# Better Access Mental Health MBS User Guide

National MyMedicare PHN Implementation Program

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An Australian Government Initiative

The purpose of this resource is to support general practices to effectively use Better Access Mental Health MBS items to deliver comprehensive, planned care for patients. MBS benefits are available for the creation and review of Mental Health Treatment Plans (MHTP) for people with an assessed mental disorder and conditions. The conditions classified as mental disorders for the purposes of Better Access services are informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version. Under Better Access, dementia, delirium, tobacco use disorder and mental retardation are excluded.

**From 1 November 2025,** Medicare benefits will be payable for Better Access services where the mental health treatment plan, review of the mental health treatment plan and referrals has been undertaken by a GP or PMP at the general practice they are enrolled in for MyMedicare, or their usual medical practitioner.

- **A patient's usual medical practitioner is someone who has provided the majority of services to the person in the past 12 months or who is likely to provide the majority of services to the person in the following 12 months.** This includes other GPs and PMPs who are employed at the patient's usual medical practice.
- It is important to note that **patients can choose to see their usual medical practitioner irrespective of their existing MyMedicare registered status**. This is because patients may choose to seek mental health support through a separate GP or PMP for a range of reasons, and the changes on 1 November will not impact the ability for patients to continue to do this. For example - if a patient is registered with a MyMedicare practice but wishes to see a GP at another practice (e.g. a headspace GP, or a **GP with Mental Health Skills Training**) as they consider them to be their 'usual medical practitioner' for their mental health support needs, they can continue to do so.

**Other changes to the Better Access include**:

- Removal of MHTP review and mental health consultation items under the Medicare Benefit Schedule (MBS). GPs and PMPs will now be able to use **time-tiered professional (general attendance) items** to review, refer and/or provide ongoing mental health consultation for a patient's mental health. This allows GPs greater flexibility in both delivering care for multiple conditions at a single appointment and in determining the amount of time they need to spend with the patient based on their individual circumstances.
- GPs and PMPs will be encouraged to refer patients who require at least a moderate level of support for Better Access treatment services and, where psychological intervention under the Better Access initiative is not appropriate, to consider other interventions or pathways.
- Aligning the MyMedicare and usual medical practitioner requirements for Mental Health Treatment Plan telehealth items with face-to-face services, with these services no longer exempt from the established clinical relationship rule. Better Access telehealth focussed psychological strategy treatment services provided by GPs and PMPs will continue to be exempt from the clinical relationship rule.

The Department of Health, Disability and Ageing has developed guidance materials for GPs/PMPs and their patients to raise awareness of the available Australian Government-funded mental health supports available across the stepped care continuum to support referral of patients. These will be shared with the sector and will be made available on the department's website once finalised.

For more information about the Better Access Initiative go to: **Better Access initiative | Australian Government Department of Health, Disability and Ageing**

Disclaimer: *This resource provides examples of how Better Access Mental Health MBS Items can be used by general practices and should be used as a guide only. General practices or Aboriginal Community Controlled Health Organisations (ACCHO) should consider their model of care, clinical judgement and team structure to inform their application of Better Access Mental Health MBS items.* Please refer to MBS online for the most current and detailed information on all MBS items. https://www.mbsonline.gov.au/

# MBS Quick Guide for Mental Health Management

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### MBS ONLINE

- Search for Item Number
- Fact Sheets
- Updates (XML Files)
- MBS News

### ELIGIBILITY

Ensure patient meets billing criteria.

- HPOS MBS checker
- My Health Record

### MORE INFORMATION

- www.mbsonline.gov.au
- Contact MBS 13 21 50 askMBS@health.gov.au

To ensure your practice software applies the **correct Bulk Billing Incentives**, make sure MyMedicare status is updated regularly.

