Medicare Psychology Rebate Guide for Australians



A referral can feel like one more administrative task when you are already trying to understand attention difficulties, anxiety, behaviour changes or a possible neurodevelopmental condition. This Medicare psychology rebate guide explains the usual pathway in practical terms, including what a Mental Health Care Plan does, when a rebate may apply, and why assessment and therapy are often funded differently.

Medicare arrangements can change, and the right pathway depends on your circumstances, the service being provided and the practitioner. It is sensible to confirm current fees, rebates and referral requirements with both your GP and the clinic before booking.

How Medicare psychology rebates work

Medicare rebates for psychological therapy are commonly accessed through the Better Access initiative. It allows eligible people with a diagnosed mental health condition to receive Medicare rebates for certain psychological services when they have a valid referral and Mental Health Care Plan, or another eligible referral pathway.

A rebate is not the same as bulk billing. With a private psychology service, the clinic charges its consultation fee and Medicare returns a set rebate after the appointment is claimed. The amount left for the client to pay is often called the gap. It can vary according to the practitioner, the type and length of appointment, and the Medicare item claimed.

Eligibility is based on clinical need and the relevant Medicare requirements, rather than on whether someone identifies with ADHD, autism, anxiety or another condition. A GP or eligible medical practitioner needs to consider your presentation and determine whether a Mental Health Care Plan or referral is appropriate.

For children and adolescents, the appointment with the referring practitioner may involve parents or carers sharing observations about development, learning, behaviour, mood and daily functioning. For adults, it may include a discussion of current concerns, personal history, prior treatment and the impact of symptoms at work, study, home or in relationships.

What a Mental Health Care Plan includes

A Mental Health Care Plan is prepared by a GP or eligible medical practitioner. It records relevant mental health information, sets out goals for care, and supports referral to an eligible psychologist or other allied mental health professional.

The plan is not a diagnosis in itself, and it is not a guarantee that every psychology appointment or assessment will attract a rebate. It is a document that enables access to specific Medicare-subsidised treatment services when the other requirements are met.

When making a referral, the practitioner generally includes your details, the date, the reason for referral and the number of sessions authorised. Ask for a copy of the referral or plan, and check that the clinic receives it before your appointment. If you are using telehealth, the same preparation is useful, as administrative requirements still apply.

A current referral matters. Medicare generally cannot be claimed retrospectively simply because a plan is obtained after therapy has already taken place. If you are unsure whether your paperwork is current, ask before attending rather than assuming the rebate will be available.

How many rebated sessions are available?

Under the Better Access arrangements, eligible clients can generally receive Medicare rebates for up to 10 individual psychological therapy services per calendar year. Eligible group therapy services may also be available, with separate limits. The number of sessions initially referred is often fewer than the annual maximum.

After the initial sessions, a review with the referring GP or medical practitioner is usually required before a further referral can be made. This review is a useful opportunity to discuss whether therapy remains appropriate, whether the goals need adjustment, and whether other supports should be considered.

The calendar-year limit is important. It is not measured from the date you first start therapy. If you begin sessions late in the year, the available number of rebated sessions may reset on 1 January, provided you still meet the relevant requirements and have an appropriate referral.

Not every person needs ongoing psychology sessions, and a Medicare pathway should not dictate the entire care plan. Some people may benefit from a focused period of therapy. Others may need assessment first, coordinated medical review,

school or workplace supports, or a broader multimodal plan. The appropriate next step depends on the clinical picture.

Therapy rebates and assessment fees are different

This distinction is especially relevant for people seeking ADHD or autism assessment. A comprehensive assessment may involve detailed clinical interviews, developmental history, questionnaires, collateral information, scoring and interpretation of measures, feedback, and sometimes a written report. These components do not automatically fall under the Medicare-rebated psychology therapy items used through a Mental Health Care Plan.

Some appointments within a broader clinical process may be eligible for a Medicare rebate, while formal assessment, report preparation or additional testing may have separate fees or no Medicare rebate. The answer depends on the particular service, the clinician's Medicare eligibility and the item requirements.

Before booking an ADHD, autism or other diagnostic assessment, ask the clinic to explain which parts of the process are therapy appointments, which are assessment appointments, what fees apply, and whether any rebate may be claimed. Clear information at the outset helps families and adults plan without making assumptions about out-of-pocket costs.

A diagnosis is also not the only purpose of assessment. A careful process may help clarify whether attention, executive function, emotional regulation, learning, sleep, anxiety, mood or other factors should be considered in treatment planning. Medicare funding should be one practical consideration, not a reason to reduce the assessment to a single label.

Choosing a psychologist and checking costs

For a Medicare rebate to apply, the service must be provided by an appropriately eligible practitioner and claimed under the relevant Medicare item. Psychologists may have different areas of practice, appointment formats and fee structures. A

clinic can explain its services, but your referring practitioner remains an important part of the care pathway.

Before your first appointment, it is reasonable to ask four practical questions:

- Do you need my Mental Health Care Plan or referral before the appointment?
- Is this appointment eligible for a Medicare rebate, and what is the current estimated rebate?
- What is the full consultation fee and expected out-of-pocket cost?
- Is the appointment therapy, formal assessment, report feedback, or part of another service?

This is particularly helpful where appointments are longer than a standard therapy consultation. Longer or more complex services can be clinically appropriate, but their Medicare treatment may differ from a routine session.

If you have private health insurance, check carefully before claiming. In many circumstances, you cannot claim a private health benefit and a Medicare rebate for the same service. Your insurer can confirm what your policy covers and whether waiting periods or annual limits apply.

Referrals for children, teenagers and adults

The Medicare process is broadly similar across age groups, but the clinical context can look different. Parents may begin with a GP appointment when a child is having ongoing difficulties with attention, emotional regulation, learning, behaviour or social participation. Bringing school reports, previous assessments and notes about patterns at home can support a more informed discussion.

Teenagers may need space to describe their own experience as well as input from a parent or carer. For adults, a referral discussion may follow years of feeling disorganised, overwhelmed, anxious or unable to maintain routines, or it may relate to concerns that became more apparent after a child's assessment. These experiences warrant thoughtful clinical exploration, not self-diagnosis based on a checklist.

A psychiatrist or paediatrician may also be involved, particularly where medical review, medication considerations or complex developmental history form part of the picture. Psychological therapy and diagnostic assessment can complement medical care, with consent-based communication between relevant providers where appropriate.

A practical Medicare psychology rebate checklist

Bring your Medicare card details, referral or Mental Health Care Plan, and any relevant reports to your first appointment. Check the referral date and the number of sessions authorised. If someone else is managing a child's appointment, make sure the clinic has the parent or guardian contact and consent details it requires.

At the end of a Medicare-eligible appointment, the clinic may process the claim for you or provide the information needed for you to claim. Processing times and methods vary. Keep invoices and receipts, especially if you need them for your records, private health insurer or referring practitioner.

If a rebate is not available for a particular service, that does not mean the service lacks clinical value. It may mean Medicare has drawn a boundary between treatment items and the time-intensive work involved in assessment, testing or reporting. Asking early, and keeping your GP and clinic informed, can make the pathway clearer and allow care decisions to be based on your needs as well as the available funding arrangements.

For more information

Call (03) 9848 9100

Published: 08/09/2026 and updated on: 23/11/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist