

Allied Health Medicare Rebates

WHAT

Allied health Medicare rebates can be used to pay a dietitian for their services. All allied health staff can be accessed including dietitians, dentists, and physiotherapists just to name a few, so long as there are no more than five services per patient per year.

WHY

It is important to have the services to a qualified dietitian when you need to review residents eating habits and nutrition. A list of qualified dietitians in your area, recognised by the Dietitians Association of Australia (DAA) can be found at:

www.daa.asn.au/dmsweb/frmfndapdsearch.aspx

The list will also tell you which dietitians have expertise in aged care facilities.

HOW

To access this allied health Medicare rebate system a GP referral is required using the *EPC Program referral form for allied health services under Medicare*. Which can be found at

www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-epcahs-cnt.htm

OR ordered by faxing (02) 6289 7120. A copy of this form can also be found in this kit.

More information about how to claim the allied health Medicare rebate can be found in the information sheet *Allied Health Services Under Medicare* at:

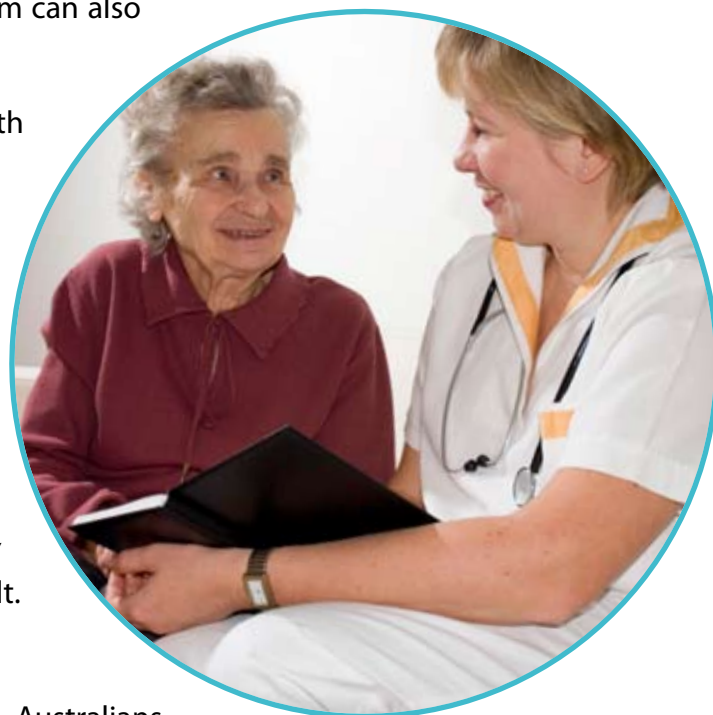
www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-allied-cnt.htm

WHEN

Use the allied health Medicare rebate when you need a dietitian to see one of the residents. Use the protocol described in *Information Sheet 2: Screening Residents' Nutrition Risk* to decide when you need a dietitian consult.

WHO

Allied health Medicare rebates are available for all Australians covered by Medicare, provided they have a chronic condition and complex care needs being managed by their GP under an Enhanced Primary Care Plan (EPC).



CASE STUDY 2: ALLIED HEALTH MEDICARE REBATES

MR TREVOR COLLINS *



Mr Collins is an 84 year old resident and has been living in the same facility for the past 4 years. Over the last 3 months the nursing staff have noticed that Mr Collins has been losing gradual amounts of weight. Mr Collins is noted to be eating very little at meals and complains of having a poor appetite. From the monthly weigh charts nursing staff notice that he has lost 4 kilograms. The nursing staff calculate his BMI to be 18 which indicates he requires immediate dietitian intervention and is at high risk of malnutrition (see *Tool 2: Nutrition Screening Flowchart*). The nursing staff organise Mr Collins to be reviewed by his GP.

The GP recommends Mr Collins is visited by a dietitian to review his food intake. Mr Collins voices his concern about the cost associated with seeing a dietitian. The GP discusses this with Mr Collins and completes an Enhanced Primary Care Plan (EPC) referral form which entitles him to five dietitian visits over a 12 month period covered by Medicare Rebate.

Mr Collins is visited by the dietitian several times. The dietitian motivates Mr Collins to be interested in food again; discussing his food likes and dislikes, and recommends some high energy snacks and supplements to regain some weight. The dietitian also meets with Mr Collins's carers to discuss a nutrition plan for him.

Three months after his initial dietitian visit, the nursing staff weigh Mr Collins and discover he has gained 3 kilograms; his BMI is now 20. A BMI of 20 lessens Mr Collins risk of malnutrition. Note that a BMI of 20 places Mr Collins in the orange zone of the flowchart and as he has been steadily gaining weight he is at low risk of malnutrition (see *Tool 2: Nutrition Screening Flowchart*).

The dietitian continues to review Mr Collins every 3 months and nursing staff complete fortnightly weighs with Mr Collins to keep track of his weight.