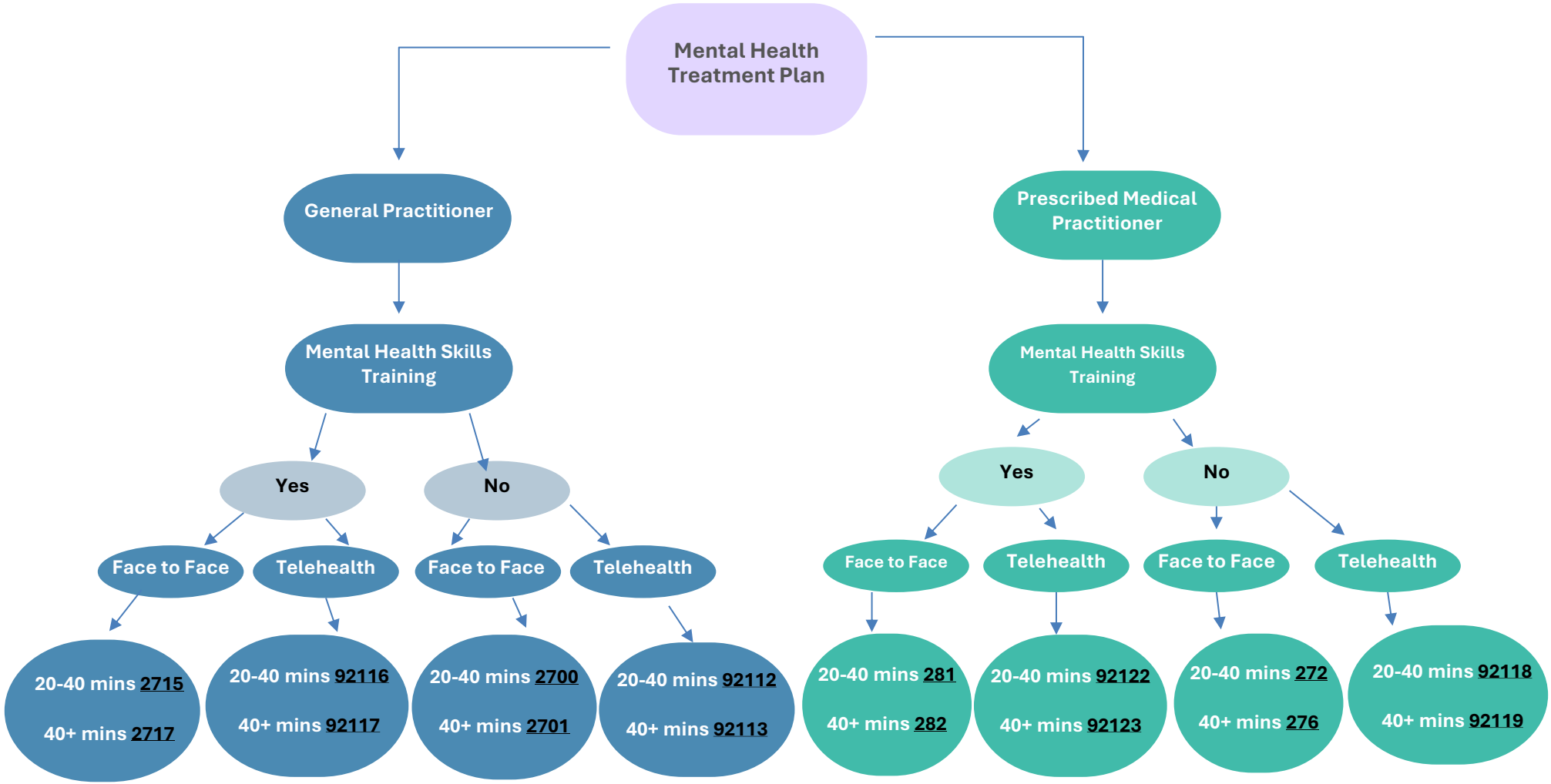
**See pages 3-7** for **Better Access information by practitioner type**

