



Australian Government

Department of Health

GROUP ALLIED HEALTH SERVICES UNDER MEDICARE

For Patients with Type 2 Diabetes

PATIENT INFORMATION

Summary

Maximum of one assessment service and eight (8) 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 providers must be registered with Medicare Australia.
- If a provider accepts the Medicare benefit as full payment for the service, there will be no out-of-pocket cost. If not, you will have to pay the difference between the fee charged and the Medicare rebate.

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 group allied health 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 group 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.

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.