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

Information for allied health professionals

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.

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 the eligible allied health professional for assessment for group services.

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 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.

Providers who are already registered with Medicare to provide services under the Allied Health and Dental Care initiative (items 10951, 10953 and 10954) do not need to register separately for items 81100 to 81125.

Registration forms can be obtained from Medicare Australia on 132 150 or by

searching for 'allied health application' on: www.medicareaustralia.gov.au.

Referral requirements

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

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, 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 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.
- Each service must be at least 45 minutes duration.
- The Medicare rebate is $60.00.

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 type or combination of group services.

The Australian Diabetes Educators Association, Australian Association for Exercise and Sports Science and 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 or at: www.health.gov.au/epc

To direct patients to group services, the allied health professional undertaking the assessment will need to complete Part B of the referral form. This form is required by the provider/s of group services.

If there is any doubt about whether a patient has already claimed the maximum number of assessment or group services items in the calendar year, the allied health professional can call Medicare Australia on 132 011 to check.

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.
- The Medicare rebate is $15.00 per patient.

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

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). An eligible allied health professional 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, 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.

Retention of referral form

Allied health professionals are required to retain a copy of the referral form for 24 months from the date the service was rendered (for Medicare Australia auditing purposes).

Claiming from Medicare

Before a Medicare rebate can be paid for an **assessment item** (81100, 81110 or 81120), either the patient or the GP must have lodged a claim with Medicare Australia for the relevant GP care planning item and received payment for the claim.

Before a Medicare rebate can be paid for a **group service** (81105, 81115 or 81125), either the patient or the allied health professional must have lodged a claim with Medicare Australia for the relevant assessment item and received payment for the claim.

Publicly funded services

Items 81100 to 81125 do not apply for services that are provided by any other Commonwealth or State funded services or provided to an admitted patient of a hospital.

However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Service or State/Territory Government health clinic, items 81100 to 81125 can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, the Service or health clinic. All requirements of the relevant item must be met, including registration of the allied health professional with Medicare Australia. These services must also be bulk billed.

Private health insurance

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

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.

Example of how the allied health group services work

GP referral

The GP completes a GP Management Plan for a patient with type 2 diabetes and believes that the patient is likely to benefit from group services provided by an eligible diabetes educator, exercise physiologist and/or dietitian.

The GP therefore uses the referral form provided by the Department of Health and Ageing to refer the patient to an allied health professional (or an allied health practice) for an assessment for group services (item 81100, 81110 or 81120).

Either the patient or the GP must lodge a claim with Medicare Australia for the relevant GP care planning item and receive payment for the claim. If this has not been done, Medicare Australia will not be able to pay a rebate for the assessment service.

Allied health assessment service

The patient takes the referral form to the allied health professional and receives the requested assessment service. The allied health professional who undertakes the assessment identifies an appropriate group services program and prepares the patient for that program.

Where possible, diabetes educators, exercise physiologists and dietitians are encouraged to work together to develop a range of group services programs in their area. However, some programs may be delivered by only one type of provider, or a provider with multiple qualifications.

The patient is then directed by the allied health professional to the group services program by completing Part B of the referral form and organising for the patient to be booked on the program.

The allied health professional bills the assessment item (81100, 81110 or 81120) and provides a written report back to the GP about the assessment undertaken and the group services program to be provided for the patient.

Either the patient or the allied health professional must lodge a claim with Medicare Australia for the relevant assessment item (81100, 81110 or 81120) and receive payment for the claim. If this has not been done, Medicare Australia will not be able to pay a rebate for the group services.

Allied health group services

The patient attends the recommended group services program.

This program has between 2 and 12 participants. The allied health professional keeps an attendance record.

The patient is billed after each service has been provided.

On completion of the group services program, the allied health professional/s involved in providing group services writes, or contributes to, a written report back to the GP about the group services provided for the patient.

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
or by telephone on (02) 6289 4297.

Information is also contained in the Medicare Benefits Schedule available online at:
www.health.gov.au/mbsonline