Medicare Psychology | Therapist Australia | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/medicare/

Details:

Medicare is Australia's universal health scheme. It pays a rebate toward the cost of certain allied health and psychology sessions when you have the right referral from a doctor. It does not pay the whole fee unless the provider bulk bills, and Bloom Healthcare is not a bulk billing service . There are two main Medicare doors into allied health: the Better Access initiative for mental health, and a GP Chronic Condition Management Plan for chronic physical conditions. Medicare funds treatment . The NDIS funds disability-related function and participation . They are different systems with different rules, and mixing them up is the most common mistake people make. To talk it through, call 1300 771 465 or make a referral .

The two Medicare pathways at a glance

	Better Access (mental health)	GP Chronic Condition Management Plan
What it is for	Clinical treatment of a diagnosed mental health condition	Allied health support for a chronic condition
What you need first	A Mental Health Care Plan and referral from a GP, or a referral from a psychiatrist or paediatrician	A chronic condition management plan and referral from a GP or prescribed medical practitioner
Sessions per calendar year	Up to 10 individual sessions, plus up to 10 group sessions	Up to 5 individual allied health services
Who can deliver	Psychologists and other eligible mental health practitioners	Twelve allied health professions, listed below
Delivered by telehealth	Yes, nationally, for individual sessions	Ask your GP and provider what applies to your referral

Session numbers and rules are set by the Australian Government. Check the current position with Services Australia or your GP before you rely on it.

Better Access: Medicare-rebated psychology

Who is eligible

According to Services Australia and the Better Access initiative, you need:

a current Medicare card as an Australian resident

an assessment that you have a clinically diagnosed mental health condition

a valid referral: a Mental Health Care Plan (MHCP) and referral from your GP, or a direct referral from a psychiatrist or paediatrician , who do not need to write an MHCP

A prescribed medical practitioner at your MyMedicare-enrolled or usual practice can also refer.

How many sessions

Up to 10 individual sessions per calendar year (1 January to 31 December), and separately up to 10 group sessions . The count resets on 1 January. Unused sessions do not carry over.

Sessions are usually released in blocks rather than all at once. A first course of treatment is commonly up to 6 sessions , and a following course commonly up to 4 , which is how the 10 individual sessions are typically reached across a year.

About referral validity

This one is widely misunderstood, so it is worth being precise.

A Mental Health Care Plan does not expire. Once your GP has completed it, the original plan stays valid. Your GP may choose to write a new one after 12 months if your situation has changed significantly, but that is a clinical decision, not a requirement.

A referral is not valid for a fixed period such as 12 months. It is valid for the number of sessions specified in that course of treatment . That means a referral can carry across a calendar year boundary, although your 10-session yearly entitlement still resets on 1 January.

To keep going after your first course of sessions, you return to your GP for a review and a new referral , which is sent to your provider.

A valid referral needs a description of symptoms or a provisional diagnosis, the type of therapy requested, your details, and the referring practitioner's signature and date.

Telehealth

Telehealth psychology under Better Access is a permanent part of the scheme, not a temporary pandemic measure. Individual telehealth sessions are available nationally where it is safe and clinically appropriate, not only in rural areas, and they attract the same Medicare rebate as an in-person session.

Two conditions to be aware of:

For a plan prepared by telehealth, you generally need to have had at least one face-to-face appointment in the past 12 months with your usual GP or prescribed medical practitioner, unless an exemption applies.

Group telehealth sessions are restricted to areas classified Modified Monash Model 4 to 7. That restriction does not apply to individual sessions.

GP Chronic Condition Management Plans

If you have a chronic condition that would benefit from allied health, your GP or a prescribed medical practitioner can put a chronic condition management plan in place and refer you.

What Services Australia sets out:

up to 5 individual allied health services per calendar year

up to 10 individual services per calendar year for Aboriginal and Torres Strait Islander patients

up to 5 services from a practice nurse or an Aboriginal and Torres Strait Islander health practitioner

for people with type 2 diabetes, one assessment plus up to 8 group sessions per calendar year

Who can deliver these services: audiologists, chiropractors, diabetes educators, dietitians, exercise physiologists, mental health workers, occupational therapists, osteopaths, physiotherapists, podiatrists, psychologists and speech pathologists. Some of these professions need specific accreditation or credentialing to bill under the scheme.

