

**Australian Government  
Department of Health and Ageing**

**ALLIED MENTAL HEALTH MEDICARE  
SERVICES: PSYCHOLOGICAL THERAPY  
AND FOCUSED PSYCHOLOGICAL  
STRATEGIES**

Questions and Answers

As at 1 May 2007

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## **1. GENERAL**

### **1.1 What information is available about the allied mental health Medicare services?**

More detailed information on the allied mental health professional Medicare items is available at <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-amhpm>. For information about eligibility and payment process telephone Medicare Australia on 132 150 (for providers) or 132 011 (for patients).

Providers needing a copy of the Allied Health and Dental Services Medicare Benefits Schedule Book can call (02) 6289 4297 or email allied health mbs book@health.gov.au. The book is also available from the Department of Health and Ageing website at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline).

### **1.2 What are the allied mental health Medicare items?**

As of 1 November 2006 allied mental health Medicare items became available on the Medicare Benefits Schedule. Medicare rebates are available, on referral for up to 12 individual allied mental health services per patient per calendar year, provided in two groups of six services with the referring practitioner considering the need for further sessions after the first six services.

There are also up to 12 group services available on referral per patient per calendar year.

Allied mental health services that can be provided under this initiative include Psychological Therapy services provided by eligible clinical psychologists and Focussed Psychological Strategies services provided by eligible psychologists, social workers and occupational therapists.

## **2. PATIENT ELIGIBILITY**

### **2.1 Who can access services under this initiative?**

These items are available to patients with an assessed mental disorder who are referred by a medical practitioner who is managing the patient under a GP Mental Health Care Plan, and/or a psychiatrist assessment and management plan, or on referral from a psychiatrist or paediatrician.

### **2.2 What is considered a mental disorder for the purposes of these items?**

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.

This includes patients with the following mental disorders:

- Chronic psychotic disorders
- Acute psychotic disorders
- Schizophrenia
- Bipolar disorder
- Phobic disorders
- Generalised anxiety disorder
- Adjustment disorder
- Unexplained somatic complaints
- Depression
- Sexual disorders
- Conduct disorder
- Bereavement disorders
- Post Traumatic Stress Disorder
- Eating disorders
- Panic disorder
- Alcohol use disorders
- Drug use disorders
- Mixed anxiety and depression

- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems
- Hyperkinetic (attention deficit) disorder
- Enuresis (non-organic)
- Obsessive Compulsive Disorder
- Mental disorder, not otherwise specified

This list of mental disorders is informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version.

Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of these items.

### **2.3 How can an allied mental health professional check that a GP Mental Health Care Plan or a psychiatrist assessment and management plan is in place when a patient has been referred by their GP?**

Where an allied mental health professional is not sure whether a patient has been referred by a GP using a GP Mental Health Care Plan or a psychiatrist's assessment and management plan, the allied mental health professional should contact the referring GP. The allied mental health professional can also call Medicare Australia, with the patient present, on 132 011 to confirm eligibility, however if the Medicare rebate has not yet been claimed by the GP (if the patient was bulk billed) or by the patient (if the GP invoiced the patient), Medicare will not know that the patient is eligible for the services.

### **2.4 What requirements must a psychiatrist or paediatrician meet in order to refer a patient to the allied mental health Medicare services?**

Psychiatrists and paediatricians are not required to develop a specific mental health care plan in order to refer patients for allied mental health services, though the preparation of a plan can be useful for the ongoing management of the patient.

In order to refer patients for allied mental health Medicare services, psychiatrists and paediatricians must first assess that the patient has a mental disorder that would benefit from the specific allied mental health services that can be provided using the Psychological Therapy and Focussed Psychological Strategies items. The psychiatrist or paediatrician is then required to provide a letter of referral to the allied mental health professional.

This referral must be made from a Medicare billed service (any of the items 104 to 109 for specialist psychiatrists or paediatricians, items 293 to 370 for consultant psychiatrists or items 110 to 131 for consultant paediatricians) in order for Medicare to recognise that the patient is eligible for Medicare rebates for allied mental health services. It is also important to note that when billing any Medicare item, the specific requirements of that item must have been met. Providers should refer to the Medicare Benefits Schedule available from [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline) for details on individual item requirements.

## **3. PROVIDER ELIGIBILITY**

### **3.1 What are the provider eligibility requirements to provide services under this initiative?**

All providers wishing to provide Psychological Therapy or Focussed Psychological Strategies – Allied Mental Health using the Medicare items must be registered with Medicare Australia as meeting the eligibility requirements of the items.

To provide Psychological Therapy services clinical psychologists must be eligible for membership of the Australian Psychological Society's College of Clinical Psychologists, and registered with the Psychologists Registration Board in the state or territory in which they are practising (clinical psychologists whose state/territory registration includes any limitation are not eligible to register with Medicare Australia to provide Psychological Therapy services under this initiative).

Focussed Psychological Strategies – Allied Mental Health services can be provided by:

- Psychologists registered with the Psychologists Registration Board in the State or Territory in which they are practising. (Psychologists whose State/Territory registration includes any limitation are not eligible to register with Medicare Australia to provide Focussed Psychological Strategies under this initiative).
- Occupational therapists who are full or part-time members of OT AUSTRALIA with a minimum of two years experience in mental health who abide by The Australian Competency Standards for Occupational Therapists in Mental Health.
- Social Workers who are members of the Australian Association of Social Workers (AASW), including certification by the AASW as meeting the standards for mental health set out in the AASW's 'Standards for Mental Health Social Workers 1999'.

Detailed information about registering with Medicare Australia to provide allied mental health services under this initiative is available from the Medicare Australia provider inquiry line on 132 150 or from:

Australian Psychological Society  
Website: [www.psychology.org.au](http://www.psychology.org.au)  
Phone: 1800 333 497

OT AUSTRALIA  
Website: [www.ausot.com.au](http://www.ausot.com.au)  
Phone: (03) 9415 2900

Australian Association of Social Workers  
[www.aasw.asn.au](http://www.aasw.asn.au)  
Phone: 1800 630 124

### **3.2 Will publicly funded psychologists be able to access the items?**

The Medicare mental health care items are available for services provided by health professionals working in private practice. This means that the items are not claimable by health services or individual providers working under arrangements which are already funded by the Australian or State Governments.

For example, if an individual allied mental health professional is receiving payment from a Division of General Practice as part of the Division's Government-funded role or function, or providing services funded under an Australian Government program, such as MAHS or ATAPS, they are not able to also provide and claim for Medicare items for services under such programs. If an allied mental health professional employed under a Government-funded program also accessed Government funding through Medicare as part of that employment this would involve double-dipping.

However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Service or State/Territory Government health clinic, these items can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, the service as long as all requirements of the items are met, including registration with Medicare Australia. In this case, these services must be direct billed (that is, the Medicare rebate is accepted as full payment for services).

### **3.3 How will a referring medical practitioner know whether an allied mental health professional is registered with Medicare Australia to provide Medicare rebateable services?**

There are two ways a medical practitioner can find out whether an allied mental health professional is registered with Medicare Australia to provide Psychological Therapy (clinical psychologists) or Focussed Psychological Strategies (psychologists, occupational therapists or social workers) services:

1. The referring practitioner may contact the allied health professional to check their Medicare Australia registration status for the items; or
2. The referring practitioner may get the information from the relevant professional bodies on their website or by phone. The contact details for these professional bodies are:

Australian Psychological Society  
Website: [www.psychology.org.au](http://www.psychology.org.au)  
Phone: 1800 333 497

OT AUSTRALIA  
Website: [www.ausot.com.au](http://www.ausot.com.au)  
Phone: (03) 9415 2900

Australian Association of Social Workers  
[www.aasw.asn.au](http://www.aasw.asn.au)  
Phone: 1800 630 124

Medicare Australia is unable to release information on the eligibility of allied mental health providers to third parties.

## **4. ELIGIBLE SERVICES**

### **4.1 What are Psychological Therapy services?**

Psychological Therapy services offer a full intervention package for the patient's condition.

Clinical psychologists registered with Medicare Australia are able to provide Medicare rebateable Psychological Therapy services to eligible patients. In addition to psycho-education, it is recommended that cognitive-behaviour therapy be provided. However, other evidence-based therapies, such as interpersonal therapy, may be used if considered clinically relevant.

### **4.2 What are Focussed Psychological Strategies services?**

A range of acceptable strategies has been approved for use by psychologists, occupational therapists or social workers (registered with Medicare Australia) using the Focussed Psychological Strategies items. These are:

- Psycho-education (including motivational interviewing)

- Cognitive-Behavioural Therapy (including behavioural interventions and cognitive interventions)
- Relaxation strategies (including progressive muscle relaxation and controlled breathing)
- Skills training (including problem-solving skills and training, anger management, social skills training, communications training, stress management, and parent management)
- Interpersonal Therapy (especially for depression)

There is flexibility to include narrative therapy for Aboriginal and Torres Strait Islander people.

There are also Focussed Psychological Strategies items for use by GPs (items 2721 – 2727). More information relating to the GP Focussed Psychological Strategies services is available from MBS online at: [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## **5. REFERRAL**

### **5.1 Do referring practitioners require a specific form to refer patients on to eligible allied mental health professionals for treatment?**

No. The referral may be a letter or note to an eligible allied mental health professional, signed and dated by the referring practitioner.

### **5.2 When do patients need to get a new referral?**

Patients need to get a new referral if:

- they have used up all their referred services;
- they require further services in a new calendar year (not in the same course of treatment);  
or
- they require further individual services under exceptional circumstances.

Referrals for allied mental health services do not become invalid at the end of a calendar year. These referrals remain valid for the stated number of services. If the services are not used during the calendar year in which the patient is referred, the unused services may be used in the next calendar year. However, they will be counted as part of the patient's calendar year limit for services in that calendar year.

For example, if a GP prepared a GP Mental Health Care Plan for a patient in November 2006 and referred the patient for 6 allied health services but only two of these services were completed by 31 December 2006, the remaining 4 referred services would still be valid into 2007.

The remaining 4 services could be provided in 2007 using the original referral but would count towards the patient's 2007 calendar year limit for allied mental health services.

### **5.3 What are the requirements for allied mental health professionals to report back to the referring medical practitioner?**

Patients are eligible to receive up to twelve individual services (up to eighteen in exceptional circumstances) and up to twelve group sessions in a calendar year.

Within this maximum service allocation, the allied mental health professional can provide one or more courses of treatment. For the purposes of the allied mental health items, a course of treatment consists of up to six services (but may involve less than six depending on the referral). This enables the referring medical practitioner to consider a report from the allied

mental health professional on the services provided to the patient, and the need for further treatment.

On completion of the initial course of treatment, the allied mental health professional must provide a written report to the referring medical practitioner, which includes information on:

- assessments carried out on the patient;
- treatment provided; and
- recommendations on future management of the patient's disorder.

A written report must also be provided to the referring medical practitioner at the completion of any subsequent course(s) of treatment provided to the patient.

## **6. CLAIMING RESTRICTIONS**

### **6.1 What are the Medicare rebates for the allied mental health items?**

The patient rebates for the allied mental health items vary dependant on:

- the professional providing the services;
- the length of the service;
- whether the service is provided in consulting rooms or at another location; and
- whether it is a group or individual service.

Providers can find specific details on rebate levels in the Medicare Benefits Schedule which is available on the Department of Health and Ageing website at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline).

### **6.2 How many services can a patient receive under this initiative?**

Eligible patients can generally receive up to 12 individual services in a calendar year in two groups of up to six services, although provision exists for patients to receive up to an additional six services where exceptional circumstances arise (see 6.3 below for further information regarding exceptional circumstances).

This maximum of 12 services may be made up of Psychological Therapy services, Focussed Psychological Strategies (provided by allied mental health professionals or GPs) or a mix of both. Services provided through the Better Outcomes in Mental Health Care Program's Access to Allied Psychological Services initiative are also included in this 12 service maximum.

In addition, eligible patients may also be able to receive up to 12 group therapy services in a calendar year where such services are possible and seen as appropriate by the provider. This maximum of 12 group services may be made up of Psychological Therapy services, Focussed Psychological Strategies – allied mental health services, or a mix of both.

On completion of a course of treatment (which is a maximum of six individual or group services, but could cover less depending on the nature of the referral) the allied health professional is required to complete a report to the referring medical practitioner. Once this report has been received, the patient's referring practitioner must assess the patient's need for additional services before further services may be provided (see question 5.3 for more detail regarding reporting requirements).

