

Australian Government
Department of Health and Ageing

**AUTISM OR ANY OTHER PERVASIVE
DEVELOPMENTAL DISORDER (PDD)
MEDICARE SERVICES**

**Questions and answers arising from the seminar
series presentations in all States/Territories - some
answers may have been modified to take account of most
current information**

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1 GENERAL

1.1 Is there a standard publication as recommended reading for allied health professionals and parents and carers of children with autism or any other pervasive developmental disorder?

Yes. Roberts Jacqueline M A.; & Prior Margo (2006) *Autism: A Review of the Research to Identify the Most Effective Models of Practice in Early Intervention for Children with Autism Spectrum Disorders and Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice*. (Funded by the Department of Health and Ageing)

An electronic version of these guidelines can be downloaded from the Department of Health and Ageing website at –

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-r-autrev>

A smaller complementary document *Early Intervention for Children with Autism Spectrum Disorders: Guidelines for Best Practice* (Prior & Roberts, 2006) is also available from the Department of Health and Ageing website at –

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-autbro>

Hard copy versions of both these publications can be requested by emailing – mentalhealth@health.gov.au There is no cost for these publications.

1.2 When will the information be available regarding the Autism Advisers (FaHCSIA) and what will they be basing their assessments on?

It is expected that the Advisers will be available from late September 2008. Information about advisers will be posted on the FaHCSIA web-site:

http://www.fahcsia.gov.au/internet/facsinternet.nsf/disabilities/services-help_child_autism.htm and by email asd@fahcsia.gov.au

2 PROVIDER ELIGIBILITY

2.1 Do allied health professionals need to meet extra credentialing requirements in order to provide the PDD Medicare items?

No. Psychologists, speech pathologists and occupational therapists who are currently registered with Medicare Australia to provide Medicare services under the Enhanced Primary Care (EPC) program will be able to provide the PDD Medicare items.

In addition to meeting the requirements to register with Medicare Australia, it is expected that eligible providers will “self-select” for the pervasive developmental disorder items (that is, possess the skills and experience appropriate for provision of these services and be oriented to work with children with PDD).

2.2 Is there a list of allied health professionals who specialise in services for children with autism?

The following peak bodies will be able to provide you with this information.

Australian Psychological Society:

Website: www.psychology.org.au

Phone: 1800 333 497

OT Australia

Website: www.ausot.com.au

Phone: (03) 9415 2900

Speech Pathology Australia

Website: www.speechpathologyaustralia.org.au

Phone: (03) 9642 4899

2.3 Why is minimum training not being made mandatory for allied health professionals who will use the MBS PDD items?

The autism items were designed on the basis that professionals with existing skills and experience would be able to self-select to provide the services.

Allied health professionals are already credentialed by their respective organisations. Limiting access to only certain credentialed professionals from any given organisation would further reduce the availability of scarce allied health services. Peak organisations have therefore been encouraged to consider voluntary methods, such as publicly listing credentialed professionals, to ensure quality of care.

Peak organisations for the relevant allied health professionals have indicated that they would seek to identify what training is available in each State and Territory to help providers to better work with children with autism and to make information available to clinicians and families regarding which of their members have completed such training.

2.4 Other allied health provider groups, for example physiotherapists, also provide services to some children with PDDs. Why are these allied health professionals not included?

The Department created a package, including the initial costings, with the three main provider groups in mind. This issue was then raised during the development of the items. However, it was felt that it would not be appropriate to begin introducing additional allied health groups as this would have an impact on the overall package. This is something the Department would be willing to review once the items are bedded down.

3 ELIGIBLE SERVICES

3.1 Some rural-based children can only see a certain allied health provider and a paediatrician (due to availability). Can they still claim the treatment sessions?

PDD Allied Health MBS treatment items are available on referral, only to Occupational Therapists, Speech Pathologists or Psychologists.

4 REFERRAL REQUIREMENTS

4.1 Do GPs working in rural and remote areas have to refer to Consultant Physicians?

Yes. GPs, regardless of whether they are based in urban or rural/remote areas, are required to refer the child to a consultant physician before the child can access any of the PDD Medicare item pathways. Access to the PDD Medicare treatment items is triggered by eligible consultant paediatricians MBS item 135 or consultant psychiatrists MBS item 289.