Who is not eligible: hospital in-patients cannot use these services. People living in residential aged care who have a multidisciplinary care plan may be able to.

Referral validity: a referral under a chronic condition management plan is valid for the timeframe written in the referral, or, if no timeframe is stated, for 18 months from the date of the first service under that referral.

One rule worth knowing: the referral decision belongs to the doctor. An allied health provider must not hand a GP a partly completed referral to sign, and must not pre-empt what the GP decides you need.

What Medicare will not pay for

Medicare is a treatment scheme. It does not fund:

disability-related capacity building — support aimed at building independence, daily living skills and community participation for someone with a disability. That is the NDIS's job.

non-clinical psychosocial disability support. Medicare covers clinical diagnosis and treatment. Functional support is a different system.

anything that is another government programme's responsibility , including supports that sit with the NDIS or with aged care.

the full cost of a session with a provider who does not bulk bill. The rebate is a contribution, not the whole fee.

Medicare, the NDIS and aged care: which one applies to you

This is the section people come to this page for.

Medicare versus the NDIS

Medicare treats. The NDIS builds capacity.

	Medicare	NDIS
Purpose	Clinical treatment of a diagnosed condition; symptom relief and stabilisation	Disability-related functional capacity, independence and participation
What you need	A referral and plan from a GP, psychiatrist or paediatrician	NDIS eligibility and an active plan, with the support judged reasonable and necessary
Typical psychology work	Assessment and treatment planning, evidence-based therapy such as CBT, review after the initial block of sessions	Functional and goal-based assessment, practical strategies for daily living, skill building and coaching, often involving carers, coordination with the wider support team
Where it is usually funded from	Medicare rebate against an MBS item	Capacity Building, most often Improved Daily Living

How long it runs	Time-limited course of treatment, capped per calendar year	Runs for the life of the plan, subject to plan reassessment

Choose Medicare when your goal is treatment of a diagnosed condition — anxiety, depression, trauma — and you want a structured, time-limited course of therapy.

Choose the NDIS when daily living tasks keep breaking down because of disability, participation in work, study or community life is limited, and you need ongoing practical capacity building.

Can you use both?

Yes. It is common for someone with psychosocial disability to get clinical treatment through Medicare and functional capacity support through the NDIS at the same time. The NDIS explicitly does not replace the health system, and your medical and clinical care should not stop when you become a participant.

The rule that matters: the same session cannot be claimed twice. One session, one funding source. Your provider needs to know which pathway each appointment sits under before it happens.

Where aged care sits

Aged care is a separate system again, not a Medicare pathway. Allied health for older Australians is generally delivered through aged care funding rather than through a Medicare rebate, although an older person may still access Medicare-rebated allied health through a chronic condition management plan as a separate arrangement. Aged care is available from age 65, or from 50 for Aboriginal and Torres Strait Islander people and people at risk of homelessness.

Fees, rebates and the gap

Bloom Healthcare is not a bulk billing service . That means:

you pay the session fee, and Medicare pays you a rebate

the difference between the fee and the rebate is your gap , and it is your responsibility

the rebate is paid into the bank account you have nominated with Medicare

Bloom's admin team can process the Medicare claim after each session; you need to give Bloom your Medicare details and your Mental Health Care Plan ahead of the appointment

Bloom publishes its Medicare psychology session fees on this page: $240 for a telehealth session by secure video, and $360 for an in-community session at your home, school or aged care facility. Confirm current fees when you book on 1300 771 465 — published fees can change, and other services are quoted separately.

Rebate amounts are set by the Australian Government and change. They also differ by delivery setting and by the registration category of the practitioner. This page does not publish a rebate figure, because a stale number is worse than none. Check the current amount for your item with Services Australia , or ask Bloom for the item numbers that will be used so you can look them up yourself.

How it works with Bloom, step by step

See your GP. Ask for a Mental Health Care Plan and a referral, or for a chronic condition management plan if your need is a chronic physical condition. Your GP assesses you and sets treatment goals.

Contact Bloom. Call 1300 771 465 , make a referral or use the contact page . Send your Medicare details and your plan and referral ahead of the first session so billing is not held up.