| Mental Health Treatment Plans | Face to Face | Telehealth* |
|---|---|---|
| **MHTP** General Practitioner who **has** undertaken mental health skills training | **2715** and **2717** | **92116** and **92117** |
| **MHTP** General Practitioner who **has not** undertaken mental health skills | **2700** and **2701** | **92112** and **92113** |
| **MHTP** Prescribed Medical Practitioner General Practitioner who **has** undertaken mental health skills training | **281**and **282** | **92122** and **92123** |
| **MHTP** Prescribed Medical Practitioner General Practitioner who **has not** undertaken mental health skills training | **272** and **276** | **92118** and **92119** |
| ★ **NOTE**: A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan, unless exceptional circumstances exist | | |
| *Telehealth general attendance items (C and D) are also available | | |
| **MHTP Review/ Refer/ Ongoing Mental Health Consultation** (if clinically relevant) | | |
| ^Video Level C and D general attendance items can be billed for **all patients**<br>^Phone Level C and D general attendance items can only be claimed **for MyMedicare registered patients by the patients' MyMedicare practice** | Level B, C, D, E | Level B, C^, D^, E |

| **CASE CONFERENCING** Mental Health Case Conferences using these MBS items can be held for patients who have been referred for treatment under the Better Access Initiative or who have an active eating disorder treatment and management plan. For further information refer to explanatory note **AN.15.1– Mental Health Case Conferences** | | |
|---|---|---|
| **Case Conference GP organises** (GP and PMP) | **930 933 935** | **969 971 972** |
| **Case Conference GP participating** (GP and PMP) | **937 943 945** | **973 975 986** |

# Flow Chart for Better Access MBS Items for MHTP

The following flowchart demonstrates how different **Mental Health Treatment Plan MBS Items** apply for GPs and PMP's depending on if they have completed Level 1 Mental Health Skills Training (or not) and provides appointment type and length options.



Internal

# Mental Health Treatment Plans and Reviews

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## GP who **has** undertaken mental health skills training

**Mental Health Treatment Plan**

**Review or Consultation**

**Review or Consultation**

**Schedule review appointments as clinically relevant**, not more than once every 3 months or within 4 weeks of the preparation of a MHTP, unless in exceptional circumstances such as a significant change in their mental health condition.

**Return to referring practitioner for Review/ Consultation**
On completion of course of treatment, referring practitioner will assess if the patient needs a subsequent course of treatment. Use time-tiered general attendance items **Level B,C, D, E**

### Mental Health Treatment Plan (MHTP) AN .0.56

**Face-to-Face** items by a GP who **has** undertaken mental health skills training **MBS** 2715, 2717

**Telehealth** items by a GP who **has** undertaken mental health skills training **MBS** 92116, 92117

**10 individual treatment services** per calendar year **Initial course of treatment** - a maximum of **6 services**.
**Subsequent course of treatment** - a maximum of 6 services up to the patient's cap of 10 services per calendar year (for example, if the patient received 6 services in their initial course of treatment, they could only receive 4 services in a subsequent course of treatment provided within the same calendar year).
If a patient has exhausted all 10 individual services, they may be eligible for up to 10 group therapy mental health treatment services. Group therapy mental health treatment services must be on a separate referral to a referral for individual mental health treatment services. See explanatory note MN. 6.2 and MN. 7.4

### Review or Consultation MN. 6.3

Use general attendance items, including time-tiered options to review, refer, and provide ongoing mental health consultation.
Level B, C, D, E

For tracking or recalling patients, use clinical coding in the 'reason for attendance.

GN. 15.39 See explanatory note – practitioners should maintain adequate and contemporaneous records.

### Case Conference

Consider Case Conference with care team
MBS Items: 930 933 935 969 971 972 937 943 945 973 975 986

MBS item choice for case conferencing depends on practitioner type and if GP is organising or participating

### Family and Carer Participation

Consider the important role a family member or carer can play in supporting patients with mental illness.

