

## **M.8 PREGNANCY SUPPORT COUNSELLING SERVICES (ITEMS 81000 TO 81010)**

### **M.8.1 Overview of the Pregnancy Support Counselling Initiative**

The Pregnancy Support Counselling initiative commenced on 1 November 2006. It provides for Medicare benefits to be paid for non-directive pregnancy support counselling services provided to women who are concerned about a current pregnancy, or a pregnancy that occurred in the preceding 12 months, by an eligible medical practitioner (including a general practitioner, but not including a specialist or consultant physician) or allied health professional on referral from a medical practitioner. The term 'GP' is used hereafter as a generic reference to medical practitioners (including a general practitioner, but not including a specialist or consultant physician).

### **M.8.2 NON-DIRECTIVE PREGNANCY SUPPORT COUNSELLING SERVICES ATTRACTING MEDICARE REBATES**

#### **Eligible pregnancy support counselling services**

There are four new MBS items for the provision of non-directive pregnancy support counselling services:

- Item 4001 – services provided by an eligible GP;
- Item 81000 – services provided by an eligible psychologist;
- Item 81005 – services provided by an eligible social worker; and
- Item 81010 – services provided by an eligible mental health nurse.

These notes relate to items 81000-81010. Explanatory notes relating to item 4001 are available at note A.43.

Each individual allied health professional must meet the provider eligibility requirements set out below and be registered with Medicare Australia.

#### **Number of services per year**

Medicare benefits are available for up to three (3) eligible non-directive pregnancy support counselling services per patient, per pregnancy, provided using items 81000, 81005, 81010 and 4001 (see Explanatory notes A.43). The Medicare benefit payable for an eligible service provided using item 81000, 81005 or 81010 is \$55.00.

Partners of eligible patients may attend each or any counselling session, however, only one fee applies to each service.

#### **Out-of-pocket expenses and Medicare Safety Net**

Charges in excess of the Medicare benefit for these items are the responsibility of the patient. However, such out-of-pocket costs will count toward the Medicare safety net for that patient. Non-directive pregnancy support counselling services in excess of three (3) per pregnancy will not attract a Medicare benefit and the safety net arrangements will not apply to costs incurred by the patient for such services.

#### **Eligible patients**

Items 81000-81010 inclusive are available to women who are concerned about a current pregnancy or a pregnancy that occurred in the preceding 12 months, and where the patient is referred to an eligible allied health professional by a GP.

The items may be used to address any pregnancy related issues for which non-directive counselling is appropriate.

#### **Publicly funded services**

Items 81000, 81005 and 81010 do not apply for services that are provided by any other Commonwealth or State funded services or provided to an admitted patient of a hospital or day-hospital facility.

However, where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Service or State/Territory clinic, items 81000, 81005 and 81010 can be claimed for services provided by an eligible psychologist, social worker or mental health nurse salaried by or contracted to the service, where all requirements of the relevant item are met, including registration with Medicare Australia. These services must be direct billed (that is, the Medicare rebate is accepted as full payment for services).

### **Private health insurance**

Patients need to decide if they will use Medicare or their private health insurance ancillary cover to pay for these services. Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate paid for the services.

## **M.8.3 REFERRAL REQUIREMENTS (GPs TO ALLIED HEALTH PROFESSIONALS)**

### **Referral Form**

Patients must be referred for non-directive pregnancy support counselling services by a GP. GPs are **not** required to use a specific form to refer patients for these services. The referral may be a letter or note to an eligible allied health professional signed and dated by the referring GP.

Patients may be referred by a GP to more than one eligible allied health professional for eligible non-directive pregnancy support counselling services (for example, where a patient does not wish to continue receiving services from the provider they were referred to in the first instance). However, Medicare benefits are only available for a maximum of three (3) non-directive pregnancy support counselling services to which items 4001, 81000, 81005 and 81010 apply, per patient, per pregnancy.

Where the patient is unsure of the number of Medicare rebated non-directive pregnancy support counselling services they have already accessed, the patient may check with Medicare Australia on 132 011. Alternatively, the psychologist, social worker or mental health nurse may check with Medicare Australia.

The relevant allied health professional must be in receipt of the referral at the first non-directive pregnancy support counselling service and must retain the referral for 2 years from the date the service was rendered, for Medicare Australia auditing purposes.

A copy of the referral is **not** required to accompany Medicare claims. However, referral details are required to be included on patients' itemised accounts/receipts or Medicare assignment of benefit forms.

### **Referral validity**

The referral is valid for up to three (3) non-directive pregnancy support counselling services, per patient, per pregnancy.

### **Subsequent referrals**

A new referral is required where the patient seeks to access non-directive pregnancy support counselling in relation to a different pregnancy or where the patient wishes to be referred to a different allied health professional than the one they were referred to in the first instance.

