

Medicare Allied Health Case Conference Item Numbers

There are case conferencing Medicare items through Better Access, Eating Disorder Treatment and Management Plans, Chronic Disease Management Plans, and Complex Neurodevelopmental Disorder and Eligible Disability schemes.

The item numbers differ for each scheme, as does the health professional required to coordinate these case conferences.

Case conferencing can be held in person, via telephone and via video conferencing using the same item code specific to the scheme you are seeing the client under.

All clients must have an applicable plan in place that allows them to receive rebates for either Better Access, Eating Disorder Treatment and Management, Chronic Disease Management, and Complex Neurodevelopmental Disorder and Eligible Disability schemes, respectively.

All case conferences must have a minimum of three health or allied health professionals in attendance. The items for participation in a case conference are time-tiered and can be used once every 3 months where clinically relevant. They can be provided more frequently in exceptional circumstances, defined as “a significant change in the patient's clinical condition or care requirements that necessitates the performance of the service for the patient.”

Time taken	Rebate	Better Access	Eating Disorder	Chronic Disease	Complex Neurodevelopmental Disorder or Eligible Disability
15-20 minutes	\$49.75	80176	80176	10955	82001
20-40 minutes	\$85.30	80177	80177	10957	82002
40+ minutes	\$141.85	80178	80178	10959	82003

Who has to coordinate the case conference?

Psychologists can only claim rebates to participate in case conferences, not organise them.

For the Better Access and Eating Disorder items, the case conference must be organised by a GP, other medical practitioner, consultant psychiatrist or consultant paediatrician and must include at least two other members of the multidisciplinary team, one of which can be a psychologist (three professionals in attendance as a minimum and must include the referring medical practitioner).

For the Chronic Disease items, a case conference must be organised by the medical practitioner and involve at least two other persons providing different kinds of care to the client.

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For clients with or suspected of having a complex neurodevelopmental disorder (such as autism), the items require that the team must include a paediatrician or psychiatrist. This would commonly be the practitioner who organises and coordinates the case conference.

If the client is referred due to an eligible disability (find the list of accepted disabilities [here](#)), they can be referred by a GP or a specialist such as a paediatrician or psychiatrist.

Does the client attend the conference as well?

The client can attend the case conference if the health professionals think that this is appropriate. They can also have a support person present such as a family member or carer. The client, family member or carer is not counted in the minimum number of health professionals that must attend a case conference. If they do not want to attend the case conference, this is also allowed if they have provided informed consent and you have recorded this consent in their file.

Better Access and Eating Disorder Case Conference Services

These items have been available since 1 July 2023. Further information can be found here [MBS Online - Mental Health Case Conferencing items](#).

Case conference items can only be used if:

- the patient is not an admitted patient of a hospital and;
- is referred for a psychological therapy health or focussed psychological strategies health service; or
- has an eating disorder treatment and management plan; and
- the client must be continuing to receive treatment from a multidisciplinary team, which includes one medical professional who is present at the case conference, as well as at least one other person providing care as part of the client's multidisciplinary team in addition to the practitioner claiming this item.
- the service is provided by a psychologist or clinical psychologist.

Mental health case conference requires that a multidisciplinary case conference team carries out all of the following activities relevant to a patient's mental health:

1. discussing the patient's history;
2. identifying the patient's multidisciplinary care needs;
3. identifying outcomes to be achieved by members of the multidisciplinary case conference team providing mental health care and service to the patient;
4. identifying tasks that need to be undertaken to achieve these outcomes and allocating those tasks to members of the multidisciplinary case conference team;
5. assessing whether previously identified outcomes (if any) have been achieved.

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Multidisciplinary Case Conferencing Items for Chronic Disease Management and Complex neurodevelopmental disorder and eligible disability

These items enable a Medicare benefit to be paid where allied health practitioners participate in case conferences to manage the care of clients who are accessing care under the Chronic Disease Management items and patients under the age of 25 years old accessing care under the complex neurodevelopmental disorder and eligible disability items. Participating health professionals are not required to have a preexisting relationship with the client; however, the client must consent to their participation.

Chronic or Terminal Disease Items

These items can be used for meetings regarding those who are residents in aged care facilities as well as those who are not. These can be used if the client has at least one medical condition that has been (or is likely to be) present for at least six months or is terminal and is not an admitted patient of a hospital.

[Further information.](#)

Changes to items for First Nations Australians

Currently, to access 10 allied health services per calendar year, First Nations Australians need either:

- A chronic condition management plan or for residents of an aged care facility, a multidisciplinary care plan; or
- A GP Health Assessment identifying the need for further services

The **up to 10 allied health services** per calendar year can be shared between

- (a) an eligible Aboriginal health worker;
- (b) an eligible Aboriginal and Torres Strait Islander health practitioner;
- (c) an eligible diabetes educator;
- (d) an eligible audiologist;
- (e) an eligible dietitian;
- (f) an eligible mental health worker;
- (g) an eligible occupational therapist;
- (h) an eligible exercise physiologist;
- (i) an eligible physiotherapist;
- (j) an eligible podiatrist;
- (k) an eligible chiropractor;

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- (l) an eligible osteopath;
- (m) an eligible psychologist; or
- (n) an eligible speech pathologist.

There will be no requirement to have both services.

Individual allied health services items and claiming limits

Psychology items are 10968 (face to face), 93000 (video), and 93013 (telephone) for Chronic Disease Items and 81355 (face to face), 93048 (video), and 93061 (telephone) for Allied Health Services for First Nations Australians.

To refer for up to 10 allied health services, GPs/Prescribed medical practitioners should refer using the Referral requirements listed [here](#).

Allied Health professionals will be able to provide up to 10 MBS eligible services per patient, per calendar year, with a valid referral.

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