



Changes to MBS items related to Complex Neurodevelopmental Disorders and eligible disabilities

Last updated: 02 February 2023

- From 1 March 2023, changes will be made to Medicare Benefits Schedule (MBS items) for Complex Neurodevelopmental Disorders, such as Autism Spectrum Disorder as well as changes for items for eligible disabilities.
- These changes are as a result of recommendations from the MBS Review Taskforce (Taskforce) and will apply across relevant items for specialists, consultant physicians, GPs and Allied Health practitioners.

What are the changes?

- Changes will be made across all the medical practitioner items for diagnosis of a Complex Neurodevelopmental Disorder including the development of a treatment and management plan, and Allied Health items for assessment and treatment services provided to patients with a possible or diagnosed Complex Neurodevelopmental Disorder or eligible disability.

Changes to Medical Practitioner Items for Development of Assessment and Treatment and Management Plan

- Changes to MBS items 135 (consultant paediatrician) and 289 (consultant psychiatrist) include:
 - The age eligibility for these items has increased from under 13 years to under 25 years for patients diagnosed with a Complex Neurodevelopmental Disorder.
 - Terminology has been updated from 'Pervasive Developmental Disorder' to 'Complex Neurodevelopmental Disorder' to reflect contemporary language.
- Changes to MBS items 137 (specialists and consultant physicians) and 139 (GPs)
 - The age eligibility for these items has increased from under 13 years to under 25 years for patients diagnosed with an eligible disability; and
 - The list of eligible disabilities has been expanded to include Fetal Alcohol Spectrum Disorder (FASD), Lesch-Nyhan Syndrome, and 22q deletion syndrome.
- For private health insurance purposes, there are no changes to clinical category and procedure type.



Please Note:

- MBS items 135 and 289 originated under the *Helping Children with Autism Program* which were early intervention services for children undergoing diagnosis or treatment for autism or another Complex Neurodevelopmental Disorder.
- MBS items 137 and 139 originated under the *Better Start for Children with Disability Program* which were early intervention services for children with an eligible disability, allowing children to access diagnostic, assessment and treatment services.
- Following a diagnosis of Autism Spectrum Disorder or disability, funding was available through the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) for individuals aged 0-6 years.
- At present funding for both the *Helping Children with Autism* and *Better Start for Children with Disability* programs have transitioned to the National Disability Insurance Scheme.

Changes to Allied Health Assessment and Treatment Items:

- Changes to Allied Health assessment items (82000, 82005, 82010, 82030, 93032, 93033, 93040 and 93041) include:
 - The number of assessment services has increased from four to eight per lifetime (review and agreement by the referring eligible medical practitioner is required before the same eligible Allied Health practitioner can provide more than four assessment services to the patient); and
 - Allied Health inter-disciplinary referrals are permitted (in consultation and agreement with the referring eligible medical practitioner).
- Changes to Allied Health assessment and treatment items (82000, 82005, 82010, 82015, 82020, 82025, 82030, 82035, 93032, 93033, 93035, 93036, 93040, 93041, 93043 and 93044) include:
 - The age eligibility of patients has increased from under 13 years for assessment services and under 15 years for treatment services, to under 25 years for both; and
 - The list of eligible disabilities has been expanded to include FASD, Lesch-Nyhan Syndrome, and 22q deletion syndrome.
- For private health insurance purposes, there are no changes to clinical category and procedure type.

Why are the changes being made?

The Australian Government is making changes to ensure they align with contemporary clinical best practice.



These changes address recommendations endorsed by the Taskforce across three clinical reports, including the Allied Health Reference Group (AHRG) as part of the Primary Care report, the Reports of the Psychiatry Clinical Committee (PCC) and Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC) relating to MBS services for the assessment and development of treatment and management plans for children and young adults diagnosed with Complex Neurodevelopmental Disorders or eligible disabilities.

More information about the Taskforce and associated Committees is available under the [Medicare Benefits Schedule Review](#) on the [Department of Health and Aged Care website](#). A full copy of all Clinical Committee final reports can be found at [MBS Review – Clinical committee reports](#).

What does this mean for providers?

Providers will need to familiarise themselves with the changes to these items, explanatory notes and associated rules. Further information for specific practitioners is available in the Quick Reference Guides. These items can be processed once in a lifetime.

A patient's eligibility for an item with frequency restrictions should be checked online using the MBS items checker in the Health Professional Online Services (HPOS) prior to providing a service. HPOS is a fast and secure way for health professionals and administrators to check if a patient is eligible for a Medicare benefit for a specific item on the date of the proposed service. This system will return advice that the item is payable or not payable.

Services Australia has published a guide on how to use this service which can be found at the following link: www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/using-mbs-items-online-checker-hpos

Please note that the HPOS system is managed by Services Australia. AskMBS cannot comment on its content or management. For any future enquiries relating to HPOS, please contact Services Australia on 132 150 and select Option 6 - electronic claiming or Health Professional Online Services (HPOS).

It is the responsibility of the practitioner to ensure they understand the requirements and regulations which are outlined in the item descriptors and explanatory notes for each item. From 1 March 2023, the item descriptors, explanatory and associated notes can be found at MBS online.

How will these changes affect patients?

Effective 1 March 2023, the Australian Government is expanding eligibility criteria for patient rebates for assessment and diagnosis of a Complex Neurodevelopmental Disorder or eligible disability. These changes will directly improve access and promote quality care by supporting safe clinical practice and reflect contemporary best practice regarding access to services for



children and young adults with Complex Neurodevelopmental Disorders and eligible disabilities.

Who was consulted on the changes?

These changes address recommendations endorsed by Taskforce across three clinical reports, including the Allied Health Reference Group (AHRG) as part of the Primary Care report, the Reports of the Psychiatry Clinical Committee (PCC) and Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC). Extensive consultation on these reports was undertaken as part of the MBS Review.

Feedback was also received from a broad range of stakeholders including the Psychiatry Implementation Liaison Group (ILG), Allied Health ILG and the Neurodevelopmental and Behavioural Paediatric Society of Australasia (NBPSA).

Consultation relating to the changes to the medical practitioner items was undertaken through the Psychiatry ILG between March and June 2022 as well as with relevant medical peak bodies directly. Members of the ILG included the Royal Australian and New Zealand College of Psychiatrists, National Association of Practising Psychiatrists, Australian Medical Association (AMA), Australian Private Hospitals Association (APHA), Australian Psychological Society (APS), Private Healthcare Australia (PHA), Royal Australian College of General Practitioners (RACGP) and Australian College of Rural and Remote Medicine (ACRRM).

Consultation on the changes to Allied Health items was undertaken through the Allied Health ILG between July and November 2022. Members of the ILG included Audiology Australia, Australian Autism Alliance, AMA, Australian Physiotherapy Association, Australian Podiatry Association, APS, Indigenous Allied Health Australia, NBPSA, Occupational Therapy Australia, Orthoptics Australia, Osteopathy Australia, RACGP, Services for Australian Rural and Remote Indigenous and Allied Health and Speech Pathology Australia.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care regularly reviews the usage of new and amended MBS items in consultation with the profession. All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.



The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.