



## Allied health group services under Medicare for patients with type 2 diabetes

### Information for GPs

#### Overview

From 1 May 2007, new allied health items (81100 to 81125) will allow people with type 2 diabetes to receive Medicare rebates for group services provided by eligible diabetes educators, exercise physiologists and dietitians, on referral from a GP.

The new group services items provide another referral option for GPs in the management of patients with type 2 diabetes.

These services are **in addition to** the five individual allied health services available to eligible patients each calendar year under items 10950 to 10970. (A separate fact sheet – *Medicare items for allied health services for people with chronic conditions and complex care needs* – provides details.)

#### Which patients are eligible?

To be eligible for allied health group services, a patient must:

- have type 2 diabetes;
- have a relevant care plan in place (see below); and
- be referred by their GP to an eligible allied health professional (see below).

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.

#### Relevant care plan

Before referring patients, the GP must put in place either:

- a GP Management Plan – item 721; or

- where a patient has an existing GP Management Plan, the GP has reviewed that plan under item 725; or
- for a resident of a residential aged care facility, the GP must have contributed to, or reviewed, a care plan prepared by the facility (item 731)\*.

Patients being referred by a GP 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, it will be necessary to provide a Team Care Arrangements service (item 723) in order to meet the eligibility requirements of those items.

\*Generally, residents of an aged care facility rely on the facility for assistance to manage their type 2 diabetes. Therefore, residents may not need to be referred for allied health group services under these items as the self management approach offered may not be appropriate.

#### Eligible allied health professionals

Only diabetes educators, exercise physiologists and dietitians who are registered with Medicare Australia are eligible to provide services under items 81100 to 81125.

Information about where to find an allied health professional offering group services under Medicare will be available on the web sites of each of the relevant peak allied health organisations:

Diabetes educators - [www.adea.com.au](http://www.adea.com.au)  
Exercise physiologists - [www.aaess.com.au](http://www.aaess.com.au)  
Dietitians - [www.daa.asn.au](http://www.daa.asn.au)

## Referral requirements

To access allied health group services, patients must be referred by their GP to an eligible diabetes educator, exercise physiologist or dietitian. The GP may refer a patient either to a specific diabetes educator, exercise physiologist or dietitian, or to an allied health practice offering these services.

The allied health professional will initially conduct an individual assessment under items 81100, 81110 or 81120 to prepare the patient for an appropriate group services program.

A Medicare rebate is only payable for **one allied health assessment service each calendar year**. If there is any doubt about whether a patient has already claimed an assessment item in that calendar year, the GP can check with Medicare Australia on 132 011.

## Referral form

The *Referral form for allied health group services under Medicare* (provided by the Department of Health and Ageing) must be used by GPs to refer patients. The form can be downloaded from the Department's website at [www.health.gov.au/epc](http://www.health.gov.au/epc), or ordered by phoning (02) 6289 4297 or faxing (02) 6289 7120.

GPs are also encouraged to attach a copy of the relevant part of the patient's care plan.

## Allied health group services

If the patient is assessed by an eligible allied health professional as suitable for group services, the patient may then receive **up to eight (8) group services each calendar year**.

Allied health group services may be delivered by one type of allied health professional (eg 8 diabetes education services) or by a combination of providers (eg 3 diabetes education services, 3 dietitian services, and 2 exercise physiology services). The combination of group services to be offered will be determined as part of the assessment by the allied health professional.

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 service and group services program, the allied health professional must provide, or contribute to, a written report back to the referring GP in respect of each patient. After the assessment service, the GP will receive 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 GP will receive a written report describing the group services provided for the patient and indicating the outcomes achieved.

## Out-of-pocket expenses and Medicare Safety Net

Allied health professionals are free to determine their own fees for the professional service. Charges in excess of the Medicare benefit for the allied health items are the responsibility of the patient. Out-of-pocket costs for eligible services will count toward the Medicare safety net for that patient.

## Private health insurance

Patients will need to decide if they wish to use Medicare or their private health insurance cover to pay for these services. Private health insurance ancillary cover cannot be used to 'top up' the Medicare rebate.

## Further information

Further information about items 81100 to 81125 is available on the Department of Health and Ageing website at: [www.health.gov.au/epc](http://www.health.gov.au/epc) or by phoning (02) 6289 4297.

Information about these items, including explanatory notes and item descriptors, is also contained in the Medicare Benefits Schedule available online at: [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)