

Medicare and Private Health Insurance Item Numbers

Medicare

Umbo clients are able to claim from Medicare if they have a care plan from their GP. Clients are required to pay their invoice from Umbo upfront, and then take their payment receipt to Medicare. Medicare item numbers are not automatically added to each receipt, the client will need to make Umbo aware that they wish to make a claim.

Occupational Therapy - item no 10958

Occupational therapy health service¹ provided to a person by an eligible occupational therapist if:

- a) the service is provided to a person who has:
 - i. a chronic condition; and
 - ii. complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and
- c) the person is referred to the eligible occupational therapist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- d) the person is not an admitted patient of a hospital; and
- e) the service is provided to the person individually and in person; and
- f) the service is of at least 20 minutes duration; and
- g) after the service, the eligible occupational therapist gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - i. if the service is the only service under the referral - in relation to that service; or
 - ii. if the service is the first or the last service under the referral - in relation to that service; or

¹ <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10958&qt=item>

- iii. if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and
- h) for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit;

- to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538 apply) in a calendar year

Fee: \$68.20

Benefit: 85% = \$58.00

Speech Therapy - item number 10970

Speech pathology health service² provided to a person by an eligible speech pathologist if:

- a) the service is provided to a person who has:
 - i. a chronic condition; and
 - ii. complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under a shared care plan or under both a GP Management Plan and Team Care Arrangements or, if the person is a resident of an aged care facility, the person's medical practitioner has contributed to a multidisciplinary care plan; and
- b) the service is recommended in the person's Team Care Arrangements, multidisciplinary care plan or shared care plan as part of the management of the person's chronic condition and complex care needs; and
- c) the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that contains all the components of the form issued by the Department; and
- d) the person is not an admitted patient of a hospital; and
- e) the service is provided to the person individually and in person; and
- f) the service is of at least 20 minutes duration; and
- g) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - i. if the service is the only service under the referral - in relation to that service; or

² <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10970&qt=item>

- ii. if the service is the first or the last service under the referral - in relation to that service; or
- iii. if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably expect to be informed of - in relation to those matters; and

h) for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit;

- to a maximum of five services (including any services to which items 10950 to 10970, 93000, 93013, 93501 to 93513 and 93524 to 93538 apply) in a calendar year

Fee: \$68.20


Benefit: 85% = \$58.00

Private Health Insurance

Clients can claim from their private health insurance and may need the following item numbers to claim. Clients are required to pay their invoice from Umbo upfront, and then take their payment receipt to their private health insurer. The information below is taken from the [HICAPS website](#)

Occupational Therapy

**Occupational Therapists
Item Number Guide**



Note: This is the listing of Occupational Therapy item numbers to be utilised for HICAPS claims processing which has been developed in conjunction with OT AUSTRALIA.

TYPE OF INTERVENTION

ITEM NUMBER	FULL DESCRIPTION	ABBREVIATED DESCRIPTION
100	Initial Individual Assessment/Treatment	INITIAL CONSULT
200	Individual Assessment/Treatment – Subsequent to Initial	CONSULTATION
250	Individual Assessment/Treatment – Long Consultation	>30M SUBSQ INDV
300	Group Assessment/Treatment	GROUP ASSESSMENT

Note: Indicator codes representing the PRIMARY CONDITION and DIAGNOSTIC INTERVENTION must be keyed in the Clinical Code field.

PRIMARY CONDITION

INDICATOR	PRIMARY CONDITION
1	Cognition – Disorders of intellectual/cognitive skills which are acquired or developmental in origin. Note: Excludes issues relating to content of thought or ideation such as cognitive beliefs or delusions.
2	Behaviour Issues – Disorders where the focus is on misconduct, overt behaviours and a-typical responses whether of acquired, developmental or affective origin. Note: Difficult to ascribe at time because “behaviour” is common to all disorders, but this is where the behaviour issue is primary.
3	Adjustment – Disorders where the focus is on the individual’s inability to manage life events or changed circumstances.
4	Head and Trunk Control – Motor, neuromuscular, perceptual and sensory functions that enable the functions of head control, sitting and rolling.
5	Upper Limb Function – Neuromuscular, musculoskeletal and perceptual functions that enable the functions of the upper limb (including reaching, grasping, releasing and manipulation).
6	Lower Limb Function – Neuromuscular, musculoskeletal and perceptual functions that enable the functions of the lower limb (including standing and gait).
7	Neuropathic Pain – Pain which is primarily neuropathic in origin. Note: Pain associated with other dysfunction is not included.
8	Respiratory Function – Issues relating to optimal ventilation and gas exchange and improved exercise capacity.
9	Cardiovascular Function – Maintaining or enhancing exercise tolerance.

Speech Therapy

Speech Pathologists Item Number Guide		+ HICAPS +
<p>Note: This is the listing of Speech Pathology item numbers utilised for HICAPS claims processing which has been developed in conjunction with Speech Pathology Australia.</p>		
ITEM NUMBER	FULL DESCRIPTION	ABBREVIATED DESCRIPTION
310	Initial individual consultation/assessment up to 45 minutes	INITIAL TO 45 MINS
320	Initial individual consultation/assessment 46 – 90 minutes	INITIAL 46 – 90 MINS
330	Initial individual consultation/assessment over 90 minutes	INITIAL OVER 90 MINS
340	Subsequent individual consultation/assessment/treatment up to 45 minutes	SUBS TO 45 MINS
350	Subsequent individual consultation/assessment/treatment 46 – 90 minutes	SUBS 46 – 90 MINS
360	Subsequent individual consultation/assessment/treatment over 90 minutes	SUBS OVER 90 MINS
370	Group treatment up to 45 minutes	GROUP TO 45 MINS
380	Group treatment 46 - 90 minutes	GROUP 46 – 90 MINS
390	Group treatment over 90 minutes	GROUP OVER 90 MINS