## **M.8.4 ALLIED HEALTH PROFESSIONAL ELIGIBILITY**

### **Eligible allied health professionals**

Items 81000, 81005 and 81010 can only be claimed for services provided by psychologists, social workers and mental health nurses who are registered with Medicare Australia. To be eligible to register with Medicare Australia to provide these services, a psychologist, social worker or mental health nurse needs to be:

- (a) a recognised professional who is registered under relevant State or Territory law; or
- (b) where there is no such State or Territory law, a practitioner who is a member of a professional association with uniform national registration requirements.

### **Specific eligibility requirements**

Specific eligibility requirements for psychologists, social workers and mental health nurses providing services under these items are as follows:

- To be eligible to provide services using MBS Item 81000, a **psychologist** must be registered with the Psychologists Registration Board in the State or Territory in which they are practising (psychologists whose State/Territory registration includes any limitation, for example, where marked 'provisional registration', are not eligible to register with Medicare Australia to use item 81000), and have completed appropriate non-directive pregnancy counselling training;
- To be eligible to provide services using MBS Item 81005, a **social worker** must be a 'Member' of the Australian Association of Social Workers (AASW), be certified by AASW either as meeting the standards for mental health set out in AASW's 'Standards for Mental Health Social Workers 1999', or as an Accredited Social Worker, and have completed appropriate non-directive pregnancy counselling training;

- To be eligible to provide services using MBS Item 81010, a **mental health nurse** must be a ‘Credentialled Mental Health Nurse’ as certified by the Australian and New Zealand College of Mental Health Nurses (ANZCMHN), and have completed appropriate non-directive pregnancy counselling training.

### **Registering with Medicare Australia**

Advice about registering with Medicare Australia to provide non-directive pregnancy support counselling services using items 81000-81010 inclusive is available from the Medicare Australia provider inquiry line on 132 150.

## **M.8.5 ADDITIONAL REQUIREMENTS OF THE NON-DIRECTIVE PREGNANCY SUPPORT COUNSELLING SERVICE**

### **Service length and type**

Non-directive pregnancy support counselling services provided by eligible psychologists, social workers and mental health nurses using items 81000-81010 inclusive must be of at least 30 minutes duration and provided to an individual patient. The allied health professional must personally attend the patient.

The service involves the psychologist, social worker or mental health nurse undertaking a safe, confidential process that helps the patient explore concerns they have about a current pregnancy or a pregnancy that occurred in the preceding 12 months. This includes providing, on request, unbiased, evidence-based information about all options and services available to the patient.

Non-directive counselling is a form of counselling which is based on the understanding that, in many situations, people can resolve their own problems without being provided with a solution by the counsellor. The counsellor’s role is to encourage the person to express their feelings but not suggest what decision the person should make. By listening and reflecting back what the person reveals to them, the counsellor helps them to explore and understand their feelings. With this understanding, the person is able to make the decision that is best for them.

### **Further information**

For further information about Medicare Benefits Schedule items, please go to the Department of Health and Ageing’s website at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline).

For providers, further information is also available from the Medicare Australia provider inquiry line on 132 150.

MISCELLANEOUS	MISCELLANEOUS
<b>GROUP M8 - PREGNANCY SUPPORT COUNSELLING</b>	
† 81000	<p>Provision of a non-directive pregnancy support counselling service to a woman who is concerned about a current pregnancy or a pregnancy that occurred in the preceding 12 months, by an eligible psychologist, where the patient is referred to the psychologist by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate.</p> <p>This service may be provided by a psychologist who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service. It may not be provided by a psychologist who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination.</p> <p>To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items –81000, 81005, 81010 and 4001 (See para M.8 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$64.70                      <b>Benefit:</b> 85% = \$55.00</p>
† 81005	<p>Provision of a non-directive pregnancy support counselling service to a woman who is concerned about a current pregnancy or a pregnancy that occurred in the preceding 12 months, by an eligible social worker, where the patient is referred to the social worker by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate.</p> <p>This service may be provided by a social worker who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service. It may not be provided by a social worker who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination.</p> <p>To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items –81000, 81005, 81010 and 4001 (See para M.8 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$64.70                      <b>Benefit:</b> 85% = \$55.00</p>
† 81010	<p>Provision of a non-directive pregnancy support counselling service to a woman who is concerned about a current pregnancy or a pregnancy that occurred in the preceding 12 months, by an eligible mental health nurse, where the patient is referred to the mental health nurse by a medical practitioner (including a general practitioner, but not a specialist or consultant physician), and lasting at least 30 minutes. The service may be used to address any pregnancy related issues for which non-directive counselling is appropriate.</p> <p>This service may be provided by a mental health nurse who is registered with Medicare Australia as meeting the credentialling requirements for provision of this service. It may not be provided by a mental health nurse who has a direct pecuniary interest in a health service that has as its primary purpose the provision of services for pregnancy termination.</p> <p>To a maximum of three non-directive pregnancy support counselling services per patient, per pregnancy from any of the following items - 81000, 81005, 81010 and 4001 (See para M.8 of explanatory notes to this Category)</p> <p><b>Fee:</b> \$64.70                      <b>Benefit:</b> 85% = \$55.00</p>