

Medicare rebates for psychological services for chronic disease management - Allied Health and Dental Care initiative

What are the chronic disease management Medicare items?

The chronic disease management (CDM) Medicare items were first announced by the Federal Government in 2004, and were last reviewed in November 2006. The CDM items are part of the Allied Health and Dental Care initiative, which was previously known as MedicarePlus. This Government initiative assists people living with a chronic and/or complex medical illness by providing Medicare rebates for treatment from allied health professionals who are assisting in managing the illness.

Your GP is required to prepare a management plan (called a GP Management Plan and Team Care Arrangements) so that your illness can be better managed with the assistance of allied health professionals.

The initiative allows a person with a complex and/or chronic illness to claim a Medicare rebate for up to five visits (in total) to certain allied health professionals within a calendar year. These allied health professionals include:

- Aboriginal Health Workers
- Audiologists
- Chiropractors
- Chiropractors
- Diabetes Educator
- Dietitians
- Exercise Physiologists
- Mental Health Workers
- Occupational Therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Speech Pathologists

What illnesses are covered by the scheme?

Chronic medical conditions that may be covered by the scheme must have been present, or are likely to be present, for six months or more. The conditions include, but are not limited to:

- Asthma
- Cancer
- Cardiovascular Illness
- Diabetes Mellitus
- Mental Disorders
- Arthritis
- Musculoskeletal Conditions

Who is eligible for the rebates?

To be eligible to claim rebates under this initiative, you must have a chronic medical condition that has been present, or is likely to be present, for six months or more. Your illness must be being managed by a GP under a specific management plan (called a GP Management Plan and Team Care Arrangements, or an Enhanced Primary Care Multidisciplinary Care Plan).

Why is psychology provided for under this scheme?

Psychologists are experts in human behaviour. This means that they are able to assist not only those who have a mental illness, but also those who need help in adjusting to a chronic, or complex illness. Often chronic or complex illnesses require a number of lifestyle changes such as changes to health behaviours like diet, exercise, smoking and alcohol intake, or scheduling regular treatments or medications, as well as changes to work, family and living arrangements. Psychologists can often assist with better managing these changes. Being confronted with a long-term or complex illness can also be a very emotional time, and may cause many people to feel anxious or depressed, angry, helpless or confused. Psychologists can also often help to deal with these feelings so that you can better cope with your illness.

Can I access any/all psychologists?

Under the Medicare scheme you can only see a registered psychologist who has a Medicare Provider Number and who you have been referred to by your GP under a particular management plan.

What is a Medicare Provider Number?

Medicare is Australia's universal public healthcare system. Medicare Provider Numbers are issued by Medicare Australia to practitioners who are able to provide services for which a Medicare rebate can be claimed.

What is a registered psychologist?

All psychologists are legally required to register with the Psychologist Registration Board in their State or Territory, in the same way medical practitioners must be registered. This means that they must be competent and follow a strict Code of Conduct.

Not all counsellors or therapists are registered psychologists. Seeing someone who is registered ensures you receive high quality ethical treatment.

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If I am already seeing a psychologist, can I access Medicare benefits?

In order to receive a Medicare rebate, you must be referred to a psychologist by your GP under a specific management plan to assist in the managing your chronic/complex medical illness. If you are already seeing a psychologist, discuss this with your doctor.

How many sessions with a psychologist am I entitled to?

The chronic disease management scheme only provides payment for a total number of five visits per calendar year to all allied health professionals that are specified in your Team Care Arrangements (TCA) that your GP has prepared. This means the number of sessions with a psychologist that will be paid for by Medicare under this scheme will depend on how many sessions with other allied health professionals you have had or will require. For example, your TCA may state that you need two sessions with a podiatrist, one with a physiotherapist, one session with a dietitian, and one session with a psychologist. The combination of services can only add up to five sessions in a year, otherwise you will be required to pay for any additional services. You could have up to five sessions with a psychologist, but this would mean that Medicare would not pay for any other allied health visits that are required to manage your chronic/complex illness.

What will I have to pay for psychology services?

The cost to you and the rebate available from Medicare will vary depending on the fee being charged by the psychologist. If the psychologist decides to bulk bill you will not have to pay anything. However if the psychologist does not use the bulk billing method then you would pay the difference between what the psychologist charges you (which may be the schedule fee or a fee set by the psychologist) and the Medicare rebate. This will vary and you must check this out with the psychologist before commencing your treatment.

Does the Medicare Safety Net apply to my out-of-pocket expenses under this initiative?

Yes. You are responsible for paying any charges in excess of the Medicare rebate for items under this initiative. However, these out-of-pocket expenses will count towards both the original and the extended Medicare Safety Nets. Once you or your family reach the relevant threshold in the calendar year, Medicare benefits will increase to 100 per cent of the schedule fee under the original Safety Net, and 80 per cent of your total out-of-pocket expenses for out-of-hospital services under the extended Medicare Safety Net. The Medicare Safety Nets are designed to protect high users of health services from large out-of-pocket expenses.

What about my private health insurance?

You cannot use your private health insurance ancillary cover to top up the Medicare rebates for these services.

You need to decide if you will use Medicare or your private health insurance ancillary cover to pay for psychological services you receive. You can either access rebates from Medicare by following the claiming process or claim where available on your insurer's ancillary benefits.

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Further information is available from:

The Australian Psychological Society:
www.psychology.org.au

Australian Government
Department of Health and Ageing:
www.health.gov.au

The Australian Psychological Society ABN 23 000 543 788