

Disclaimer: These updates apply to referrals for mental health care plans, chronic disease management plans, allied health and Aboriginal and Torres Strait Islander health and wellbeing services for Aboriginal and Torres Strait Islander people.

- **Note: these requirements do not apply to other MBS-supported allied health services, including eating disorder allied health services**
- This summary was adapted from MBS website:
  - <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.15.6&qt=noteID&criteria=AN%2E15%2E6>
  - <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=MN.6.3&qt=noteID&criteria=91170>

## QUICK SUMMARY

### What's Covered

- Mental Health Care Plans (MHCP) referrals
- Chronic Disease Management (CDM) plans
- Allied health and Aboriginal & Torres Strait Islander health services  
(*Excludes Eating Disorder Plans*)

### 1. Referral Requirements

- Must be **in writing, signed** (electronic signature acceptable)
- Include:
  - Referring practitioner's name, practice address or provider number
  - Date of referral
  - Help Seeker's name, DOB, and address
  - Reason for referral and relevant clinical details
  - **Number of services requested** (mandatory for MHCP referrals)

### 2. Mental Health Services (Better Access)

- Referral must specify **sessions per course of treatment**:
  - **Initial course**: up to **6 sessions**
  - **Subsequent course**: up to **4 sessions** (total max 10 per calendar year)

- MHCP alone is **not a referral** – a separate referral letter is required
- Referral does **not** need to name the treating health professional
- If number of sessions is missing or exceeds 6 sessions or calendar year limits, allied health professional must confirm in writing with the referrer

### 3. Chronic Disease Management Plans

- From **1 July 2025**, specifying number of services is **optional**
- Referrals can still include service numbers if the practitioner chooses (typically 5)

#### Key Points

- Clients can choose any eligible provider of the specified type
  - At treatment start: send **Acceptance Letter** to GP
  - At course end: send **Review/Discontinuation Letter** to GP
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## COMPREHENSIVE BREAKDOWN

### What We Accept (Medicare Benefit Scheme [MBS] Referral Requirements)

#### 1. The Referral Letter Must Include

- The name of the referring practitioner
- The address of the practice, or the practitioner's provider number at that practice, of the referring practitioner
- The date on which the referring practitioner made the referral
- Be in writing
- Signed by the referring practitioner (noting this can be an electronic signature)
- the help-seeker's name, date of birth and address
- Explain the reasons for referring the HS, including any information about the HS's condition that the referring practitioner considers necessary to give the health professional.

## **2. The number of services in a referral MUST BE SPECIFIED**

- The maximum service limit for each course of treatment is set out below:
  - Initial course of treatment - a maximum of 6 individual services.
  - Subsequent course of treatment - remaining individual services up to the HS's cap of 10 services per calendar year (for example, if the HS received 6 services in their initial course of treatment, they could only receive 4 services in a subsequent course of treatment provided within the same calendar year).
- If this number IS NOT specified:
  - Does not specify the number of services
  - Specifies a number of services above the maximum allowed for the course of treatment
    1. (e.g., if 10 is specified, it must be amended to 6).
  - Specifies a number of services above the maximum allowed for the calendar year (including any services the HS has already received that year),

The eligible allied health professional must contact the referring practitioner to determine the required number of services required. This must be in writing.

## **3. Does the referral need to include the name of the health professional who is to provide the referred service?**

- No. The help seeker can take the referral to any eligible health professional of the same profession/type specified in the referral of their choosing.
- The help seeker can choose to take their referral to any eligible allied health professional of the same profession/type specified in the referral.

## **4. Can we Accept a MHCP without a Referral?**

- A Mental Health Treatment Plan is not considered a referral, and a referral for mental health services under Better Access should be in writing (signed and dated by the referring practitioner [which can be by an electronic signature]) and include:
  - the HS's name, date of birth and address;
  - the HS's symptoms or diagnosis;
  - a list of any current medications;

- the number of services the helpseeker is being referred for; and
- a statement about whether the helpseeker has had a Mental Health Treatment Plan or a Psychiatrist Assessment and Management Plan prepared.
- In sum - we can accept a Referral without a MHCP (as long as it mentions MBS or MHCP in the referral); but we CANNOT accept a MHCP without that initial referral letter.

**5. Does the referral need to specify the number of services to be provided?**

- Yes, for psychological therapy services and focussed psychological strategies services under the Better Access initiative (Item codes: 91170, 91184, 91167, 91182), the referral should include the number of services the helpseeker is being referred to in the course of treatment.
- Under Medicare's Better Access Initiative, client's can access up to 10 individual and 10 group sessions per calendar year. However, these must be broken into *courses of treatment and cannot exceed 10 sessions per calendar year.*

| Type                        | Max Sessions  |
|-----------------------------|---|
| Initial Course of Treatment | 6 sessions  |
| Subsequent course           | 4 sessions (if 6 were already used). Review's session's cannot exceed a sum of 10.<br><br>1. E.g., if a help seeker had 6, and a GP referred for another 6, this will need to be amended to 4). |

- Reporting requirements (unchanged)
  - At the start of treatment, clinicians must send an Acceptance Letter to the GP. At the end of course, a report (review letter) is sent to the GP by the psychologist to recommend ongoing treatment.
- If, in their referral, the referring practitioner:
  - Does not specify the number of services
  - Specifies a number of services above the maximum allowed for the course of treatment

- Specifies a number of services above the maximum allowed for the calendar year (including any services the helpseeker has already received that year),

We need the referral amended, this must be in writing.

## **6. What about Chronic Disease Management Plans?**

- No, for referrals for helpseekers with the management of chronic conditions (CDM Plans; item codes 10968, 93000, 93013). From 1 July 2025 referrals do not need to specify the number of services to be provided.

However, nothing prevents the referring medical practitioner from specifying the number of services to be provided under the referral if they choose to do so (e.g., most will refer for 5 session's only).

- This recognises that some helpseekers accessing allied health and Aboriginal and Torres Strait Islander health and wellbeing services may wish to access a higher number of services than are supported by the MBS

## **7. Can Referral Sessions Carry Over into the new calendar year?**

- If a help seeker has not used all their psychological therapy services and/or focussed psychological strategies services covered by a referral within the calendar year, it is not necessary to obtain a new referral for the "unused" services. However, any "unused" services received from 1 January in the following year under that referral will count as part of the total services for which the help seeker is eligible in that calendar year.
- **Key takeaway**
  - The number of sessions in a referral CANNOT exceed a sum of 10 (e.g., if a GP gave an initial 6 and then a review for 6).
  - If a client does not use ALL the sessions allocated in a referral and/or review (e.g., they've had 8 sessions in 2025, but still have 2 left on their review), they may use these in the next calendar year. However this would still eat into their summed calendar year count (2/10 used in 2026).