

M.6 PROVISION OF PSYCHOLOGICAL THERAPY SERVICES BY CLINICAL PSYCHOLOGISTS (ITEMS 80000 TO 80020)

M.6.1 Overview of the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme Initiative

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme Initiative

The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme initiative commenced on 1 November 2006. It includes the introduction of new MBS items that provide Medicare benefits for the following allied mental health services:

- psychological therapy (items 80000 to 80020) – provided by eligible clinical psychologists; and
- focussed psychological strategies – allied mental health (items 80100 to 80170) – provided by eligible psychologists, occupational therapists and social workers.

M.6.2 PSYCHOLOGICAL THERAPY SERVICES ATTRACTING MEDICARE REBATES

Eligible psychological therapy services

There are five MBS items for the provision of psychological therapy services to eligible patients by a clinical psychologist. The clinical psychologists must meet the provider eligibility requirements set out below and be registered with Medicare Australia.

Services provided under the Psychological Therapy items will not attract a Medicare rebate unless:

- the patient is being managed under a GP Mental Health Care Plan (item 2710 or 2712);
- the patient is being managed under a psychiatrist assessment and management plan (item 291 or 293); or
- an eligible psychiatric or paediatric service has been provided and claimed.

Number of services per year

Medicare rebates are available for up to twelve allied mental health services in a calendar year. The twelve services may consist of: psychological therapy services (items 80000 to 80015); and/or focussed psychological strategies – allied mental health services (items 80100 to 80115; 80125 to 80140; 80150 to 80165 and/or Access to Allied Psychological Services (ATAPS) consultations under the Better Outcomes in Mental Health Care Program. After an initial group of six services, the practitioner managing the patient will conduct a review of the need for further services, before a further six may be provided. In addition, the referring practitioner may consider that in exceptional circumstances the patient may require an additional six services above that already provided (to a maximum total of 18 services per patient per calendar year). In these cases a new referral should be provided, and exceptional circumstances noted in that referral.

Patients will also be eligible to claim up to 12 separate services within a calendar year for group psychotherapy with 6-10 patients to which items 80020 (psychological therapy – clinical psychologist), 80120 (focussed psychological strategies – psychologist), 80145 (focussed psychological strategies – occupational therapist) and 80170 (focussed psychological strategies - social worker) apply. These group services are separate from the individual services and do not count towards the 12 service calendar year maximum associated with those items.

Out of pocket expenses and Medicare safety net

Charges in excess of the Medicare benefit for these items are the responsibility of the patient. However, such out-of-pocket costs will count toward the Medicare safety net for that patient. Psychological therapy services and/or focussed psychological strategies – allied mental health services in excess of twelve (12) in a calendar year (apart from where exceptional circumstances apply) will not attract a Medicare benefit and the safety net arrangements will not apply to costs incurred by the patient for such services.

Eligible patients

Items 80000 to 80020 (inclusive) apply to people with an assessed mental disorder and where the patient is referred by a medical practitioner who is managing the patient under a GP Mental Health Care Plan (item 2710 or 2712); and/or a psychiatrist assessment and management plan (item 291 or 293); or on referral from an eligible psychiatrist or paediatrician.

The conditions classified as mental disorders for the purposes of these services are informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version. For the purposes of these items, dementia, delirium, tobacco use disorder and mental retardation are not regarded as a mental disorder.

Checking patient eligibility for psychological therapy services

Patients seeking Medicare rebates for psychological therapy services will need to have a referral from a GP, psychiatrist or paediatrician. If there is any doubt about a patient's eligibility, Medicare Australia will be able to confirm whether a GP Mental Health Care Plan; and/or a psychiatrist assessment and management plan is in place and claimed; or an eligible psychiatric or paediatric service has been claimed, as well as the number of allied health services already claimed by the patient during the calendar year.

Clinical psychologists can call Medicare Australia on 132 150 to check this information, while unsure patients can seek clarification by calling 132 011.

