



**GROUP ALLIED HEALTH SERVICES UNDER MEDICARE
For Patients with Type 2 Diabetes
INFORMATION FOR PROVIDERS**

Summary

- People with type 2 diabetes can receive Medicare rebates for group services provided by eligible diabetes educators, exercise physiologists and dietitians, on referral from a GP.
- Patients who will most benefit from group services are likely to be those who demonstrate a readiness to change, are able to contribute to group processes effectively and have a potential for self management.
- Group services are in addition to the five individual allied health services available to eligible patients who have a chronic or terminal condition.
- If a provider accepts the Medicare benefit as full payment for the service, there will be no out-of-pocket cost. If not, the patient will have to pay the difference between the fee charged and the Medicare rebate.

Eligible patients

A patient must have type 2 diabetes. Before referring patients, the GP must put in place:

- a GP Management Plan – item 721; or
- for a resident of a residential aged care facility, the GP must have contributed to, or reviewed, a care plan prepared by the residential aged care facility (item 731).

GPs are also encouraged to attach a copy of the relevant part of the patient's care plan to the referral form that is forwarded to the allied health provider.

Patients being referred for allied health group services under items 81100 to 81125 do not need to have a Team Care Arrangements service (item 723). However, if the GP also wishes to refer the patient for individual allied health services under items 10950 to 10970, this service must be in place in order to meet the eligibility requirements of those items.

Eligible allied health providers

Only diabetes educators, exercise physiologists and dietitians who are registered with Medicare Australia are eligible to provide group services.

Referral forms

To access group allied health services, patients must be referred by their GP to an eligible allied health provider for an initial assessment.

Patients need to be referred by their GP using the referral form issued by the Department of Health or a form that contains all the components of the Department's form.

Allied health services

There are two elements to provision of allied health services under these items - an initial assessment of individual patients, followed by provision of group services.

Assessment for group services (items 81100, 81110 and 81120)

- Must be undertaken by an eligible diabetes educator, exercise physiologist or dietitian, on referral from a GP (see above).
- Must be provided to an individual patient in person.
- Involves taking a comprehensive patient history, identification of individual goals and preparing the patient for an appropriate group services program. This may also provide an opportunity to identify any patient who is likely to be unsuitable for group services.
- Patients are eligible for one allied health assessment for group services (item 81100 or 81110 or 81120) per calendar year. If there is any doubt whether a patient has already claimed the maximum number of assessment or group services items in the calendar year, the allied health provider can check with Medicare Australia on 132150.
- The service must be at least 45 minutes duration.

While the initial assessment can be undertaken by a diabetes educator (81100), exercise physiologist (81110) or dietitian (81120), it is intended to be generic in nature, covering factors relevant to all three professions. Patients can then be directed to any combination of group services. The Australian Diabetes Educators Association, Exercise and Sports Science Australia and the Dietitians Association of Australia have developed a generic assessment checklist that may be useful in undertaking the assessment of patients. The checklist is available on their respective websites.

To direct patients to group services, the allied health provider undertaking the assessment will need to complete Part B of the referral form. This form is required by each provider of group services. A Medicare rebate is only payable for one allied health assessment service each calendar year.

Group services (items 81105, 81115 and 81125)

- The patient must be assessed as suitable for group services, using items 81100, 81110 or 81120, before group services can be undertaken.
- Must be provided to a person who is part of a group of between 2 and 12 persons.
- The provider/s of the group services program must keep an attendance record.
- Patients are eligible for a maximum of eight group services per calendar year.
- Each service must be at least 60 minutes duration.

Where clinically relevant, up to two group services may be provided consecutively on the same day by the same allied health provider.

Allied health group services may be delivered by one type of allied health provider (eg eight diabetes education services) or by a combination of providers (eg three diabetes education services, three dietitian services, and two exercise physiology services).

An eligible allied health provider with more than one Medicare provider number (eg for the provision of diabetes education and dietetics) may provide separate services under each of these provider numbers.

In some areas, different types of group services may be offered by allied health providers (eg courses targeting newly diagnosed patients, refresher courses, or courses covering specific types of treatment and self management).

Reporting requirements

On completion of both the assessment for group services and the group services program, each allied health provider must provide, or contribute to, a written report back to the referring GP for each patient.

After the assessment service, the allied health provider should supply the GP with a written report outlining the assessment undertaken, whether the patient is suitable for group services and, if so, the nature of the group services to be provided.

After the group services program, the allied health provider should supply the GP with a written report describing the group services provided for the patient and indicating the outcomes achieved.

More Information

The explanatory notes and item descriptors for these items are in the Medicare Benefits Schedule (MBS) available online at: <http://www.mbsonline.gov.au/>

For inquiries about eligibility, claiming, fees and rebates, call the Department of Human Services (Medicare): patient inquiries 132 011; provider inquiries 132 150.