

Allied health – Group services

Summary of explanatory notes and web links

| Allied health services (provided to a group) | | |
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| | Assessment for group services #81100, #81110, #81120 | Group services #81105, #81115, #81125 |
| Steps that must be taken to claim the Medicare item | <ul style="list-style-type: none"> • Receipt of referral from the medical practitioner managing the patient on an EPC care plan¹ • Taking a comprehensive patient history, identifying individual goals and preparing the patient for an appropriate group service, if they are suitable (this service should be provided individually and in person, and last at least 45 minutes) • Provision of written report back to the referring medical practitioner outlining the assessment undertaken, whether the patient is suitable for group services and, if so, the nature of the group services to be delivered | <ul style="list-style-type: none"> • Receipt of the referral for group services form for each person to receive a group service • Provision of service to a group of between 2 and 12 persons in size, lasting at least 60 minutes • Provision of, or contribution to, a written report back to the referring GP in respect of each patient, describing the group services provided and the outcomes achieved² |
| Medicare rules relating to frequency of service | Once only in any calendar year | A maximum of 8 group services per calendar year, in any combination of these item numbers as recommended by the patient's GP |
| Role of the GP | <ul style="list-style-type: none"> • Manage the patient on an EPC care plan • Referral to the allied health practitioner using the referral form provided by the Commonwealth or one that substantially complies with it, with the patient's care plan attached if the patient has consented | <ul style="list-style-type: none"> • Receipt of written reports from the allied health practitioners and consideration of patient progress in relation to a review of their existing care plan |
| Roles that can be performed by practice nurses (PNs) or Aboriginal health workers (AHWs) on behalf of and under the supervision of the GP | <ul style="list-style-type: none"> • Gathering and documenting relevant information for the GP • Making arrangements for services • Managing appointments system • Monitoring patient progress against the EPC care plan and assisting the GP in a review of the patient's plan, if necessary | |
| Main information web link | www.health.gov.au/internet/main/publishing.nsf/Content/health-pacd-epc-ahgs-diabetes.htm | |

¹ Unlike the individual allied health services that attract a Medicare rebate under items #10950 to #10970, there is no additional requirement for the patient to have Team Care Arrangements (#723) service in place in order to attract a rebate for these allied health group services. Having a care plan arranged under items #721 or #731 alone is sufficient to be eligible for Medicare rebateable allied health group services.

² While each allied health professional is required to provide feedback to the GP in relation to the group services that they provide to the patient, allied health professionals involved in the provision of a multidisciplinary program are encouraged to combine feedback into a single report to the referring GP.