Publicly funded services

Psychological therapy items 80000 to 80020 do not apply for services that are provided by any other Commonwealth or State funded services or provided to an admitted patient of a hospital or day-hospital facility. 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 clinic, the items apply for services that are provided by eligible clinical psychologists salaried by, or contracted to, the service as long as all requirements of the items are met, including registration with Medicare Australia. These services must be direct billed (that is, the Medicare rebate is accepted as full payment for services).

Private health insurance

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services. Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate paid for the services.

For further information about Medicare and the MBS, please go to the Department of Health and Ageing's website at www.health.gov.au/mbsonline.

M.6.3 REFERRAL REQUIREMENTS (GPs, PSYCHIATRISTS OR PAEDIATRICIANS TO ALLIED MENTAL HEALTH PROFESSIONALS)

Referrals

Patients must be referred for psychological therapy services by a GP managing the patient under a GP Mental Health Care Plan (item 2710 or 2712); and/or a psychiatrist assessment and management plan (item 291 or 293); or on referral from a psychiatrist or a paediatrician. Referring practitioners are **not** required to use a specific form to refer patients for these services. The referral may be a letter or note to an eligible clinical psychologist signed and dated by the referring practitioner.

The clinical psychologist must be in receipt of the referral at the first allied mental health consultation. A clinical psychologist is required to retain the referral form for 24 months from the date the service was rendered for Medicare Australia auditing purposes.

Referral validity

The referral remains 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 twelve (12) rebates for psychological therapy services and/or focussed psychological strategies – allied mental health services available to the patient during that calendar year (that is, the patient may only claim up to twelve (12) rebates in total each year).

Subsequent referrals

Where patients wish to access Medicare benefits for eligible psychological therapy or focussed psychological strategies – allied mental health services during their next period of eligibility for rebates (that is, the next calendar year), they should see their GP to obtain a new referral when they have used up their current referral.

M.6.4 ALLIED MENTAL HEALTH PROFESSIONAL ELIGIBILITY

Eligible allied health professionals

All consultations providing psychological therapy services must be rendered by a clinical psychologist with membership of the Australian Psychological Society's College of Clinical Psychology or equivalent, and who is registered with Medicare Australia.

Registering with Medicare Australia

Advice about registering with Medicare Australia to provide psychological therapy services using items 80000-80020 inclusive is available from the Medicare Australia provider inquiry line on 132 150.

M.6.5 ADDITIONAL REQUIREMENTS OF THE PSYCHOLOGICAL THERAPY SERVICES

Service length and type

Services provided by eligible allied health professionals under these items must be within the specified time period within the item descriptor. The allied health professional must personally attend the patient.

It is expected that professional attendances at places other than consulting rooms would be provided where treatment in other environments is necessary to achieve therapeutic outcomes.

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.

Reporting back to the referring medical practitioner

On completion of the course of treatment, the clinical psychologist must provide a written report to the referring medical practitioner. The written report provided to the referring medical practitioner should include information on:

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

Further information

For further information about Medicare Benefits Schedule items, please go to the Department of Health and Ageing's website at www.health.gov.au/mbsonline. A copy of the Medicare Allied Health and Dental Care Supplement can be accessed from this site. The Supplement includes more information about Medicare, including how to make a claim from Medicare.

Further information is also available for providers from the Medicare Australia provider inquiry line on 132 150.

M.7 PROVISION OF FOCUSED PSYCHOLOGICAL STRATEGIES SERVICES BY ALLIED HEALTH PROVIDERS (ITEMS 80100 TO 80170)

M.7.1 Overview of the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme Initiative

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme Initiative

The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme initiative commenced on 1 November 2006. It includes the introduction of new MBS items that provide Medicare benefits for the following allied mental health services:

- psychological therapy (items 80000 to 80020) – provided by eligible clinical psychologists; and
- focussed psychological strategies – allied mental health (items 80100 to 80170) – provided by eligible psychologists, occupational therapists and social workers.

M.7.2 FOCUSED PSYCHOLOGICAL STRATEGIES – ALLIED MENTAL HEALTH SERVICES ATTRACTING MEDICARE REBATES

Eligible focussed psychological strategies services

There are fifteen MBS items for the provision of focussed psychological strategies (FPS) – allied mental health services to eligible patients by allied health professionals:

- 80100, 80105, 80110, 80115 and 80120 for provision of FPS services by a psychologist;
- 80125, 80130, 80135, 80140 and 80145 for provision of FPS services by an occupational therapist; and
- 80150, 80155, 80160, 80165 and 80170 for provision of FPS services by a social worker.

The allied health professional must meet the provider eligibility requirements set out below and be registered with Medicare Australia.

Services provided under the focussed psychological strategies – allied mental health items will not attract a Medicare rebate unless:

- the patient is being managed under a GP Mental Health Care Plan (item 2710 or 2712);
- the patient is being managed under a psychiatrist assessment and management plan (item 291 or 293); or
- an eligible psychiatric or paediatric service has been provided and claimed.

Number of services per year

Patients will be eligible to claim Medicare rebates for up to twelve allied mental health services in a calendar year. These twelve services may consist of: psychological therapy services (items 80000 to 80015); and/or focussed psychological strategies – allied mental health services (items 80100 to 80115; 80125 to 80140; 80150 to 80165 and/or Access to Allied Psychological Services (ATAPS) consultations under the Better Outcomes in Mental Health Care Program. After an initial group of six services, the practitioner managing the patient will conduct a review of the need for further services, before a further six may be provided. In addition, the referring practitioner may consider that in exceptional circumstances the patient may require an additional six services above that already provided (to a maximum total of 18 services per patient per calendar year). In these cases a new referral should be provided, and exceptional circumstances noted in that referral.

Patients will also be eligible to claim up to 12 separate services within a calendar year for group psychotherapy with 6-10 patients to which items 80020 (psychological therapy – clinical psychologist), 80120 (focussed psychological strategies – psychologist), 80145 (focussed psychological strategies – occupational therapist) and 80170 (focussed psychological strategies - social worker) apply. These group services are separate from the individual services and do not count towards the 12 service calendar year maximum associated with those items.

Out of pocket expenses and Medicare safety net

Charges in excess of the Medicare benefit for these items are the responsibility of the patient. However, such out-of-pocket costs will count toward the Medicare safety net for that patient. Psychological therapy services and/or focussed psychological strategies services in excess of twelve (12) in a calendar year (apart from where exceptional circumstances apply) will not attract a Medicare benefit and the safety net arrangements will not apply to costs incurred by the patient for such services.

Eligible patients

Items 80100 to 80170 (inclusive) apply to people with an assessed mental disorder and where the patient is 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 from an eligible psychiatrist or paediatrician.

The conditions classified as mental disorders for the purposes of these services are informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version. For the purposes of these items, dementia, delirium, tobacco use disorder and mental retardation are not regarded as a mental disorder.

Checking patient eligibility for focussed psychological strategies – allied mental health services

Patients seeking Medicare rebates for focussed psychological strategies – allied mental health services will need to have a referral from a GP, psychiatrist or paediatrician. If there is any doubt about a patient's eligibility, Medicare Australia will be able to confirm whether a GP Mental Health Care Plan; and/or a psychiatrist assessment and management plan is in place and claimed; or an eligible psychiatric or paediatric service has been claimed, as well as the number of allied health services already claimed by the patient during the calendar year.

Clinical psychologists can call Medicare Australia on 132 150 to check this information, while unsure patients can seek clarification by calling 132 011.

Publicly funded services

FPS items 80100 to 80170 do not apply for services that are provided by any other Commonwealth or State funded services or provided to an admitted patient of a hospital or day-hospital facility. 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 clinic, the FPS items apply for services that are provided by eligible allied mental health professionals salaried by, or contracted to, the service as long as all requirements of the items are met, including registration with Medicare Australia. These services must be direct billed (that is, the Medicare rebate is accepted as full payment for services).