### **6.3 What are exceptional circumstances?**

Under exceptional circumstances a patient may access a further 6 individual services for Psychological Therapy or Focussed Psychological Strategies in excess of the maximum 12 individual services usually allowable. Exceptional circumstances apply where there has been a

significant change in the patient's clinical condition or care circumstances that requires further therapy.

The need for further services due to exceptional circumstances is determined by the patients referring practitioner, who should then provide a new referral briefly stating why the services are required in excess of the 12 services allowable per calendar year.

The patient's invoice or Medicare voucher (assignment of benefit form) for the additional allied mental health services should also be annotated to briefly indicate the reason why the service involved was required (eg annotated as clinically indicated, discharge, exceptional circumstance, significant change etc).

#### **6.4 Must Medicare items for the relevant GP, psychiatrist or paediatrician services be claimed before a Medicare rebate can be paid for allied mental health services?**

Yes. Psychological Therapy and Focussed Psychological Strategies services provided by allied mental health professionals will not attract a Medicare rebate unless they are provided after the relevant GP, psychiatrist or paediatrician service is complete, and a rebate for these services cannot be provided until after the appropriate referral item has been claimed.

This means that, before a Medicare rebate can be paid for allied mental health service, the patient must have already claimed a Medicare rebate for either MBS item 2710 (Preparation of a GP Mental Health Care Plan), MBS item 291 (psychiatrist assessment and management plan) or the relevant specialist psychiatrist or paediatrician items (104 – 109 inclusive) consultant psychiatrist items (293 - 370 inclusive) or consultant paediatrician items (110 - 131 inclusive).

Alternatively, if the referring practitioner bulk-bills the patient, the GP, psychiatrist or paediatrician must have already lodged a claim for direct payment from Medicare for the relevant item.

Where the referring practitioner bulk-bills patients, it may sometimes happen that a patient will have their first referred allied mental health service before the practitioner has actually lodged a Medicare claim for direct payment. When this happens, Medicare will be unable to process the patient's claim (or allied mental health professional's claim for direct payment) until after the referring practitioner's claim is submitted.

#### **6.5 What about out-of-pocket expenses and Medicare safety net provisions?**

Charges in excess of the Medicare benefit for items under this initiative are the responsibility of the patient. However, such out-of-pocket costs will count toward the Medicare safety net for that patient.

#### **6.6 What about patients with private health insurance cover?**

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services. Patients with such insurance can either: access rebates from Medicare under the allied mental health items by following the claiming process; or receive services from allied mental health professionals and claim where available on their insurer's ancillary benefits, but not both.

Patients cannot use their private health insurance ancillary cover to top up the Medicare rebates paid for these services. It is important for patients to check with their health fund which ancillary services are covered and what their out-of-pocket expenses are likely to be.

When patients have accessed all available services under this initiative, they may claim on their private health insurance for services in excess of maximum available under Medicare.

## **7. LINKS TO OTHER INITIATIVES**

### **7.1 Are the Chronic Disease Management items and referral pathways under the Allied Health and Dental Care initiative still available?**

Yes. The Chronic Disease Management Medicare items (GP Management Plan and Team Care Arrangements) continue to be available for patients with chronic medical conditions, including patients needing multidisciplinary care. The Allied Health and Dental Care initiative items remain available to patients being managed under the Chronic Disease Management items.

Allied health providers managing patients under the Allied Health and Dental Care initiative should continue to manage their patients using the relevant items.

From 1 November 2006, it is anticipated that patients with a mental disorder only, who require a care plan to be prepared will be managed under the GP Mental Health Care items.

### **7.2 Which items should I now use if my patient has been referred using an EPC referral form?**

If a patient being is managed through a GP Management Plan and Team Care Arrangements and has been referred to you using the EPC referral form, there are specific item numbers that should be used (items 10950 – 10977). You should refer to the Medicare Benefits Schedule for Allied Health and Dental Services for more detail on which item number is relevant to your professional group.

You can not bill Medicare items numbers 80000 – 80170 when the patient has been referred to you through a GP Management Plan and Team Care Arrangements using an EPC referral form.