First session. The first appointment runs about an hour. You will complete an informed consent form covering your plan, the treatment proposed, the limits of confidentiality, the number of sessions approved, the review process, and the fees and out-of-pocket cost. The clinician then does a full biopsychosocial assessment — presenting issues, personal history, social and occupational functioning, cultural and family background, risk factors, and your strengths and protective factors.

Baseline measures. Validated screening tools are used at the start so progress can be measured rather than guessed at. Common ones include the DASS-21, the K10 and the PCL-5. Results are kept on your file.

Goals and a letter to your GP. Your therapy goals are set and documented, and a letter goes back to your referring GP summarising the initial findings and the plan.

Ongoing sessions. Later sessions run about 50 minutes.

Review after the first course. At the end of the initial block, the screening tools are re-administered, progress is discussed, goals are adjusted if needed, and a progress letter goes to your GP. If more sessions are needed, you return to your GP for a review and a new referral.

End of the calendar year entitlement. When your sessions for the year are used, a final round of screening is done, you get a therapy summary, and a closing letter goes to your GP with recommendations for ongoing care. If you need therapy beyond your Medicare entitlement, options include paying privately or looking at other rebates or low-cost services.

Assessments

Alongside therapy, Bloom offers ADHD, autism, cognitive, diagnostic and behavioural assessments. These are delivered in clinic, in your home or community, or by telehealth via secure video.

Assessments for complex neurodevelopmental conditions and disability are billed under different Medicare items from ordinary therapy sessions, and the rules and rebates differ. Ask Bloom which items apply to your assessment, then check the current rebate for those items with Services Australia before you book.

Access and coverage

Bloom's primary delivery model is in the community — your home, school, day programme or aged care facility. Clinics are available case by case, so ask when you enquire. Telehealth is available nationally for eligible Medicare psychology sessions.

Clinicians are based across New South Wales , South East Queensland , South Australia , Tasmania , Victoria , Western Australia and the ACT. The full location guide lists the suburbs covered.

To start: call 1300 771 465 , make a referral , or use the contact form .

Common questions about Medicare-funded allied health and psychology

How many Medicare psychology sessions can I get in a year?

Up to 10 individual sessions per calendar year under Better Access, plus up to 10 group sessions as a separate entitlement. The year runs 1 January to 31 December and the count resets, with no carry-over of unused sessions.

Does my Mental Health Care Plan expire?

No. Once your GP has completed it, the plan itself stays valid. Your GP may write a new one after 12 months if your situation has changed significantly, but there is no automatic expiry. What runs out is the sessions on your current referral, not the plan.

How long is a Better Access referral valid?

It is valid for the number of sessions in that course of treatment, not for a set period of time. That is different from a chronic condition management plan referral, which is valid for the timeframe written on it, or 18 months from the first service under it if no timeframe is stated.

Do I need a new referral after 6 sessions?

Usually yes. Better Access sessions are commonly released in a block of up to 6, then a further block of up to 4. After the first block your psychologist reviews progress and writes to your GP, and you go back to your GP for a review and a new referral for the remaining sessions.

Is Bloom a bulk billing service?

No. You pay the session fee and Medicare pays a rebate into your nominated bank account. The gap between the fee and the rebate is your out-of-pocket cost, and it is discussed with you before your first session.

How much is the Medicare rebate?

Rebate amounts are set by the Australian Government, differ by item and delivery setting, and change over time. Check the current amount with Services Australia, or ask Bloom which item numbers will be used for your sessions so you can look them up. This page deliberately does not publish a figure that could be out of date by the time you read it.

Can I use Medicare and my NDIS plan at the same time?

Yes, for different things. Clinical treatment of a diagnosed mental health condition can be funded through Medicare, and disability-related capacity building through your NDIS plan. The absolute rule is that one session is claimed under one funding source only. Tell your provider which pathway each appointment sits under.

Will Medicare fund the same therapy as the NDIS?

No, and this is the crux of it. Medicare funds treatment and stabilisation of symptoms. The NDIS is explicitly excluded from funding symptom treatment and instead funds building and maintaining functional capacity and participation. Even where the same clinician is involved, the work has a different purpose under each scheme.

Is telehealth worth less than seeing someone in person?

Not in Medicare's eyes. Individual telehealth sessions under Better Access attract the same rebate as in-person sessions and are available nationally where it is safe and clinically appropriate. Group telehealth is limited to Modified Monash Model 4 to 7 areas.