Private health insurance

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services. Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate paid for the services.

For further information about Medicare and the MBS, please go to the Department of Health and Ageing's website at www.health.gov.au/mbsonline.

M.7.3 REFERRAL REQUIREMENTS (GPs, PSYCHIATRISTS OR PAEDIATRICIANS TO ALLIED MENTAL HEALTH PROFESSIONALS)

Referrals

Patients must be referred for FPS services by a GP managing the patient under a GP Mental Health Care Plan (item 2710 or 2712); and/or a psychiatrist assessment and management plan (item 291 or 293); or on referral from a psychiatrist or a paediatrician. Referring practitioners are **not** required to use a specific form to refer patients for these services. The referral may be a letter or note to an eligible allied mental health professional signed and dated by the referring practitioner.

The allied mental health professional must be in receipt of the referral at the first allied mental health consultation. An allied mental health professional is required to retain the referral form for 24 months from the date the service was rendered for Medicare Australia auditing purposes.

Referral validity

The referral remains 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 twelve (12) rebates for psychological therapy services and/or focussed psychological strategies – allied mental health services available to the patient during that calendar year (that is, the patient may only claim up to twelve (12) rebates in total each year).

Subsequent referrals

Where patients wish to access Medicare benefits for eligible psychological therapy services or focussed psychological strategies during their next period of eligibility for rebates (that is, the next calendar year), they should see their GP to obtain a new referral when they have used up their current referral.

M.7.4 ALLIED MENTAL HEALTH PROFESSIONAL ELIGIBILITY

Eligible allied health professionals

Allied health professionals providing services under the items must be registered with Medicare Australia. To be eligible to register with Medicare Australia to provide these services, an allied health professional must be:

- A psychologist registered with the Psychologists Registration Board in the State or Territory in which they are practising. (Psychologists whose State/Territory registration includes any limitation, for example, where marked 'provisional registration', are not eligible to register with Medicare Australia to use the FPS item); or
- A full or part-time member of OT AUSTRALIA with a minimum of two years of experience in mental health and an undertaking to abide by The Australian Competency Standards for Occupational Therapists in Mental Health; or
- A member 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'.

Registering with Medicare Australia

Advice about registering with Medicare Australia to provide focussed psychological strategies – allied mental health services using items 80100-80170 inclusive is available from the Medicare Australia provider inquiry line on 132 150.

M.7.5 ADDITIONAL REQUIREMENTS OF THE FOCUSED PSYCHOLOGICAL STRATEGIES SERVICES

Service length and type

Services provided by eligible allied health professionals under these items must be within the specified time period within the item descriptor. The allied health professional must personally attend the patient.

It is expected that professional attendances at places other than consulting rooms would be provided where treatment in other environments is necessary to achieve therapeutic outcomes.

A range of acceptable strategies has been approved for use by allied health professionals utilising the FPS items. These are:

- 1. Psycho-education**
(including motivational interviewing)
- 2. Cognitive-behavioural Therapy including:**
 - **Behavioural interventions**
 - Behaviour modification
 - Exposure techniques
 - Activity scheduling
 - **Cognitive interventions**
 - Cognitive therapy
- 3. Relaxation strategies**
 - Progressive muscle relaxation
 - Controlled breathing
- 4. Skills training**

- Problem solving skills and training
- Anger management
- Social skills training
- Communication training
- Stress management
- Parent management training

5. Interpersonal Therapy (especially for depression)

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

Reporting back to the referring medical practitioner

On completion of the course of treatment, the allied health professional must provide a written report to the referring medical practitioner. The written report provided to the referring medical practitioner should include information on:

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

Further information

For further information about Medicare Benefits Schedule items, please go to the Department of Health and Ageing's website at www.health.gov.au/mbsonline. A copy of the Medicare Allied Health and Dental Care Supplement can be accessed from this site. The Supplement includes more information about Medicare, including how to make a claim from Medicare.

Further information is also available for providers from the Medicare Australia provider inquiry line on 132 150.

M.8 PREGNANCY SUPPORT COUNSELLING SERVICES (ITEMS 81000 TO 81010)

M.8.1 Overview of the Pregnancy Support Counselling Initiative

The Pregnancy Support Counselling initiative commenced on 1 November 2006. It provides for Medicare benefits to be paid for non-directive pregnancy support counselling services provided to women who are concerned about a current pregnancy, or a pregnancy that occurred in the preceding 12 months, by an eligible medical practitioner (including a general practitioner, but not including a specialist or consultant physician) or allied health professional on referral from a medical practitioner. The term 'GP' is used hereafter as a generic reference to medical practitioners (including a general practitioner, but not including a specialist or consultant physician).

M.8.2 NON-DIRECTIVE PREGNANCY SUPPORT COUNSELLING SERVICES ATTRACTING MEDICARE REBATES

Eligible pregnancy support counselling services

There are four new MBS items for the provision of non-directive pregnancy support counselling services:

- Item 4001 – services provided by an eligible GP;
- Item 81000 – services provided by an eligible psychologist;
- Item 81005 – services provided by an eligible social worker; and
- Item 81010 – services provided by an eligible mental health nurse.

These notes relate to items 81000-81010. Explanatory notes relating to item 4001 are available at note A.43.

Each individual allied health professional must meet the provider eligibility requirements set out below and be registered with Medicare Australia.

Number of services per year

Medicare benefits are available for up to three (3) eligible non-directive pregnancy support counselling services per patient, per pregnancy, provided using items 81000, 81005, 81010 and 4001 (see Explanatory notes A.43). The Medicare benefit payable for an eligible service provided using item 81000, 81005 or 81010 is \$55.00.

Partners of eligible patients may attend each or any counselling session, however, only one fee applies to each service.

Out of pocket expenses and Medicare safety net

Charges in excess of the Medicare benefit for these items are the responsibility of the patient. However, such out-of-pocket costs will count toward the Medicare safety net for that patient. Non-directive pregnancy support counselling services in excess of three (3) per pregnancy will not attract a Medicare benefit and the safety net arrangements will not apply to costs incurred by the patient for such services.

Eligible patients

Items 81000-81010 inclusive are available to women who are concerned about a current pregnancy or a pregnancy that occurred in the preceding 12 months, and where the patient is referred to an eligible allied health professional by a GP.

The items may be used to address any pregnancy related issues for which non-directive counselling is appropriate.

Publicly funded services

Items 81000, 81005 and 81010 do not apply for services that are provided by any other Commonwealth or State funded services or provided to an admitted patient of a hospital or day-hospital facility.

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 clinic, items 81000, 81005 and 81010 can be claimed for services provided by an eligible psychologist, social worker or mental health nurse salaried by or contracted to the service, where all requirements of the relevant item are met, including registration with Medicare Australia. These services must be direct billed (that is, the Medicare rebate is accepted as full payment for services).

Private health insurance

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services. Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate paid for the services.

M.8.3 REFERRAL REQUIREMENTS (GPs TO ALLIED HEALTH PROFESSIONALS)

Referral Form

Patients must be referred for non-directive pregnancy support counselling services by a GP. GPs are **not** required to use a specific form to refer patients for these services. The referral may be a letter or note to an eligible allied health professional signed and dated by the referring GP.

Patients may be referred by a GP to more than one eligible allied health professional for eligible non-directive pregnancy support counselling services (for example, where a patient does not wish to continue receiving services from the provider they were referred to in the first instance). However, Medicare benefits are only available for a maximum of three (3) non-directive pregnancy support counselling services to which items 4001, 81000, 81005 and 81010 apply, per patient, per pregnancy.

Where the patient is unsure of the number of Medicare rebated non-directive pregnancy support counselling services they have already accessed, the patient may check with Medicare Australia on 132 011. Alternatively, the psychologist, social worker or mental health nurse may check with Medicare Australia.

