

Medicare requirements for Better Access to mental health care

This quick reference guide outlines the allied mental health services available under the Better Access initiative. We recommend you also read the relevant Medicare Benefits Schedule (MBS) item descriptors and explanatory notes available at mbsonline.gov.au

About Better Access

The Better Access initiative provides patients with improved access to mental health practitioners through Medicare.

Under this initiative, Medicare benefits are available to patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered), eligible social workers and occupational therapists.

Allied mental health services

Eligible allied health professionals can provide the following services under Better Access.

Note: you must meet the eligibility criteria and have a Medicare provider number.

If you are a	You can provide	Medicare items to use	
		Individual services	Group services
Clinical psychologist	psychological therapy services	80000 - 80015	80020
Registered psychologist	focussed psychological strategies (FPS) services	80100 - 80115	80120
Occupational therapist	FPS services	80125 - 80140	80145
Social worker	FPS services	80150 - 80165	80170

Eligible patients

A patient must be assessed as having a mental disorder and referred by:

- a GP who is managing the patient under a GP Mental Health Treatment Plan or under a referred psychiatrist assessment and management plan
- a psychiatrist, or
- a paediatrician.

If you're not sure if your patient is eligible you can contact the referring medical practitioner.

You can continue to see patients who aren't eligible but they can't access Medicare benefits for the services you provide.

Referrals

There is no standard form for referrals. It can be a letter or note that the referring medical practitioner has signed and dated.

The referring practitioner can refer for up to six services on one referral (course of treatment). There may be two or more courses of treatment in a patient's calendar year entitlement (see 'Calendar year limits' on page 2).

Patients need a new referral for each subsequent course of treatment.

Medical practitioners should include in their referral:

- the patient's diagnosis
- the number of treatment services the patient needs to receive, and
- a statement that a Mental Health Treatment Plan or a psychiatrist assessment and management plan is in place (if the referral is from a GP). GPs can also include a copy of the plan if it's appropriate and the patient agrees.

Referrals are valid for the stated number of services, not for a calendar year. Unused services don't expire and can be used in following years.

Note: keep copies of all written referrals for 24 months from the date of the first service you provide. This is for the Department of Human Services (Human Services) auditing purposes.



Reporting

After completing a course of treatment you must provide a written report to the referring medical practitioner. Your report must include information that allows them to assess the patient's need for more services and include:

- assessments carried out on the patient and, where relevant, the progress made
- treatments provided, and
- recommendations on future management of the patient's disorder.

You don't need to use an approved form to write your reports.

What if my patient doesn't attend to complete the course of treatment?

You should write your report after the last service you provided. If the patient turns up at a later date and completes the course of treatment, you'll have to write another report to the medical practitioner.

Claiming

Calendar year limits

In a calendar year patients can receive psychological therapy and/or FPS services up to the limit of:

- 10 individual services, and
- 10 group services.

Note: a calendar year is the period from 1 January to 31 December and not the 12 month period from the date of the referral.

Claiming process

The relevant GP, psychiatrist or paediatrician referral item must be claimed, and a Medicare benefit paid by Human Services before Medicare benefits are available for psychological therapy and FPS services.

Relevant referral items are:

Service	Medicare item(s)
Preparation of a GP Mental Health Treatment Plan	2700, 2701, 2715 or 2717
Referred psychiatrist assessment and management plan	291
Specialist psychiatrist and paediatrician consultation	104-109
Consultant physician paediatrician consultation	110-133
Consultant physician psychiatrist consultation	293-370

Confirming previous services

Call **132 150*** to check if the referral item has been paid or if the patient has reached the calendar year limit of their allied mental health services.

What if my patient has already reached the service limit in the calendar year?

You can choose to continue to see the patient but they can't access Medicare benefits for your services.

Case study: Calculating calendar year limits to find out a patient’s entitlement to Medicare benefits under the Better Access initiative

A medical practitioner refers a patient for a course of treatment of five individual allied mental health services under the Better Access initiative.

Calendar year one—the patient receives two services.

In calendar year two—the patient receives the remaining three services. The course of treatment is now complete as five individual services have been provided. You write a report back to the referring practitioner.

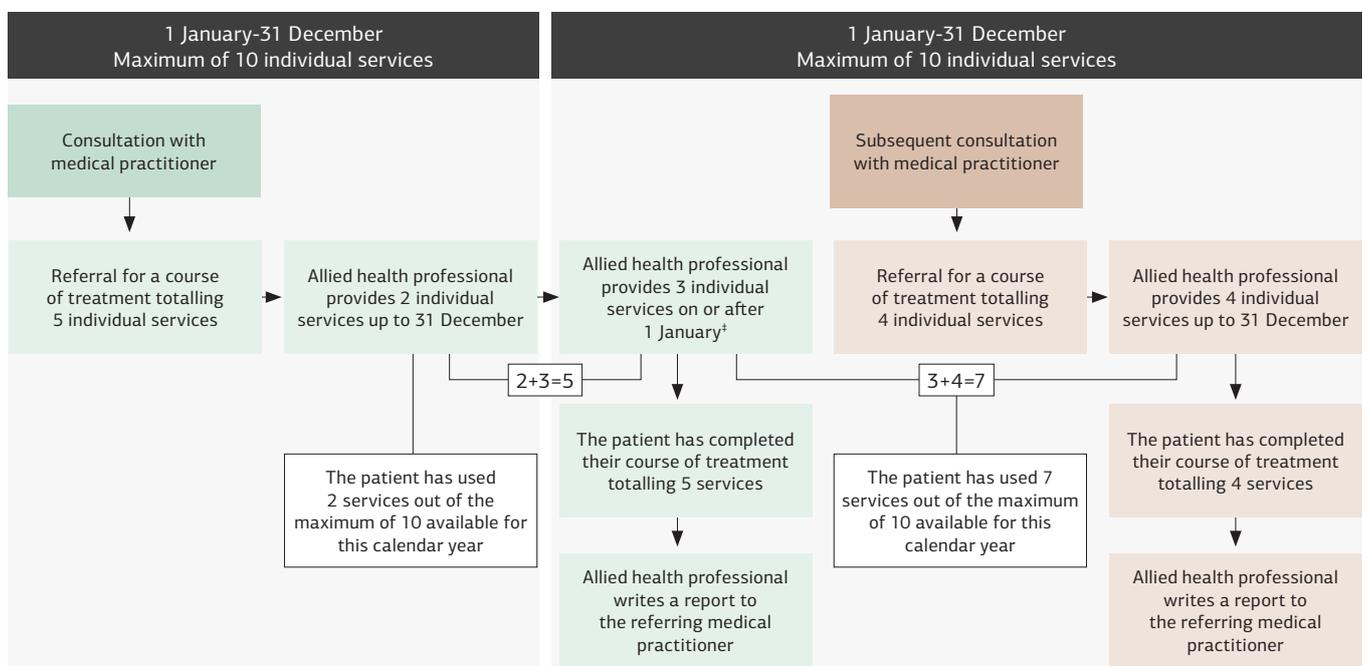
The total number of individual services the patient has received during calendar year two is three.

The medical practitioner decides to refer the patient for a subsequent course of treatment of four individual allied mental health services.

The patient receives all four services for this course of treatment during calendar year two. The course of treatment is now complete as four individual services have been provided. You write a report back to the referring practitioner.

The total number of individual services the patient has received during calendar year two is now seven.

If the medical practitioner decides that a third course of treatment is necessary, the patient is entitled to three more individual services under Better Access in calendar year two.



*There is no need to obtain a new referral if providing services over multiple calendar years for the same course of treatment.

For more information

- Call **132 150***
- Online **humanservices.gov.au/hpeducation**
mbsonline.gov.au
health.gov.au/mentalhealth-betteraccess
- Email **askMBS@humanservices.gov.au**

*Call charges apply.

Disclaimer: This Quick Reference Guide is provided for guidance only. The Department of Human Services (Human Services) recommends health professionals exercise their own skill and care with respect to its contents.