Referrals to Accredited Exercise Physiologists under Medicare

Who can be referred?

Patients who have both a GP Management Plan (GPMP) and Team Care Arrangements (TCAs) have access to allied health individual services on the Medicare Benefits Schedule. Eligible patients can claim a maximum of five (5) allied health services per calendar year. The five allied health services can be made up of one type of service (e.g. five exercise physiologist services) or a combination of different types of services.

In addition, patients with a GPMP and type 2 diabetes can also access Medicare rebates for up to eight (8) allied health group services per calendar year. Group programs do not have to be limited to type 2 diabetes groups only. Relevant group programs for type 2 diabetes patients may include:

- Fitness or weight management group services; or
- Blood glucose monitoring services.

What Medicare item numbers can I use?

Medicare Australia provides the following funding items for patients requiring a referral to an Accredited Exercise Physiologist:

<table>
<thead>
<tr>
<th>Item number</th>
<th>Service Provided</th>
<th>Eligible Patients</th>
<th>Prerequisite for Claiming</th>
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</table>
| 10953       | Exercise physiology service | Patients who have a chronic condition & complex care needs | - GP claimed GPMP AND TCA in past 2 yrs.  
- GP must refer using an approved referral form.* |
| 81110       | Exercise physiology service – assessment | Patients with type 2 diabetes | - GP claimed GPMP.  
- GP must refer using an approved referral form.* |
| 81115       | Exercise physiology service – group service | - Assessed as suitable by Assessment for Group Services (Item 81100, 81110 or 81120). |
| 81315       | Exercise physiology service | Indigenous Australians who have had a health check | - GP must have completed a health check.  
- GP must refer using an approved referral form.* |

*Approved referral forms are available at [www.exerciseismedicine.org.au](http://www.exerciseismedicine.org.au)
What is the referral process for individual Medicare items?

**Step 1: GP Referral**
GP refers eligible patient to an Accredited Exercise Physiologist under the appropriate Medicare item number for the maximum* number of visits.
*5 visits per calendar year for patients on a GPMP & TCA

**Step 2: AEP Service**
Accredited Exercise Physiologist provides an individual service/s to the patient. A written report must be provided to the referring GP after the first and last service, or more if clinically necessary.

**Step 3: GP Patient Review**
GP conducts a review of patient’s GPMP and/or TCA. Patient reviews should be conducted every 6 months.

What is the referral process for group items for people with type 2 diabetes?

**Step 1: Referral**
GP refers eligible patient to Accredited Exercise Physiologist to be assessed for suitability for a preferred group service, e.g. fitness/weight management.

**Step 2: Individual Assessment**
Accredited Exercise Physiologist individually assesses patient for suitability and prepares for group services. Unsuitable patients may be screened out at this time. Report provided to GP on assessment undertaken, suitability for group services & nature of proposed group services.

**Step 3: Group Services**
Accredited Exercise Physiologist conduct group sessions. Maximum of 8 sessions per calendar year. Sessions must include 2-12 Medicare patients. Non-Medicare, full-paying patients can also attend. Report provided to referring GP after last service.

Related information
Exercise is Medicine® Australia: www.exerciseismedicine.org.au
Medicare Australia: www.medicareaustralia.gov.au