Can I use Medicare for occupational therapy, physiotherapy or speech pathology?

Yes, through a GP Chronic Condition Management Plan rather than Better Access. That pathway covers twelve allied health professions, including occupational therapy, physiotherapy, speech pathology, exercise physiology, dietetics and podiatry, with up to 5 individual services per calendar year, or 10 for Aboriginal and Torres Strait Islander patients.

My GP said I have 5 sessions but I thought it was 10. Which is right?

Both, for different schemes. Five individual allied health services per calendar year is the chronic condition management plan figure. Ten individual sessions is the Better Access mental health figure. If you have both a chronic condition and a mental health condition, ask your GP which plan each referral is written under.

Can I get a Medicare plan done by telehealth?

Usually only if you have seen your usual GP or prescribed medical practitioner face to face in the past 12 months, unless one of the exemptions to that rule applies. Ask your practice directly.

What happens when I run out of sessions for the year?

Your psychologist does a final round of screening, gives you a therapy summary, and writes to your GP with recommendations for ongoing care and any risk considerations. If you need to continue, options include paying the full fee, other rebates you may be entitled to, or lower-cost counselling services. Your entitlement resets on 1 January.

Does Medicare cover aged care allied health?

Generally no. Allied health in aged care is funded through the aged care system rather than by Medicare rebate, although an older person may still use a chronic condition management plan as a separate pathway. If you are unsure which applies to you, ring 1300 771 465 and describe your situation.

Does Bloom Healthcare bulk-bill psychology appointments?

No, Bloom Healthcare is not a bulk-billing psychology service. Bloom charges the full appointment fee, and if the service meets Medicare requirements, the client may claim the applicable Medicare benefit and pay the remaining gap.

How many psychology sessions can Medicare support per year under Better Access?

Under the Better Access initiative, an eligible person can receive Medicare benefits for up to 10 individual and up to 10 group mental health treatment services per calendar year (1 January to 31 December). Referrals are generally arranged in courses, with review by the referring practitioner when further treatment is needed.

Do I need a Mental Health Treatment Plan to access Medicare-rebated psychology at Bloom?

Usually yes — you need a treatment plan and a valid written referral from your usual GP or MyMedicare practice. A psychiatrist or paediatrician can also provide a qualifying direct referral. Note that a treatment plan by itself is not the same as the referral.

Can Medicare-funded sessions be delivered via telehealth at Bloom Healthcare?

Yes. Eligible Better Access services can be delivered by video or phone when the relevant requirements are met. Bloom Healthcare prioritises secure video telehealth and confirms clinical suitability before booking.

What does a session cost at Bloom Healthcare?

Bloom Healthcare's current published fee is $240 for a telehealth therapy session and $360 for an in-community appointment. Diagnostic and cognitive assessments may have different scope and fees, which should be confirmed before proceeding.

Does Medicare cover ADHD, autism, or cognitive assessments at Bloom Healthcare?

Not automatically. Better Access primarily supports eligible mental health treatment, and coverage for assessments depends on the specific service, referral, provider, and MBS item. Bloom Healthcare will explain the proposed scope and cost before booking any assessment.

Can I use private health insurance along with a Medicare-claimed psychology session?

Generally no — you cannot use private ancillary insurance to top up a service for which you claim a Medicare benefit. Clients should ask their health fund about alternatives if they are not claiming Medicare for that appointment.

What Medicare-funded services does Bloom Healthcare provide beyond psychology?

Beyond psychology and counselling (via Better Access), Bloom Healthcare provides Medicare-funded occupational therapy through chronic disease management plans, speech pathology via Chronic Condition Management Plans and MBS M10, physiotherapy for recovery from events such as surgery, exercise physiology for chronic disease management, and dietetics for nutrition management.

What therapeutic approaches are used in Bloom Healthcare's Medicare psychology services?

Bloom Healthcare's Medicare-rebated psychology services include approaches such as Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness-Based therapies, focusing on high-quality care for a wide range of mental health concerns.

Who can provide the referral required for Medicare psychology at Bloom Healthcare?

A valid referral is required from either a general practitioner or prescribed medical practitioner at the general practice where the patient is enrolled in MyMedicare, or from the patient's usual medical practitioner. Direct referrals from psychiatrists or paediatricians are also accepted.