



Your

# Better Access Survival Guide



A Straightforward  
Guide to  
Surviving  
Medicare  
Australia's Better  
Access to  
Mental Health  
Care Program





## Introduction

If you're anything like me, you're scared of getting audited by Medicare. And you're frustrated by not being able to get any straight or consistent answers when you call the Medicare Helpline. It's okay, we're all in the same boat. There are many grey areas within the Medicare legislation, so rather than getting tangled up in all the "but what if ..." scenarios, here's a simple and straightforward approach to being compliant within the Better Access system.

If you need more information, such as Item Numbers, have a look at the Better Access Education Guide (Google this phrase and you'll end up right there). Or get in touch with me if you're interested in my Better Access training program.

In the meantime, I hope my little guide will help you untangle your thoughts around Medicare.

Best wishes,

Tess.



# **My Top Tips for Surviving Medicare Australia's Better Access to Mental Health Care Program**

## **1. The Mental Health Care Plan**

A Mental Health Care Plan needs to have been completed by the GP and billed to Medicare before rebates are available. (Of course you can provide treatment without rebates beforehand if the client wishes.) You don't need a copy of the MHCP.

## **2. The Referral**

In order for your client to receive a rebate, you need a valid referral, which should contain a description of symptoms (or provisional diagnosis), the number of sessions the referred course of treatment should contain and be signed and dated by the GP. (Although not a Medicare requirement, it is good practice and a professional courtesy to write after the first session to acknowledge the referral and advise that treatment has commenced.)



### **3. The Session Numbers**

The number of sessions stated within the referral is called a Course of Treatment. A GP can refer for a maximum of 6 rebatable sessions at a time. Then to a maximum of 10 rebatable sessions per calendar year. These sessions can straddle across calendar years. Clients can access a maximum of 10 rebates per calendar year, which can be for face to face sessions or via telehealth.\* Outside of this, clients can of course see you for as many additional sessions as you and they agree to without a Medicare rebate. See also information on the “Extra 10”.

### **4. The Covid Extra 10\*\***

Clients now have access to an additional ten rebatable sessions per calendar year due to the ongoing impacts of Covid 19. A recommendation for the extra ten must be written to the GP after the initial 10 sessions. The GP can then issue a re-referral for the extra ten.



## **5. The GP Letters #1 - Initial Course of Treatment Completion**

You **MUST** write to the GP after the initial course of treatment, with a recommendation for an additional course of treatment if clinically indicated.

Do not ask for a review! And remember, these "reports" are really only letters and do not need to be overly long. A single page is sufficient to contain the relevant details (satisfactory progress, results of any tests, recommendation for further courses of treatment).

## **6. The Re-referral**

You require a **RE-REFERRAL** (not a "review") to commence an additional course of treatment. It is not essential for the GP to see the client for them to re-refer (although many GPs will insist on doing so).



## **7. You Don't Need a Review!**

A Review is a specific process within Better Access. It can be conducted at the GP's discretion (but not within 3 months of another Review) and has a specific item number. This is NOT essential in order for you to continue therapy, whereas a re-referral IS essential. It is not up to us to advise the GP to conduct a formal Review, but you should feel free to request a re-referral.

## **8. The Expiry of Referrals**

Referrals and re-referrals are valid for the number of sessions specified. They are not date-limited. Therefore, they expire when the number of specified sessions have been used up.

## **9. The "Expiry" of Mental Health Care Plans**

Mental Health Care Plans DO NOT EXPIRE. A new MHCP can be done if the clinical picture has changed significantly, but this is at the GP's discretion and is not essential (but a new plan can not be done within 12 months of the first one.) Note the difference between CAN be done (not MUST be done).

Do not ask GPs for a new plan. Ask instead for a re-referral.



## **10. The GP Letters #2 - Subsequent Courses of Treatment (and beyond)**

You MUST write to the GP again at the expiry of subsequent courses of treatment (number of sessions contained in the referral/re-referral). If the client has completed 10 rebatable sessions (plus the additional Covid 10) within the calendar year, you can continue to see them without a rebate. (Although not essential, it is good practice to advise the GP that this is what you are doing, and keep them advised of progress, even when no rebates are applicable (e.g., at the conclusion of another 6 non-rebatable sessions). Even with a re-referral from the GP, rebates would not apply again until the following calendar year.

## **11. The GP Letters #3 - Discharge**

You must write to the GP to advise of the completion of treatment and / or discharge (e.g., when the client drops out of treatment before completion). Create a reminder system to regularly check files for client drop-outs so you can stay on top of this.



## **12. Bonus Item - Prepare Yourself**

Make sure you document all communications with Medicare. There are many ambiguities within the legislation that are open to interpretation. (For example, the fact that GPs CAN do a review each 3 months is sometimes misinterpreted as meaning that they MUST do a review each 3 months, which is not the case.) Document each conversation, including who you spoke to, so that if you are audited and found non-compliant you can point to any errors in communication from Medicare. (The question of re-referral or review is a big one, as is information around calendar year transitions.)

If selected for an audit, don't be afraid to seek legal advice.

\* At the time of writing, Telehealth services remain rebatable under Better Access until 31 December 2021

\*\* At the time of writing, the ten additional Covid-19 sessions are available until 30 June 2022.





## Need more?

A step by step video training is available to guide you through Better Access. Over 500 mental health professionals have already accessed this training.

Training is available at [www.tesscrawley.com.au](http://www.tesscrawley.com.au)

## Who Is Tess Crawley?

Tess has been a registered psychologist since 2001 and completed her PhD in clinical psychology in 2004. She holds AHPRA-endorsement in both Clinical and Forensic Psychology, and is a Board-Approved Supervisor. Tess is a former psychology lecturer, research supervisor, and University Psychology Clinic Director, and was one of the original trainers in Better Access when this initiative was released in 2006. Tess has also worked in Adult Community Mental Health, vocational rehabilitation, and Forensic Mental Health (within both the Tasmanian and Queensland prison services).

Tess opened The Crawley Clinic in 2009 in Hobart, and in Launceston in 2016. She sold the Hobart practice in 2020, and opened Crawley House in Melbourne in 2021.

Since 2017 Tess has focussed on providing business coaching to private practice owners. She provides support via tailored mentoring programs, retreats, workshops, and written resources.

Contact Tess via the website or Facebook if you would like more information on business coaching programs.