

MEDICARE REFERRALS & REBATES

BETTER ACCESS TO MENTAL HEALTH SERVICES

Medicare rebates are available to consumers for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists* and eligible social workers and occupational therapists.

Medicare rebates are available for up to 6+4 individual and 10 group allied mental health services per calendar year to patients with an assessed 'mental disorder' who are referred by:

- A GP managing the patient under a GP Mental Health Treatment Plan (MHTP); or
- Under a referred psychiatrist assessment and management plan; or
- A psychiatrist or paediatrician.

You can be referred for Medicare rebateable allied mental health services once you have:

- a GP Mental Health Treatment Plan (MHTP) in place; or
- are being managed by a GP under a referred psychiatrist assessment and management plan; or
- been referred by a psychiatrist or paediatrician.

The Better Access initiative is available to patients with an assessed 'mental disorder' who would benefit from a structured approach to the management of their treatment needs. According to Medicare, 'mental disorder' is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. The conditions classified as mental disorders* for the purposes of Better Access services, are informed by the World Health Organisation (WHO), 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version:

Alcohol use disorders	Generalized anxiety	Neurasthenia
Drug use disorders		Eating disorders
Acute or Chronic psychotic disorders	Mixed anxiety and depression	Sleep problems
Acute psychotic disorders	Adjustment disorder	Sexual disorders
Bipolar disorder	Dissociative (conversion) disorder	Hyperkinetic (attention deficit) disorder
Depression		Conduct disorder
Phobic disorders	Unexplained somatic complaints	Enuresis
Panic disorder		Bereavement disorders

****Dementia, delirium, tobacco use disorder and intellectual disability are not regarded as mental disorders for the purposes of Better Access.***

Health professionals are free to determine their own fees for the services they provide. Charges in excess of the Medicare rebate are the responsibility of the patient. The cost to you will vary depending on the length of the session and the fee being charged. If the service provider does not bulk-bill then you must pay the difference between the private fee and the Medicare rebate. The settlement of the account is your responsibility.

>>>Medicare differentiates between and assigns significantly lower rebates to Better Access mental health services provided by psychologists than to those provided by clinical psychologists. This differentiation is not reflective of the level of training, competencies, expertise and/or the quality of services provided by individual psychologist. Due to this differentiation and the low rebates for psychologists, GVDC is unable to bulk-bill psychology services under Medicare.

TELEHEALTH - COVID19

Commencing 13 March 2020, new temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.

The new temporary MBS telehealth items are available to GPs, medical practitioners, nurse practitioners, participating midwives, allied health providers and dental practitioners in the practice of oral and maxillofacial surgery. A service may only be provided by telehealth where it is safe and clinically appropriate to do so. The new temporary MBS telehealth items are for out-of-hospital patients.

As of 20 April 2020, specialist and allied health service providers are no longer required to bulk bill these new telehealth items. Providers are expected to obtain informed consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.

HELPING CHILDREN WITH AUTISM (HCWA) - ASSESSMENT & TREATMENT

A total of 4 assessment items/sessions can be used towards a diagnosis, for children aged <13 yrs. If a paediatrician or child psychiatrist suspects an Autism Spectrum Disorder (ASD) they will refer the child to a psychologist, speech therapist and/or occupational therapist for assessments. After the therapists assess the child they will send their reports and clinical opinions back to the paediatrician, who will then advise of the diagnosis and develop a treatment plan. Up to 20 treatment sessions can be shared between psychology, occupational therapy, and speech therapy, for children aged <15 yrs. There are currently no Medicare rebates for ASD assessments over the age of 13 years.

>>>For information about GVDC's autism spectrum assessments, please go to: <https://gvdevelopmentalclinic.com.au/assessments> .

MEDICARE SAFETY NET

You are responsible for paying any charges in excess of the Medicare rebate for services under this scheme. However, these out-of-pocket expenses will count towards the Medicare Safety Net. The Medicare Safety Net is designed to protect high users of health services from large out-of-pocket expenses. For more information on the Medicare Safety Net, go to: www.medicareaustralia.gov.au.

PRIVATE HEALTH INSURANCE

You cannot use your private health insurance to top up the Medicare rebates for these services. You need to decide if you will use Medicare or your private health insurance to pay for psychological services you receive.