4.2 What is the timeframe for the validity of the MBS items for diagnosis/assessment of the child and the treatment plan?

The assessment/diagnosis and treatment plan must be completed before the child's 13th birthday. Treatment services may be provided up to the child's 15th birthday.

4.3 How will the twenty treatment services be divided among eligible allied health professionals?

The paediatrician or psychiatrist, in consultation with parents and carers and the allied health service providers may negotiate on how the twenty services may best be provided to achieve the goals established in the treatment plan. There may be ongoing discussion between the allied health providers and the paediatrician or psychiatrist.

4.4 Who keeps track of the twenty treatment services? How will the allied health service provider know how many of the original twenty treatments remain?

Medicare Australia will record the number of treatment services accessed. Allied health professionals can clarify the number of treatment services a child has remaining by calling the Medicare Australia helpline on 132 150. It will not be necessary for the child to be present when this call is made, but the allied health professional will need to provide key information (eg. provider number) that proves he/she is a recognised medical practitioner.

4.5 Are allied health professionals expected to report back to the psychiatrist or paediatrician? What is involved in written reports?

Yes, allied health professionals are required to provide the referring consultant physician with a written report on the child's progress after every course of treatment that they provide to the child. For these items, a course of treatment involves the number of services specified on the patient's referral, up to a maximum of ten (of the twenty services available in total).

A concise report must inform the assessment decision, must be interpretive and must assist the paediatrician or psychiatrist to draw a conclusion on the benefits of the treatments. This activity is not reimbursed separately but is included in the fees/rebates totals. The actual requirements of a written report showing assessments, treatments and recommendations are described in the explanatory notes in the Medical Benefits Schedule Allied Health booklet. The Allied Health booklet can be accessed on line at www.health.gov.au/epc regarding what needs to be included on the receipt. A copy can be also requested by sending an email to epc.items@health.gov.au

4.6 What item does the paediatrician or psychiatrist bill following the non-voluntary review after ten services, or where a review is requested by the parent or carer?

The specialist can bill MBS items 116 to 131.

4.7 Can children with complex developmental problems that are not consistent with a PDD be provided with a PDD treatment plan so as to enable access to allied health professionals for treatment of their condition?

MBS items 135 & 289 are specifically for children – aged under 13 years – with PDD conditions. Where diagnosis indicates the child has a PDD it is expected that the child will be managed under an MBS item 135 or 289 to enable access to the allied health treatment services. Where diagnosis indicates the child has developmental and behavioural problems that are not consistent with PDD, then access to the allied health treatment services would not be deemed appropriate and the child could be managed under an item 132.

4.8 Should the treatment plan include all twenty referrals?

Referrals to allied health professionals (for assessment and treatment services) are to be managed by the treating consultant physician. The consultant physician should monitor the number of allied health services being provided to children and may wish to record this information in the treatment plan.

4.9 The guidelines for the allied health PDD treatment services indicate that an allied health professional has to report back to the referring consultant physician, on the child’s progress, after ten services have been provided. Will a new referral be required for the child to receive further PDD treatment services from the allied health professional?

The explanatory notes for the allied health PDD items state that “For the purposes of these services, a course of treatment will consist of the number of services stated on the child’s referral (up to a maximum of 10)”

If the referral from the consultant physician specifies that 10 (or less) treatment services are to be provided by the allied health professional, then the report must be sent back to the consultant physician after the last of these services has been provided to the child. Should the consultant physician decide that the child can have further treatment services with the allied health professional, then a new referral will be required.

If the initial referral to the allied health professional is for more than 10 treatment services, then the report back to the consultant physician must be provided after the child has received the tenth PDD treatment service. The allied health professional will not need a new referral in order to provide the remaining treatment services, but should check with the consultant physician that he/she has read the report, is happy with the child’s progress and that the child should still receive the remaining services. A phone call to the consultant physician and a record on the child’s notes, would be sufficient for this process.

If the consultant physician has not specified the number of treatment services to be provided on the referral (or in the child’s treatment and management plan) then the allied health professional should make contact with the consultant physician to clarify the matter.

4.10 What if the GP refers a child to a paediatrician without indicating that the child may have an autism spectrum disorder. Will the specialist have to refer the child back to the GP for another referral?

No. The paediatrician can still make a diagnosis and then trigger the necessary PDD assessment items, including seeking advice from one or more of the allied health professionals to assist with the diagnosis and assessment of the child and the development of the treatment and management plan.

4.11 What happens if a paediatrician employed in the public system has already diagnosed a child with autism. Can the GP initiate the next step in the process?

Yes. In order to access the Medicare diagnostic and treatment services, the child must be referred by the GP to a paediatrician or psychiatrist for diagnosis and assessment. It is up to the specialist whether to accept the previous diagnosis, or not.

5 CLAIMING RESTRICTIONS

5.1 If a paediatrician writes a treatment plan that identifies the need for particular allied health services, but this type of allied health professional is not available in the area at the time, can the paediatrician refer the child at a later time – using some of the unused four assessment services – should that allied health professional become available?

Yes. Unused allied health assessment items can be provided to the child, where provision of these services is deemed necessary for revision/ further development of the PDD treatment and management plan.

Unused allied health assessment services cannot, however, be used for the purpose of providing additional treatment to the child.

5.2 If the Treatment Plan has been prepared without using all the four assessment/diagnosis allied health service items, can these items be used in addition to the twenty treatment items.

Unused allied health assessment items can be provided to the child, after the child has received a PDD treatment and management plan, where provision of these services is deemed necessary for revision/ further development of the PDD treatment and management plan.

Unused allied health assessment services cannot, however, be used for the purpose of providing additional treatment to the child.

5.3 Is there a time limit in place for when an MBS item 135 can be claimed after a previous claim has been made for MBS item 110 to131?

No, provided the child is under 13 years at the time MBS item 135 is claimed.

5.4 Can the assessment services undertaken by an allied health provider be claimed retrospectively from Medicare?

No. The allied health provider may communicate the results of a previous assessment of the child to the GP or consultant physician but assessments or treatment cannot be claimed retrospectively.

5.5 Treatment is often around certain ages of the child's development, e.g. 2 to 4 years, then when starting school. What will happen if the twenty treatment services are used in one stage e.g. 2 to 4 years?

Ultimately, the rate of usage will be determined by the parent or carer in consultation with the physician. The hope is that earlier intervention will improve circumstances for that child through later stages of life, but this does not preclude services being accessed by those whose symptoms become apparent later, or who experience more significant problems at a later date.

5.6 Is there any scope for Medicare payments to be made for PDD case conferencing under PDD sessions?

Not at this time. The Department will monitor feedback and if it continues to be an issue and it can be demonstrated the children are not progressing as well as they might because of this, we shall re-consider this issue.

5.7 Is there any way the allied health provider can see a child for the 50 minute diagnosis or 30 minute treatment sessions and then charge for another diagnosis or treatment session on top of that?

There is no general limitation on the maximum number of hours per day an allied health professional can spend providing Medicare services for PDD, as long as those services are appropriately referred by a consultant paediatrician or psychiatrist.

The Medicare Benefits Schedule provides the following guidance in relation to multiple attendances under A.4:

Payment of benefit may be made for each of several attendances on a patient on the same day by the same medical practitioner provided the subsequent attendances are not a continuation of the initial or earlier attendances.

However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.

Where two or more attendances are made on the one day by the same medical practitioner the time of each attendance should be stated on the account (e.g. 10.30 am and 3.15 pm) in order to assist in the assessment of benefits.

In some circumstances a subsequent attendance on the same day does in fact constitute a continuation of an earlier attendance. For example, a preliminary eye examination may be concluded with the instillation of a mydriatic and then an hour or so later eye refraction is undertaken. These sessions are regarded as being one attendance for benefit purposes. Further examples are in the case of skin sensitivity testing, and the situation where a patient is issued a prescription for a vaccine and subsequently returns to the surgery for an injection

Allied health professionals should have regard to these guidelines when considering whether to claim multiple attendances on the same patient on the same day. It should be noted that there is nothing to preclude several allied health professionals from undertaking multiple diagnostic interventions on the same day in a team-based assessment.

