

Group Allied Health Services under Medicare

Overview

MBS Items (81100 to 81125) allow patients with type 2 diabetes to receive Medicare rebates for group allied health services. These items apply to services provided by eligible diabetes educators, exercise physiologists and dietitians, on referral from a GP.

The group services provide another referral option for GPs in the management of patients with type 2 diabetes. Services available under these new items are **in addition** to the five individual allied health services available to patients each calendar year under MBS Items 10950 to 10970.

Patient Eligibility

To access the group service items the patient must:

- a) have type 2 diabetes,
- b) have an relevant care plan in place (see details below), and
- c) be referred by his/her GP to an eligible diabetes educator, exercise physiologist or dietitian using the required referral form.

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

- a GP Management Plan (MBS Item 721); or
- where a patient has an existing GP Management Plan, the GP has reviewed that plan (MBS Item 732); or
- for a resident of a residential aged care facility, the GP must contribute to, or reviewed, a care plan prepared by the facility (MBS Item 731).

Patients who will most benefit from group services are likely to be:

- those who demonstrate a willingness to change
- are able to contribute to group processes effectively, and
- have potential for self-management.

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

Patients being referred for the group services (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 (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.

Eligible Allied Health Professionals

Only diabetes educators, exercise physiologists and dietitians who are registered with Medicare Australia are eligible to provide services under the MBS Items 81100 to 81125. For assistance in locating allied health professionals offering these services refer to the professional association websites listed below. These websites provide the opportunity to search for service providers offer group services.

- Diabetes educators - **Australian Diabetes Educators Association (ADEA)** website at www.adea.com.au.
- Exercise physiologists - **Exercise & Sports Science Australia (ESSA)** website at www.essa.org.au.
- Dietitians - **Dietitians Association of Australia (DAA)** website at www.daa.asn.au.

For further information refer to 'Finding Allied Health Professionals' in the Individual Allied Health Services under Medicare section of this manual.

Referral Process

A GP may refer a patient either to a specific diabetes educator, exercise physiologist or dietitian, or to an allied health practice offering these 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.

The allied health professional will initially conduct an **individual assessment** under MBS Items 81100, 81110 or 81120. This involves taking a comprehensive history, identifying individual goals and preparing them 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. 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. 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**. 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.

If the patient is assessed by an eligible allied health professional as being suitable for group services, the patient may then receive up to eight (8) **group services** each calendar year. Allied group services may be delivered by one type of allied health professional or by a combination of providers. The combination of group services to be offered will be determined as part of the assessment by the allied health professional.

Must be provided to a person who is part of a group of between 2 and 12 persons. 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.

The sessions delivered as a part of a group service could cover topic such as:

- blood glucose monitoring
- food labels and recipe modification
- exercise strategies
- associated health care concerns
- strategies for change

A summary of the steps is provided on the following page, that outline the process for the referral, individual assessment, provision of group services and reporting.

Referral Form

The *Referral form for allied health group services under Medicare* issued by the Department of Health (shown on the following page) must be used by GPs to refer patients or a referral form that contains all the components of the form. GPs are also encouraged to attach a copy of the patient's care plan.

The referral form can be downloaded from the Country SA PHN website or Department of Health.

Reporting Requirements of Allied Health Professionals

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 service provided for the patient and indicating the outcomes achieved.

Steps in the Referral Process for Type 2 Diabetes Allied Health Group Services

GP Referral

1. GP identifies eligible patient who
 - is diagnosed with type 2 diabetes; AND
 - has a GP Management Plan (item 721 or review item 732); or for residents of a residential aged care facility, the GPs has contributed to, or reviewed, a care plan prepared by the facility (item 731).
2. GP refers the patient to a Credentialed Diabetes Educator, Accredited Exercise Physiologist, Accredited Practicing Dietitian or an allied health practice offering these services. GPs are also encouraged to attach a copy of the relevant part of the patient's care plan.

Individual Assessment

3. The allied health professional assesses the patient for suitability and prepares them for an appropriate group services program. A Medicare rebate is only payable for one allied health assessment service each calendar year.
4. Allied health professional reports to GP on assessment undertaken, whether the patient is suitable for group services and, if so, the nature of the group services to be provided including the combination of group services to be offered.

Group Services

5. If the patient is assessed by an eligible allied health professional as being 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 (e.g. 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.
6. Allied health professional provides a written report to the referring GP following the last service of the group services program for the patient that describes the group services provided for the patient and the outcomes achieved.

Referral Form for Group Allied Health Services under Medicare

The form below is available from the Country SA PHN website at www.countrysaphn.com.au/healthprofessionals/resources.



Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

PART A – To be completed by referring GP (tick relevant boxes):

Patient has type 2 diabetes AND either

GP has prepared a new GP Management Plan (MBS item 721) OR

GP has reviewed an existing GP Management Plan (MBS item 732) OR

for a resident of a residential aged care facility, GP has contributed to or reviewed a care plan prepared by the residential aged care facility (MBS item 731) [Note: Residents of residential aged care facilities may 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 as the self-management approach may not be appropriate.]

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Please advise patients that Medicare rebates and Private Health Insurance benefits cannot **both** be claimed for this service

GP details

Provider Number

Name

Address Postcode

Patient details

First Name Surname

Address Postcode

Note: Eligible patients may access Medicare rebates for **one** assessment for group services in a calendar year. Indicate the name of the practitioner (diabetes educator, exercise physiologist or dietitian), or the allied health practice, you wish to refer the patient to for this assessment. The assessment must be done before the patient can access group services.

Allied Health Practitioner (or practice) the patient is referred to for assessment:

Name of AHP or practice

Address Postcode

Referring GP's signature Date

PART B – To be completed by allied health provider (AHP) who undertakes assessment service:
Eligible patients may access Medicare rebates for **up to 8** allied health group services in a calendar year.
Group size must be between 2 and 12 persons.
Indicate the name of the provider/s, and details of the group service programme.

Name of provider/s:

Name of programme:

No. of sessions in programme:

Venue (if known):

Name of referring AHP: Signature and date

Allied health providers must provide, or contribute to, a **written report** to the patient's GP after the assessment service and at completion of the group services programme. Allied health providers should retain a copy of the referral form for record keeping and Department of Human Services (Medicare) audit purposes. Allied health services funded by other Commonwealth or State/Territory programmes are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

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