



Guideline for substantiating that a valid Allied Mental Health service has been provided (for allied health professionals)

This guideline relates to the MBS item numbers 80000 to 80170, rendered by allied health professionals under the Better Access program. The guideline is not exhaustive and you can respond to a Medicare compliance audit or review using any documents you think substantiate the concern raised. However, we may determine more information is needed and request additional documentation to substantiate the services you have claimed. Read the [health professional guidelines](#) about substantiating claims for Medicare compliance purposes before proceeding.

Documents you may use to substantiate a claim

Any document you give us should have been created during or as soon as practicable after the service occurred. It should include the patient's name and the date the service was provided.

Documents that allied health professionals could provide to substantiate that a mental health service has been provided:

- **A copy or excerpt of a written referral** - clearly showing the patient's name, the name of the referring health professional and the date of referral
- **A copy or excerpt of a valid GP Mental Health Treatment Plan written and sent by a medical practitioner to an allied health professional** - clearly showing the patient's name and the date the valid GP Mental Health Treatment Plan was created
- **A copy or excerpt of the valid psychiatrist assessment and management plan** - written and sent by a psychiatrist to an allied health professional clearly showing the patient's name and the date the valid plan was created
- **A copy or excerpt of the valid psychiatrist assessment and management plan** - written and sent by a psychiatrist

Documents that allied health professionals could provide to substantiate that a report has been written at the completion of a course of treatment (under items 80000 to 80165, except items 80020, 80120, 80145 and 80170):

- **A copy or excerpt of a report written to the referring health professional** - clearly showing the patient's name, the name of the referring health professional and the date of the report

In most cases, a patient's clinical information will be the only way to confirm that the patient attended the service, and to substantiate you received the correct Medicare benefit. If you need to use a patient's clinical information you can censor any details that aren't relevant. You can also choose to provide the information to one of our medical advisers.

Resources

[Health Insurance \(Allied Health Services\) Determination 2014](#) - provision of services by allied health professionals in relation to GP Mental Health Treatment Plans

[MBS Online](#)