**Up to 2 services** provided to a family member or carer per calendar year and **this counts towards 10 treatment services per calendar year.** Patient consent required and patient may not be present during the delivery of service.

For further information on involving another person in a patient's treatment, refer to explanatory note **MN.7.5 – Family and Carer Participation**.

Through **Better Access**, eligible patients can claim a Medicare benefit for up to **10 individual and 10 group mental health treatment services per calendar year**. These services consist of psychological therapy provided by eligible clinical psychologists (refer to explanatory note MN.6.2 - Provision of Psychological Therapy); and focused psychological strategies provided by GPs, PMPs and eligible psychologists, occupational therapists, and social workers (refer to explanatory note MN.7.4 – Provision of Focussed Psychological Strategies).

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# Mental Health Treatment Plans and Reviews

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## GP who **has not** undertaken mental health skills training

**Mental Health Treatment Plan**

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**Face-to-Face** items by a GP who **has not** undertaken mental health skills training **MBS** 2700, 2701 .

**Telehealth** items by a GP who **has not** undertaken mental health skills training **MBS** 92112, 92113.

**10 individual treatment services** per calendar year **Initial course of treatment** - a maximum of **6 services**.
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## Prescribed Medical Practitioner who **has** undertaken mental health skills training

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### Mental Health Treatment Plan (MHTP) AN .0.56

**Face-to-Face** items by a PMP who **has** undertaken mental health skills training **MBS** 281, 282

**Telehealth** items by a PMP who **has** undertaken mental health skills training **MBS** 92122, 92123

**10 individual treatment services** per calendar year **Initial course of treatment** - a maximum of **6 services**.
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**Face-to-Face** items by a PMP who **has not** undertaken mental health skills training **MBS** 272, 276

**Telehealth** items by a PMP who **has not** undertaken mental health skills training **MBS** 92118, 92119

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# Referrals and other MHTP Considerations

## Referrals

Once a GP Mental Health Treatment Plan has been completed and claimed on an appropriate Medicare service, a patient is eligible to access relevant treatment and referral options. Referral requirements for **Better Access Treatment Services**.

Relevant treatment and referral options consist of support services, psychiatric services, and relevant services provided under the **Better Access initiative**.

The Initial Assessment and **Referral Decision Support Tool** (IAR-DST) can support decisions about appropriate intensity supports and may be appropriate when discussing patient referral and treatment options.

## Other Treatment Plan Considerations

**Psychology Services**
Consider **Provision of Psychological Therapy** by an eligible Clinical Psychologist OR **Provision of Focussed Psychological Strategies** by a GP, PMP, psychologist, social worker and OT

**Mental Health Services**
**Mental Health Care | Western Victoria Primary Health Network**

**Chronic Condition Management Plan**
Consider if your patient also has ongoing CCM needs that could be met by a **GPCCMP**

**Family Support**
2 family members/ carers interventions are available (these count towards the 10 treatment services)
**Family and Carer Participation MN.7.5**

**Eating Disorder** support and services
**Eating Disorders Psychological Treatment (EDPT) Services**

**Social Work Referral**
Consider social work referral where required and where additional support would benefit patient's health outcomes

**Psychiatry Specialist**
referral if required
Consultant Psychiatrist - **Referred Patient Assessment and Management Plan**

**Specialist supports**
e.g., trauma informed, perinatal psychological support, addiction support services and other support services

**Medication considerations**
**Clinical Tests** (related to mental health and/ or other clinical tests)

**Support Groups**
relevant to patient's needs

**Social Prescribing**
Consider if social prescribing may be appropriate for this patient

**Social supports**
Consider social support in home environment, social connectedness, community connections

There are a wide range of services and considerations that can enhance mental health treatment plans**. Consider your patient's unique mental health wellbeing needs.**

Refer to HealthPathways for evidence-based clinical decision support to inform management planning for each chronic condition.
**Western Victoria Community HealthPathways | Mental Health Stepped Care**