



Fact sheet for patients: Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative

The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative aims to improve outcomes for patients with a clinically diagnosed mental disorder through evidence-based treatment.

What Medicare services can be provided under the Better Access initiative?

Medicare benefits are available to patients for selected mental health treatment services provided by eligible general practitioners (GPs), eligible prescribed medical practitioners (PMPs), psychologists (eligible clinical and eligible registered), eligible social workers and eligible occupational therapists.

Through Better Access, eligible patients can claim a Medicare benefit for up to 10 individual and 10 group therapy mental health treatment services per calendar year (1 January to 31 December) if they have been assessed with a clinically diagnosed mental disorder and have:

- a referral from a GP or PMP as part of a Mental Health Treatment Plan (MHTP) or a psychiatrist assessment and management plan (PAMP) or
- a direct referral from a psychiatrist or
- a direct referral from a paediatrician.

Mental health treatment services under this initiative include psychological therapy services provided by eligible clinical psychologists and focussed psychological strategies provided by appropriately qualified GPs and PMPs, psychologists (eligible registered), eligible social workers and eligible occupational therapists.

Psychiatrists and paediatricians can directly refer patients with a clinically diagnosed mental disorder to Better Access for mental health treatment services without a MHTP or a PAMP.

What are the eligibility requirements?

The Better Access initiative is available to patients who have been assessed by a GP, psychiatrist or paediatrician as having a mental disorder requiring at least moderate care needs, who would benefit from a structured approach to the management of their treatment needs.

A mental disorder¹ means a significant impairment of any or all of an individual's cognitive, affective and relational abilities that:

- (a) may require medical intervention; and
- (b) may be a recognised, medically diagnosable illness or disorder; and
- (c) is not dementia, delirium, tobacco use disorder or mental retardation.

To be eligible for a Medicare benefit under Better Access, a patient must have either a MHTP or a PAMP in place which identifies and documents the care the patient care needs, supporting a structured approach to treatment.

In addition, a Medicare benefit will only be paid if the patient has a valid referral for mental health treatment services. The referral must have been undertaken by either a GP or PMP at the general practice they are enrolled in for MyMedicare, or their usual medical practitioner. This includes a GP or PMP who is located at the medical practice that has provided the majority of a patient's care over the previous 12 months or will be providing the majority of your care over the next 12 months. This restriction does not apply if a patient has received a direct referral from a psychiatrist or a paediatrician.

Further information on MyMedicare, including eligibility requirements, how to register, and exemptions to eligibility requirements is available in [Information for MyMedicare patients](#) in the MyMedicare section of the [Australian Government Department of Health, Disability and Ageing](#) website.

What fees are associated with Better Access services?

Under Medicare, GPs and PMPs, including allied health professionals, are free to decide how they set their own fees and bulk billing arrangements, and are under no obligation to charge the Medicare Benefits Schedule fee set by Government or to bulk bill. Charges in excess of the Medicare benefit for Better Access services are the responsibility of the patient.

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 benefit paid for the services. If a patient has exhausted their Better Access mental health treatment services, and if they have appropriate private health insurance which covers psychological services, they may claim from their private health fund. The benefit payable to members of private health insurance funds will vary based on the level of their ancillary cover.

¹ Diagnostic and Management Guidelines for Mental Disorders in Primary Care (ICD-10, Chapter 5, Primary Care Version), developed by the World Health Organisation, 1996

How can I access these services under Medicare?

Step 1:

Visit your GP or PMP, psychiatrist or paediatrician who will assess whether you have a mental disorder requiring at least a moderate level of support, and your eligibility to receive Better Access services.

Consideration will also be given to other treatment interventions and pathways (e.g. digital mental health services, Medicare Mental Health Centres, etc) should your level of support not require psychological intervention under the Better Access initiative.

Step 2:

If you are visiting your GP or PMP to claim a Medicare benefit under the Better Access initiative, you must see a GP or PMP at your nominated MyMedicare registered practice or your usual medical practitioner. Your usual medical practitioner is someone who has provided the majority of services to you in the past 12 months or who is likely to provide the majority of services to you in the following 12 months. This includes other GPs and PMPs who are employed at your usual medical practice.

If you are eligible to receive Better Access mental health treatment services, a MHTP or PAMP will be prepared where you will be asked a series of questions including identifying and discussing referral options with you.

In addition to the MHTP or PAMP, you will be provided a referral. Your referral will advise how many mental health treatment services you are entitled to (up to 6 services in your initial course of treatment).

Your referral must be provided to the allied health professional to receive mental health treatment services under Better Access. You may wish to provide your MHTP or PAMP to the allied health professional – this is up to you.

If you see a psychiatrist or paediatrician, they will prepare a direct referral instead, but this referral must still be provided to the allied health professional to receive a mental health treatment service.

Step 3:

Patients referred to Better Access mental health treatment services are eligible for Medicare benefits for a maximum of 10 individual and 10 group therapy mental health treatment services each calendar year.

Your GP or PMP, psychiatrist or paediatrician will decide how many mental health treatment services you will receive in a course of treatment. The maximum limit for each course of treatment is:

- Initial course of treatment under Better Access – a maximum of 6 services, and
- Subsequent course of treatment under Better Access – the remaining services up to a cap of 10 services per calendar year.

