



Referrals & Documentation:

How long should I keep a copy of the referral for?

Two factors dictate how long referrals should be kept for. Firstly, all file documentation (including referrals) should be kept as per the normal guidelines (e.g., seven years for adults). Secondly, Medicare requires that you keep copies of referrals for two years. However if you are selected for an audit, from that point on you cannot destroy any documents even if it has been over two years and even if they are wrong!

What if I receive a new referral for the first time for more than 6 sessions? Will the GP need to prepare another referral asking for only 6 sessions (maximum)?

No. We cannot assume 6 sessions if no number is stated on the referral, however if there is a higher number (eg, 10 sessions) than we can assume the maximum of 6. Best practice is still to write to the GP briefly stating this. You do not need to wait for the GP to formally respond requesting the 6 sessions.

If I receive an initial referral from the GP requesting 6 sessions followed by 4 sessions (i.e., referring for the full 10 in a single referral), must I still ask for a re-referral after the initial 6, or is the initial referral letter valid for two courses of treatment?

You require two separate referrals so will still require a second one after the initial course of treatment. You must write to the GP at the end of each course of treatment RECOMMENDING further treatment and receive that new referral before proceeding (unless the client wishes to proceed without a rebate).



If my client moves interstate, is the original MHCP and referral still valid?

Yes. The referral and MHCP follow with the client and are therefore still valid regardless of which state the client lives in. Medicare is a national program.

Can the information required for a referral be spread across the referral and the MHCP? Eg, the referral does not state session numbers but the MHCP does.

As long as you have both on file, you can consider this a whole document together and therefore a valid referral.

If a client has been referred to me by a pediatrician, do they need to have issued a Mental Health Care Plan?

No. Pediatricians and psychiatrists are specialists and a referral alone is enough for the client to access the Medicare rebates.

Do I need to have the referral on file before the client comes in for their first session?

No, although it's recommended so that you know upfront that they have a valid referral. When the client rings to book their first session, ask if they can drop it in or send it to you prior to their session, or ring the GP and ask for a copy of the referral.



Can the re-referral come from a different GP than the original referral?

Yes, clients can see any GP for a re-referral. You would then use the new referring GP's details for processing rebates.

Is a referral still valid if you have discharged the client without using all the rebateable sessions available?

Technically yes, but if a lot of time has passed (a year or more for example), it is still best to write to the GP. Your discharge letter should state something along the lines of 'I would welcome a re-referral should the client wish to attend again' (unless of course you don't wish for this to happen for this client).

Do we require a new referral at the beginning of a new calendar year?

A course of treatment can cross calendar years. Therefore if there are still sessions remaining on the course of treatment, they can be used in the new calendar year without the need for a re-referral.

Do I need documentation as a paper copy?

No. An electronic copy is sufficient.



Client Specific questions:

Does a client need to have been significantly adversely impacted by COVID-19 to be eligible for the further 10 sessions under Better Access?

No. This was initially the case, but this requirement was removed in late 2020.

Is couples counselling eligible under Better Access?

No. If your client's partner is occasionally attending sessions as a support person, that's ok, as long as you are prioritising the treatment of one person, not both. Relationship stress is not an eligible condition and couples therapy is not an eligible treatment type under Better Access.

Are sessions for children rebatable?

Yes. The child must be present for the whole session in order to claim a rebate. If you are speaking with the parent on their own, without the child present, this will not attract a Medicare rebate. However, it MAY attract a private health rebate.



Can I see a client more than once a week (and claim rebates)?

Yes. Claiming more than once a day could prove problematic at audit (e.g., claiming two rebates to cover a double session), unless you can prove that the client attends two separate sessions for a valid reason (e.g., first session for normal therapy, second session for unforeseen crisis).

A client recently got married and changed her surname. Her GP listed her MHCP as her maiden name but her Medicare card is her new/legal surname. Will this cause any issue for her rebate? All other info on the referral is acceptable.

Use the details that are the same as the ones Medicare has. Ensure that the referral has the client's Medicare number on it to provide consistency. If in doubt, always phone the GP to make sure they are talking about the same person.

Can I see an Australian Citizen that has an Australian MHCP but resides in another country?

No. The client is unable to access Medicare offshore. An alternative is they can receive the service and try to claim through their private health insurance.



Can I see my client for more sessions than what is allocated under Better Access?

Yes. You can see your client as many times as you like throughout the calendar year. However, only 20 sessions can attract a rebate under Better Access (i.e., the 'initial 10 sessions, plus the Extra 10). Outside of the 20 rebateable sessions, the client can continue to pay privately without a Medicare rebate. They may be able to claim on private health for any additional sessions.

Audits:

Could I be randomly selected for an audit?

Not usually. Audits are always triggered by something – either some because your billing pattern stands out as an outlier, or you've been dobbed in by someone.

What happens if I owe money to Medicare after an audit?

If you are an employee or sub-contractor, if you are found non-compliant, both you and the practice are equally liable for paying back money (as of July 2019). Similarly, if you are a practice owner and your team member is found non-compliant, you will share some financial penalty. The percentage split between parties will be determined by how the non-compliance occurred, and is assessed on a case-by-case basis.

If you have a debt to the government (owe money for Medicare non compliance), Medicare has the power to access your bank account and garnish funds.



What if you have sub-contractors at your practice but do not let the admin team process rebates?

See above point about how shared liability is determined.

Medicare:

If I have a question for Medicare, is it better to ring or email them?

It is better to email so that you have the answer in writing. However if you require an immediate response and need to call, then document everything - date, time, person you spoke to, question and the answer given.

Is there a time limit for claiming a rebate after you have seen the client?

In general it is not advisable to do a "batch claim" of bulk billings, as this may be a red flag for audit. However, there may be rare occasions where you are processing rebates or bulk bill claims in bulk. It's not against the rules to do so, every now and then is ok, just don't make a habit of it.

How can I keep up to date with any changes in order to remain compliant?

Check the Better Access Education Guide, or any official updates from Tess in the Better Access and Beyond Facebook Group.



Calendar Year Transition:

We receive MANY questions on this theme, mostly about “what if there’s only one more session left”.

EXAMPLE: You’ve received a referral for six sessions in December 2020, and only saw the client once before the end of the calendar year. In 2021, you proceeded with the course of treatment for a further five sessions, completing that course of treatment. You receive a re-referral for a further four sessions, after which you recommend the client has completed 9 out of the initial 10 sessions for the calendar year. Do you need to request a re-referral for just one session before recommending access to the Extra 10?

Yes. Unfortunately this is one of the major frustrations with how the Extra 10 and calendar year transitions are making things very confusing. You will need to ask for a referral for a single session, after which (i.e, after initial 10 have been completed) you can then recommend a rereferral for the Extra 10.

Telehealth:

Can telehealth appointments be conducted only over the phone?

Yes. Under the new Telehealth items introduced in response to Covid, Telehealth may be delivered either online (visual and audio connection) or by phone, with separate item numbers for each option.

However, rural and remote Telehealth items still require online only access (i.e., visual and audio connection). Best to use the Covid telehealth items!