The relevant allied health professional must be in receipt of the referral at the first non-directive pregnancy support counselling service and must retain the referral for 2 years from the date the service was rendered, for Medicare Australia auditing purposes.

A copy of the referral is **not** required to accompany Medicare claims. However, referral details are required to be included on patients' itemised accounts/receipts or Medicare assignment of benefit forms.

Referral validity

The referral is valid for up to three (3) non-directive pregnancy support counselling services, per patient, per pregnancy.

Subsequent referrals

A new referral is required where the patient seeks to access non-directive pregnancy support counselling in relation to a different pregnancy or where the patient wishes to be referred to a different allied health professional than the one they were referred to in the first instance.

M.8.4 ALLIED HEALTH PROFESSIONAL ELIGIBILITY

Eligible allied health professionals

Items 81000, 81005 and 81010 can only be claimed for services provided by psychologists, social workers and mental health nurses who are registered with Medicare Australia. To be eligible to register with Medicare Australia to provide these services, a psychologist, social worker or mental health nurse needs to be:

- (a) a recognised professional who is registered under relevant State or Territory law; or
- (b) where there is no such State or Territory law, a practitioner who is a member of a professional association with uniform national registration requirements.

Specific eligibility requirements

Specific eligibility requirements for psychologists, social workers and mental health nurses providing services under these items are as follows:

- To be eligible to provide services using MBS Item 81000, a **psychologist** must be registered with the Psychologists Registration Board in the State or Territory in which they are practising (psychologists whose State/Territory registration includes any limitation, for example, where marked 'provisional registration', are not eligible to register with Medicare Australia to use item 81000), and have completed appropriate non-directive pregnancy counselling training;
- To be eligible to provide services using MBS Item 81005, a **social worker** must be a 'Member' of the Australian Association of Social Workers (AASW), be certified by AASW as meeting the standards for mental health set out in AASW's 'Standards for Mental Health Social Workers 1999', and have completed appropriate non-directive pregnancy counselling training;
- To be eligible to provide services using MBS Item 81010, a **mental health nurse** must be a 'Credentialled Mental Health Nurse' as certified by the Australian and New Zealand College of Mental Health Nurses (ANZCMHN), and have completed appropriate non-directive pregnancy counselling training.

Registering with Medicare Australia

Advice about registering with Medicare Australia to provide non-directive pregnancy support counselling services using items 81000-81010 inclusive is available from the Medicare Australia provider inquiry line on 132 150.

M.8.5 ADDITIONAL REQUIREMENTS OF THE NON-DIRECTIVE PREGNANCY SUPPORT COUNSELLING SERVICE

Service length and type

Non-directive pregnancy support counselling services provided by eligible psychologists, social workers and mental health nurses using items 81000-81010 inclusive must be of at least 30 minutes duration and provided to an individual patient. The allied health professional must personally attend the patient.

The service involves the psychologist, social worker or mental health nurse undertaking a safe, confidential process that helps the patient explore concerns they have about a current pregnancy or a pregnancy that occurred in the preceding 12 months. This includes providing, on request, unbiased, evidence-based information about all options and services available to the patient.

Non-directive counselling is a form of counselling which is based on the understanding that, in many situations, people can resolve their own problems without being provided with a solution by the counsellor. The counsellor's role is to encourage the person to express their feelings but not suggest what decision the person should make. By listening and reflecting back what the person reveals to them, the counsellor helps them to explore and understand their feelings. With this understanding, the person is able to make the decision that is best for them.

Further information

For further information about Medicare Benefits Schedule items, please go to the Department of Health and Ageing's website at www.health.gov.au/mbsonline. A copy of the Medicare Allied Health and Dental Care Supplement can be accessed from this site. The Supplement includes more information about Medicare, including how to make a claim from Medicare.

Further information is also available for providers from the Medicare Australia provider inquiry line on 132 150.