



Working in private practice and the Medicare Benefits Schedule (MBS)

August 2021

One of the Australian College of Mental Health Nurses' key aims is to create a wide range of opportunities for mental health nurses to work in primary, community or acute care. The College has been advocating for enabling mental health nurses to claim for services under Better Access for many years.

The following MBS item numbers can only be claimed by a Credentialed Mental Health Nurse for services in private practice. Unfortunately, MHNs are still not able to claim for services under [Better Access](#).

Medicare Benefits Schedule Review

In June 2020, the MBS taskforce concluded its five-year review of more than 5,700 items on the MBS and how these items can be aligned with clinical evidence and practice with the aim of improved health outcomes for patients.

The College had a representative on each of the three review committees advocating for mental health nurses having greater access to the mental health items under the MBS including those under Better Access.

The final report provided more than 1,400 proposals ranging from improving consumer's access to lower out-of-pocket costs when accessing private practitioners, to patients with eating disorders being able to access more services under Medicare. The report highlighted the need for ongoing reviews and reform of

the MBS with the establishment of a Medicare Advisory Committee (MAC). It has been recommended that the membership of this group include a wide range of health care providers including nurses.

This extensive 88-page five-year review unfortunately makes no recommendations on a review of the MBS provider list and the inclusion of mental health nurses in the MBS. The College continues to advocate within this space.

MBS item numbers CMHN/MHNP are able to claim under

Mental health nurses should be able to claim under some specific MBS item numbers depending on client eligibility (the MBS benefit payable is included in the links below):

Chronic Disease Management Plans

Mental health services for a patient who has a Chronic Disease Management Plan (**MBS Item number 10956**). If a GP has prepared a chronic disease management plan for the patient, they can receive a Medicare rebate for up to five sessions with allied health professionals. This can include the provision of mental health services provided by CMHNs.

The MBS has information about this item:

- [Medicare Benefits Schedule - Item 10956](#)



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A similar item is available for patients who identify as Aboriginal and Torres Strait Islander:

- [Medicare Benefits Schedule - Item 81325](#)

Non-Directive Pregnancy Counselling

A CMHN can provide up to three counselling sessions related to pregnancy issues when the patient is referred by their GP after they have completed an online CPD training program through the ACMHN.

- [Medicare Benefits Schedule - Item 81010](#)

Apply for a Medicare provider number

A provider number is a unique number issued to eligible health professionals who participate in the Medicare program.

A provider number:

- is required if you bill, prescribe or request services that are eligible for a Medicare benefit;
- identifies your qualifications, registration, eligibility status and any restrictions in your access to Medicare benefits;
- identifies your practice location so the Department of Veterans' Affairs can process your claims, and let you refer patients to another health service where they can claim a Medicare benefit.

You can apply for a provider number through [Services Australia](#).

Charging fees under MBS items

In considering what to charge clients under the MBS items in this document, it is important to consider what rate will cover all your expenses (consider rent, insurance, phone/internet, stationery, licenses and software).

It is also worth noting that as a private practitioner, you aren't compelled to see people by referral from anyone and can refer clients to alternative services. Common practice may include a combination of:

- Charging clients based on the gap that people usually get between Medicare and seeing a psychologist under Better Access;
- Reducing the out-of-pocket fee or bulk billing those clients who are less able to afford the out-of-pocket fee (for example those with a Health Care Card).