

# ALLIED HEALTH GROUP SERVICES UNDER MEDICARE

## For patients with type 2 diabetes

### Patient Information

#### In Summary:

- Maximum of one assessment service and eight group services per patient each calendar year, with out-of-pocket costs counting towards the extended Medicare safety net.
- Patients must have a GP Management Plan prepared by their GP.
- Your GP will decide whether you would benefit from these services and, if so, will refer you.
- Allied health professionals must be registered with Medicare Australia.

#### Who is eligible?

##### *Patients with a GP Management Plan*

If you have type 2 diabetes and your GP has prepared a GP Management Plan, you may be referred for allied health group services to help you manage your diabetes.

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.

##### *Patients in aged care facilities*

If you are a resident of an aged care facility, you may be eligible for Medicare rebates for allied health services if your GP has contributed to a multidisciplinary care plan prepared by the facility.

Generally, though, 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.

#### Group services for patients with type 2 diabetes

##### *Assessment service*

Your GP can refer you to either a diabetes educator, dietitian or exercise physiologist for an assessment. This involves taking a comprehensive history, identifying individual goals and preparing you for an appropriate group services program.

You can claim a Medicare rebate for one assessment each calendar year.



### *Group services*

Group service sessions are also run by diabetes educators, dietitians and/or exercise physiologists. Sessions could cover:

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

Following an assessment and referral to group services, you can claim Medicare rebates for up to eight group sessions each calendar year.

### **Other allied health services available under Medicare**

Medicare benefits are also available for a range of allied health services for certain patients. You may be eligible if you:

- have a chronic medical condition and complex care needs
- are of Aboriginal or Torres Strait Islander descent
- have an assessed mental disorder
- are a child with autism or any other pervasive developmental disorder
- are a woman who is concerned about either a current pregnancy, or one that occurred in the previous 12 months

### **Private health insurance**

If you have private health insurance, you will need to decide if you wish to use Medicare or your private health insurance to pay for these services. You cannot use private health insurance ancillary cover to 'top up' your Medicare rebate.

### **Claiming**

Allied health professionals, like doctors, are free to set the level of their fees. If your allied health provider bulk bills, there will be no charge for these services. If not, you will be charged a fee and you can claim the rebate from Medicare.

Out-of-pocket expenses for these services count towards the extended Medicare safety net.

If you are unsure, or lose track of how many allied health services you have claimed in a calendar year, you can check with Medicare Australia on 132 011.

### **More information**

More information is available at [www.health.gov.au/mbsprimary\\_careitems](http://www.health.gov.au/mbsprimary_careitems)

*Any questions? Ask your doctor or practice nurse*