

GP Chronic Disease Management/Team Care Arrangements

If you wish to access a rebate through Medicare for counselling or therapy, a valid GP Chronic Disease Management Plan needs to be provided to Learning Curve Psychology at least one week prior to your initial appointment. If you would like to know how much rebate you will receive, please call Medicare on 13 2011 and quote the item number 10968.

Chronic Disease Management Plan/Team Care Arrangements

This referral can only be provided by a General Practitioner. The client must attend an extended appointment with their GP prior to the psychology appointment in order to gain access to this rebate. The GP will conduct an assessment and, if the client is eligible, prepare a Chronic Disease Management Plan/Team Care Arrangement. The GP must bill item number 721 (or 725) and item number 723 (or 727) to Medicare. After the plan has been prepared, Learning Curve Psychology must receive from the GP a letter of referral and the plan on the standardised form with the following details:

- Addressed as either "To the Psychologist", or by name to the specific psychologist with whom you have your appointment. The referral letter cannot be addressed to a different psychologist);
- The address/contact details of Learning Curve Psychology;
- Specify the client name and date of birth;
- Specify details of the Chronic Disease Management Plan and Team Care Arrangements, as set out in the standardised form, including the number of visits allocated to psychology (maximum of five per calendar year);
- The specific condition the client requires treatment for;
- The contact details of the GP and the clinic, as well as the GP's Medicare Provider Number;
- Signed and dated by the GP (please note date must be prior to the appointment date).

Clients are only eligible for this referral if they have a chronic medical condition that has been, or is likely to be, present for at least six months, and who require ongoing care from a multidisciplinary team (including the GP, the psychologist and at least one other healthcare provider).

Please note there are only five sessions available under this item number over all services (including speech therapy, occupational therapy and psychology). The plan should state the number of sessions that have been allocated to psychology. It is the client's responsibility to check whether other service providers have or intend to bill under this allowance. Call Medicare if you are unsure.