950 to 10954, 10956, 10958, 10960 to 10970, 93000 and 93013).
- up to 10 services under MBS Group M11 and equivalent telehealth services (81300 - 81360, 93048, 93061).

Why aren't the CDM items on this form?

A separate form is available to refer eligible patients, if required, to services under CDM items 10950 to 10954, 10956, 10958, 10960 to 10970, 93000 and 93013. These services are not specific for Aboriginal or Torres Strait Islander patients.

The *'Referral form for allied health services under Medicare for people of Aboriginal or Torres Strait Islander descent'*, which refers for services under items 81300 - 81360, 93048, 93061, is only for patients of Aboriginal or Torres Strait Islander descent.

If the patient only has a GP Management Plan and Team Care Arrangements or a multidisciplinary care plan, can a GP or prescribed medical practitioner refer any items from M11?

Yes, access to the items from Group M11 is allowed if the patient has had either a health assessment or is being managed under a GP Management Plan and Team Care Arrangements or a multidisciplinary care plan. The total number of referred allied health services must not exceed 10 in the calendar year.