5.8 There is no provision for group allied health sessions under the PDD Medicare items. Can allied health professionals run sessions involving multiple providers and multiple children, provided appropriate treatment is offered and one provider has responsibility for one child during the session?

No. The PDD Medicare items are intended to be provided by single allied health professionals to the child *individually* and in person.

5.9 Why is there a limit of four diagnostic/assessment services and twenty treatment services?

The Medical Benefits Schedule (MBS) items were developed with an understanding that a finite workforce is in place to deliver the services. Allied health professionals are also in demand by people with other conditions. The limitation on the services is also consistent with the overall strategy of limiting the number of items per child so that more children can access the limited allied health workforce and benefit from this measure.

The MBS items are not intended to provide a comprehensive service for children with Autism and any other Pervasive Developmental Disorder (PDD), and are complemented with other elements of the *Helping Children with Autism* package and many other services available in both the private and public sectors. These services include programs for PDDs offered by State and Territory Governments, financial and other forms of assistance for people with disabilities or serious medical conditions (Centrelink) and support offered by State and Territory autism associations.

5.10 Why does the rebate not allow for other models of assessment or treatment, such as a specific ‘best practice’ model which requires at least 3 – 4 hours for assessment?

The Department of Health and Ageing sought advice on the development of the care models from the relevant peak bodies. Discussions were held on the most appropriate methods to diagnose and treat children with PDDs under Medicare.

A single allied health professional is generally precluded from claiming multiple consecutive attendances on a patient on the same day over 3 to 4 hours. However, there is nothing to preclude several allied health professionals from undertaking multiple diagnostic interventions on the same day in a team-based assessment.

5.11 Under the new PDD MBS items, consultant physicians are responsible for making a diagnosis of autism, while psychologists and other allied health professionals can only assist the consultant physician in making the diagnosis. Why?

The Australian Government recognises the important collaborative role that psychologists and other allied health professionals have in the diagnosis and treatment of PDDs, as demonstrated by the development of new MBS items for allied health professionals. For the purposes of the Medicare items it was necessary to identify the individual medical practitioner who would take responsibility for the diagnosis and the development of the

treatment plan. It was also appropriate to position medical practitioners as the coordinators of the patient's care, as they can deal with both physical and mental health issues, in addition to the management of any pharmaceutical interventions. This approach is consistent with the structure of the MBS and other similar items.

5.12 What will happen if the child's condition is in need of review? Should there be a specific item for the paediatrician or psychiatrist to review the child's condition?

A consultant paediatrician or psychiatrist can review the child's condition under normal consultation items (*which excludes item 291/293/359 if a new referral for allied health services is going to be generated*). Further information about the negotiation process in respect of a review item for consultant physicians is available through the relevant peak body or the AMA.

The child can be referred back to the consultant paediatrician or psychiatrist for review at any time. However, this does not change the limit of four services for diagnosis or twenty services for treatment. A normal course of treatment comprises up to ten PDD allied health services.

6 LINKS TO OTHER INITIATIVES

6.1 Will children with Autism Spectrum Disorders still be able to [be] referred to Better Access through 2710?

The PDD Medicare items are distinct from — and in addition to — the Better Access mental health items. For a child to access the Better Access items, however, they must be assessed as having a mental disorder and it is expected that treatment under Better Access will be specifically for that mental disorder. The Better Access items are not seen as being appropriate services for the treatment of PDD conditions and such treatment should be reserved for the PDD items.

6.2 Is it possible for GPs to use the case conferencing provisions of the Enhanced Primary Care (EPC) program to liaise with the Paediatrician or psychiatrist?

No.

6.3 Do the referrals and costs of the PDD services claimed through Medicare contribute to the child's safety net?

Yes. This includes PDD Medicare services provided by both consultant physicians and allied health professionals.

6.4 If at the consultation, the paediatrician or psychiatrist identifies co-morbidity (i.e a mental disorder), can the child be referred for items under Better Access?

Yes. The PDD Medicare items are distinct from — and in addition to — the Better Access mental health items. For a child to access the Better Access items, however, they must be assessed as having a mental disorder and it is expected that treatment under Better Access will be specifically for that mental disorder. The Better Access items are not seen as being appropriate services for the treatment of PDD conditions and such treatment should be reserved for the PDD items.