Step 4:

Depending on your mental health care needs and following the initial course of treatment (a maximum of 6 services on your initial referral), you can return to your referring practitioner (GP or PMP, psychiatrist or paediatrician) who will assess if you require further treatment. When

considering you for further treatment, your referring practitioner will consider the written report received from the allied health professional at the completion of your initial course of treatment. A review of your MHTP or PAMP will also be undertaken to ascertain whether your clinical needs have changed.

A review of your MHTP or PAMP is important as it ensures your treatment is effective. Your GP or PMP may adjust your plan to improve your outcomes. A review of your plan should not occur more than once every 3 months, or within 4 weeks of your MHTP or PAMP being prepared unless there are exceptional circumstances. An exceptional circumstance is when you have had a significant change in your mental health condition. To support your care, your MHTP or PAMP should be reviewed at least once per treatment course. Typically, you will not need more than 2 reviews each calendar year.

If you do require further treatment, a new referral will be prepared for you to obtain the remaining services (up to a total of 10 individual treatment services) per calendar year. Your referring practitioner may also advise that in addition to individual services, you may like to attend group therapy mental health treatment services, if appropriate, where up to 10 patients will be in attendance. Group therapy offers a structured and empathetic setting where you can share personal experiences, connect with others facing similar challenges, which fosters mutual support.

If you have utilised all your Better Access mental health treatment services in a calendar year and require more, talk to your GP or PMP and / or your treating allied health professional about other alternative options available, including services available through Primary Health Networks (PHNs) and Medicare Mental Health Centres. To find your local PHN and what services may be available in your region, go to www.health.gov.au/phn and use the map locator to search for your postcode. For more information on Medicare Mental Health Centres, you can make a free call to the Medicare Mental Health Phone Service on 1800 595 212 or visit the Medicare Mental Health Centre website at [Home | Medicare Mental Health](#).

Telehealth (video and phone) services

All eligible Australians can access MBS telehealth (video and phone) services, regardless of their location in Australia, where it is safe and clinically appropriate to do so. The same limits with respect to the number of Better Access services available in a calendar year still apply.

It is important to note that before accessing Better Access services, a patient will need both a MHTP or PAMP, and a referral from their GP or PMP (or alternatively a direct referral from their psychiatrist or paediatrician). To be eligible for telehealth (video and phone) services for the preparation of a MHTP under Better Access, patients must have had at least one face-to-face appointment in the previous 12 months with a GP or PMP at their usual medical practice or meet any of the other exemptions to the established clinical relationship rule or are receiving their telehealth service from a GP or PMP at their MyMedicare registered practice. Further information on telehealth requirements and exemptions is available at [MBS Online - MBS Telehealth Services](#).

There are also several MBS items for the provision of group therapy mental health treatment services offered via video to improve access to services for patients in rural, remote and very remote locations. Geographic eligibility for these services is determined according to Modified Monash Model classifications. Eligible patients must be located within an MMM4-7 area at the time of the telehealth service to ensure patients living in regional and remote areas are able to access mental

health treatment options, rather than having to travel to metropolitan areas to receive mental health treatment.

While there are no restrictions on the allied health professional's location, a patient and the allied health professional must be located a minimum of 15 kilometres apart at the time of the service, as measured by the most direct route by road. The patient or allied health professional is not permitted to travel to an area outside the minimum 15-kilometre distance in order to meet this requirement when using these items. More information about the Modified Monash Model areas 4-7, including links to a search tool to identify the classification of a specific location, is available via: <https://www.health.gov.au/Modified Monash Model>.

Family and/or Carer Participation services

A patient's family and/or carer can access 2 Better Access mental health treatment services as part of the patient's course of treatment (provided the patient has given consent for this to occur). However, MBS benefits are only payable where the patient is not in attendance during the provision of the service to the family member or carer.

These 2 services will count towards:

- the initial course of treatment under Better Access – a maximum of 6 individual services, and
- the subsequent course of treatment under Better Access – the remaining services up to a cap of 10 individual services per calendar year.

For example, if a patient has received a referral for 6 individual services in their initial course of treatment, and 2 of these services are provided to a family member or carer, you will only receive 4 individual services. The patient will then be reviewed by their referring practitioner (GP, PMP, psychiatrist or paediatrician) to determine if they require a subsequent course of treatment where they may receive the remaining 4 services.

For a family member or carer to be eligible, the patient must have a MHTP or PAMP, and a referral. In addition, the patient's referral for mental health treatment services must have been undertaken by either a GP or PMP at the general practice they are enrolled in for MyMedicare, or their usual medical practitioner. This restriction does not apply if a patient has received a direct referral from a psychiatrist or a paediatrician.

More information on Family and Carer Participation under the Better Access Initiative can be found via: <https://www.health.gov.au/Family and Carers Participation under Better Access>.

Further information

Further information on the Better Access initiative is available via: <https://www.health.gov.au/Better Access Initiative>.

Patient's seeking advice about Medicare services, patient benefits, or their Medicare claims can contact Services Australia on the Medicare General enquiry line on 132 011.