Medicare Eligibility for Psychology Sessions



Medicare eligibility psychology sessions can feel confusing because the rebate depends on more than booking with a psychologist. The referral type, the reason for care, the service provided and the current Medicare rules all matter. For a person seeking support with ADHD-related functional difficulties, anxiety, low mood, sleep concerns or adjustment after a diagnosis, knowing the pathway before an appointment can prevent avoidable surprises about fees and rebates.

What Medicare eligibility for psychology sessions means

Medicare may provide a rebate for eligible psychology services when a person has the required referral documentation and the appointment meets the relevant Medicare item requirements. A referral alone does not automatically mean every appointment, assessment component or written report will attract a rebate.

For many people, access begins with a GP appointment. The GP considers the person's mental health needs and may prepare a Mental Health Care Plan and referral for psychological services. A psychiatrist or paediatrician may also make an eligible referral in some circumstances. The wording, date and intended recipient of the referral can affect whether it can be used for Medicare claiming.

A Mental Health Care Plan is not a diagnosis and it is not a guarantee that Medicare will pay for all psychology costs. It is a document that records the reason for referral, the care arrangements and a plan for review. Medicare sets limits on the number of rebated psychological services available within a calendar year. Further sessions may require a review and another referral from the treating medical practitioner.

The most reliable approach is to ask the clinic and referring practitioner about the current requirements before booking. Medicare arrangements can change, and the relevant rules on the day of service apply.

The difference between therapy and diagnostic assessment

This distinction matters for people seeking an ADHD or autism assessment. Psychology therapy appointments and comprehensive diagnostic assessment are not interchangeable services, even where both are provided by a registered psychologist.

Psychological therapy may focus on the emotional, behavioural and practical difficulties affecting daily life. Depending on the referral and the person's

circumstances, sessions may address anxiety, depression, sleep difficulties, stress, emotional regulation, organisation, workplace demands, family adjustment or the functional impact of a neurodevelopmental diagnosis.

A diagnostic assessment has a different purpose. It may include a detailed developmental history, structured clinical interviews, rating scales, school or workplace information where available, consideration of other explanations for the presentation, and feedback about findings. For children and adolescents, information from parents or caregivers and school can be relevant. For adults seeking a later-life assessment, childhood history and available collateral information can help place current difficulties in context.

Some assessment appointments may meet Medicare requirements where there is an eligible referral and the service is billed under an applicable item. Other components, such as extensive testing, report preparation, school liaison or certain assessment services, may not be covered in the same way. Eligibility cannot be assumed from the words “ADHD assessment”, “autism assessment” or “psychology appointment”.

Before proceeding, ask for clear information about the proposed assessment process, the appointment fees, which parts may be Medicare-claimable and what documentation is needed. This allows a family or adult client to make decisions with the likely out-of-pocket cost in view.

What to arrange before the first session

The administrative side is usually simpler when it is organised before the first appointment. A person may need a current referral, a Mental Health Care Plan where relevant, a Medicare card and the details of the GP, paediatrician or psychiatrist involved in care.

It is also sensible to check whether the referral has been sent to the clinic and whether it names the psychologist or practice as required. Referrals have dates, and Medicare has rules about when services can be provided under them. A clinic can explain what documents it has received, but the referring practitioner remains responsible for the referral and care plan.

For a child or adolescent, parents and caregivers may also wish to gather previous reports, relevant school information and details of other professionals involved. For an adult, useful documents can include earlier assessments, reports or records that help describe developmental history. These documents are not always essential for an initial appointment, but they may assist the assessment process.

Questions that make fees and rebates clearer

Medicare rebates are paid according to Medicare rules, while each clinic sets its own fees. The difference between the appointment fee and any Medicare rebate is the out-of-pocket cost. Bulk billing is not automatic, and a clinic may charge a private fee even when a rebate is available.

Before booking, it is reasonable to ask whether the appointment type may be eligible for a Medicare rebate, what fee is payable on the day, whether the clinic can process the claim, and whether a GP review is needed before additional rebated sessions. It is also useful to ask whether the proposed appointment is therapy, assessment, feedback, report work or a combination of these.

For an assessment pathway, clarity about reports is particularly important. A written report may be clinically useful for communicating findings to a GP, paediatrician, psychiatrist, school or other provider, but report preparation is not necessarily covered by a Medicare rebate. The clinic should explain fees for this work before it is undertaken.

Private health insurance is separate from Medicare. Some policies include psychology cover, but a person generally cannot claim a private health benefit and a Medicare rebate for the same service. Checking the insurer’s current rules can help avoid an incorrect expectation of reimbursement.

When a Mental Health Care Plan may not be the whole pathway

A Mental Health Care Plan can support access to eligible psychological therapy, but it does not replace medical care or diagnostic coordination. Where medication is being

considered, reviewed or prescribed, those decisions sit with a GP, paediatrician or psychiatrist. Psychologists contribute assessment, diagnostic support, therapy and communication with other providers where consent has been given.

A person may also need care that does not fit neatly within a Medicare-rebated session. This can include a longer diagnostic assessment, liaison with a school, a detailed report, family appointments or practical planning after a diagnosis. These services may still be part of a considered clinical pathway, but the funding arrangements should be discussed separately.

At Behavioural Neurotherapy Clinic, registered psychologists provide assessment, diagnostic support and psychological therapy for children, adolescents and adults. The clinic can explain its appointment types and fees, while the referring GP, paediatrician or psychiatrist can advise on the referral and medical aspects of care.

A practical way to move forward

Start by identifying the immediate purpose of care: psychological therapy, diagnostic assessment, support after a diagnosis, or a combination of these. Then speak with the GP or relevant medical practitioner about the appropriate referral. Providing the clinic with the referral before the appointment gives staff an opportunity to check the administrative details and explain the likely fee arrangements.

Medicare eligibility is only one part of choosing a psychology service. A clear referral, an accurate understanding of the appointment type and open discussion about costs can make the next step feel more manageable, whether the care is delivered in Doncaster, elsewhere in metropolitan Melbourne or by telehealth.

For more information

Call (03) 9848 9100

Published: 14/11/2026 and updated on: 14/11/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist