Factsheet for General Practitioners, Prescribed Medical Practitioners and eligible allied health professionals: Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) initiative

Medicare benefits under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative are available to patients with a clinically diagnosed mental health disorder to receive up to 10 individual and up to 10 group therapy mental health treatment services per calendar year (1 January to 31 December). The conditions classified as mental disorders for the purposes of these 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.

To be eligible for a Medicare benefit under Better Access, a patient must have either a mental health treatment plan (MHTP) or a psychiatrist assessment and management plan (PAMP) in place which identifies and documents the care the patient care needs, supporting a structured approach to treatment. This does not apply if a patient has received a direct referral from a psychiatrist or a paediatrician. In addition, a Medicare benefit will only be paid if the patient has a valid referral for mental health treatment services.

Mental health treatment services are generally provided in two courses of treatment per year (if required). Depending on the patient's needs and following the initial course of treatment (involving up to 6 services on the initial referral), patients can return to their referring practitioner (general practitioner (GP), prescribed medical practitioner (PMP), psychiatrist or paediatrician) who will undertake a review and assess if they need further treatment.

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

When considering further treatment, the referring practitioner will consider the written report received from the eligible allied health professional at the completion of the patient's initial course of treatment outlining the patient's progress. The patient's referring practitioner will assess if the patient requires further treatment and requires the remaining services, up to a cap of 10 individual services per calendar year.

Mental health treatment services which attract a Medicare benefit under the Better Access initiative can be delivered by the following eligible allied health professionals who meet the provider eligibility requirements under the MBS and are registered with Services Australia:

- psychological therapy services provided by eligible clinical psychologists, and
- focussed psychological strategies provided by eligible registered psychologists, eligible social workers and eligible occupational therapists.

Focussed psychological strategies are available by any eligible GP or eligible PMP who has the appropriate training recognised by the General Practice Mental Health Standards Collaboration.

MHTP preparation and requirements

For the purposes of Better Access mental health treatment services, a Medicare benefit will not be payable unless patients meet the eligibility and referral requirements outlined in Explanatory Note AN.0.56 on MBS Online.

Before preparing a MHTP, the GP or PMP at the general practice in which the patient is enrolled in MyMedicare, or their usual medical practitioner must:

- explain the MHTP process to the patient (and carer, if appropriate)
- record the patient's consent.

While there is no standard template for the MHTP, it must include:

- an assessment of the mental disorder
- the use of an outcome measurement tool (unless clinically inappropriate) – the choice of evidence-based outcome measurement tool is at the clinical discretion of the GP or PMP and may include the Kessler Psychological Distress Scale (K10) or DASS 21 (Depression, Anxiety and stress)
- a provisional or formal diagnosis.

There are a broad range of MHTP templates available on the General Practice Mental Health Standards Collaboration website: https://gpmhsc.org.au/infosection/index/ab953256-1969-429e-8c71-bd476fede52f/gp-mental-health-treatment-1

Following assessment, the GP or PMP must undertake and record the following in the MHTP:

- discuss referral and treatment options with the patient
- agree on treatment goals with the patient and patient actions
- provide education about the patient's mental disorder
- develop a crisis/relapse prevention plan, and
- arrange referrals, treatment, support services and follow-up.

The Initial Assessment and Referral Decision Support Tool (IAR-DST) can be used by a GP or PMP to determine the appropriate level of mental health care the patient requires. It aligns with the MHTP and can be integrated during its preparation, helping streamline referrals to services that often require a completed IAR. Referrals for treatment services under the Better Access initiative should be utilised for patients who require at least a moderate level of support.

A copy of the plan must be offered to the patient, and if appropriate, to their carer. Additionally, the MHTP must be added to the patient's medical records.

The MHTP is a living document and can be updated with new clinical information as required. A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan, unless exceptional circumstances exist, e.g. if the patient has had a significant change to their mental health. Ongoing mental health consultations and reviews of progress can be provided by the GP or PMP through the time-tiered professional (general) attendance MBS items, as required.

Referral requirements

For the purposes of Better Access mental health treatment services, a Medicare benefit will not be payable unless patients meet the eligibility and referral requirements outlined in Explanatory Note AN.0.78 on MBS Online.

All patients must have a MHTP and:

- a referral from a GP or PMP as part of a MHTP or a PAMP, or
- a direct referral from a psychiatrist, or
- a direct referral from a paediatrician.

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 includes a GP or PMP who is located at the medical practice that they have provided the majority of a patient's care over the previous 12 months or will be providing the majority of their 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.

Referring practitioners are not required to use a specific Medicare form to refer patients, however, AN.15.6 sets out referral requirements for allied health and Aboriginal and Torres Strait Islander Health and Wellbeing Services when a practitioner refers patients to MBS supported allied health services.

In addition to the referral requirements outlined in AN.15.6, it must be noted that a MHTP is not considered a referral. A referral for mental health treatment services under Better Access should be in writing (signed and dated by the referring practitioner [which can be by an electronic signature]) and include:

- the patient's name, date of birth and address
- the patient's symptoms or diagnosis
- list of any current medications
- the number of services the patient is being referred for, and
- a statement about whether the patient has had a MHTP or a PAMP prepared.

Overview of the items

There are 56 MBS items for mental health treatment services provided on referral by a GP, PMP, psychiatrist or paediatrician:

- Items 80000, 80005, 80010, 80015, 91166, 91167, 91181 and 91182 – Individual Psychological Therapy services provided by an eligible clinical psychologist
- Items 80020, 80021, 80022, 80023, 80024, and 80025 – Group Psychological Therapy Services provided by an eligible clinical psychologist

- Items 80100, 80105, 80110, 80115, 91169, 91170, 91183 and 91184 – Individual Focussed Psychological Strategies services provided by a eligible registered psychologist
- Items 80120, 80122, 80127, 80121*, 80123* and 80128* – Group Focussed Psychological Strategies services provided by an eligible registered psychologist
- Items 80125, 80130, 80135, 80140, 91172, 91173, 91185 and 91186 – Individual Focussed Psychological Strategies services provided by an eligible occupational therapist
- Items 80145, 80147, 80152, 80146*, 80148* and 80153* – Group Focussed Psychological Strategies Services provided by an eligible occupational therapist
- Items 80150, 80155, 80160, 80165, 91175, 91176, 91187 and 91188 – Individual Focussed Psychological Strategies services provided by an eligible social worker
- Items 80170, 80172, 80174, 80171*, 80173* and 80175* – Group Focussed Psychological Strategies services provided by an eligible social worker

*These MBS item numbers are limited to service provision in Modified Monash Model 4-7 locations, refer to the Group Therapy Factsheet for more information.

In addition, there are 16 MBS items for mental health treatment services provided by eligible GPs and eligible PMPS:

- Items 2721, 2723, 2725, 2727, 91818, 91819, 91842 and 91843 - Individual Focussed Psychological Strategies services provided by an eligible GP
- Items 283, 285, 286, 287, 91820, 91821, 91844 and 91845 - Individual Focussed Psychological Strategies services provided by an eligible PMP

Focussed psychological strategies are available to any patient from any eligible GP and eligible PMP who has the appropriate training recognised by the General Practice Mental Health Standards Collaboration. GPs and PMPs who provide focussed psychological strategies do so as part of an arrangement for the treatment of an assessed mental disorder under a MHTP.

Eligible GPs, eligible PMPs and eligible allied health professionals may use only the items relevant to their discipline.

Fees associated with Better Access services

Under Medicare, GPs, PMPs and specialists, 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 will also need to decide if they will use Medicare or their private health insurance ancillary cover to pay for their 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 services for which a Medicare benefit is payable for the calendar year, and if the patient has appropriate private health insurance which covers psychological services, they may claim from their private health fund. The benefit payable to members of private health funds will vary based on the level of their ancillary cover.

Who can provide these services?

To provide mental health treatment services under the Better Access initiative, eligible GPs, eligible PMPs, eligible clinical psychologists, eligible registered psychologists, eligible social workers and eligible occupational therapists must meet the eligibility requirements for their profession.

Further information on the provider eligibility requirements are outlined in Explanatory Note MN.7.4 for the provision of focussed psychological strategies and MN.6.2 for the provision of psychological therapy services on MBS Online.

In addition to the relevant professional eligibility requirements, under the Better Access initiative, eligible social workers and eligible occupational therapists are required to complete continuing professional development each year to provide focussed psychological strategies. A year for the purposes of these requirements is from 1 July to 30 June annually. Further information is outlined at MN.7.4 on MBS Online.

What information is required in the report to the referring practitioner?

On completion of the initial course of treatment, the eligible allied health professional must provide a written report to the referring practitioner, which includes information on:

- assessments carried out on the patient
- treatment provided, and
- recommendations on future management of the patient's disorder (eg. if they require a subsequent course of treatment as the initial course of individual services is only up to 6 services, with the subsequent being no more than the maximum of 10 individual services per calendar year), noting further treatment under the Better Access initiative should be utilised for patients who require at least a moderate level of support).

A written report must also be provided to the referring medical practitioner at the completion of any subsequent course(s) of treatment provided to the patient.

Other publicly funded programs

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, the mental health treatment services apply for services provided by eligible GPs, eligible PMPS and eligible allied health professionals salaried by, or contracted to the service, as long as all requirements of the items are met, including registration with Services Australia. These services must be bulk billed (that is, the Medicare benefit is accepted as full payment for services).

Better Access telehealth (video and phone) services

Better Access mental health treatment items can be accessed face-to-face, or via telehealth (video and phone), however, the same limits with respect to the number of services available for mental health treatment services (10 individual and 10 group therapy) in a calendar year still apply. In addition, the same requirements also apply to a person who has been assessed with a clinical diagnosed mental disorder. Patients much have:

- a referral from a GP or PMP as part of a MHTP or a PAMP, or
- a direct referral from a psychiatrist, or
- a direct referral from a paediatrician.

Eligible patients must have also been referred for mental health treatment services by either a GP or PMP at the general practice in which the patient is enrolled in MyMedicare, or regardless of whether the patient is enrolled in MyMedicare, by the patient's usual medical practitioner who is managing the patient under a MHTP. This also includes a GP or PMP who is located at a medical practice that has provided the majority of care over the previous 12 months or will be providing the majority of their 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.

Patients are eligible for telehealth (video and phone) services for the preparation of a MHTP under Better Access when the services is provided by a GP or PMP at a patients MyMedicare registered practice or their usual medical practitioner and have had at least 1 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. Further information on telehealth requirements and exemptions is available at MBS Online - MBS Telehealth Services.

There are several MBS items for the provision of group therapy mental health treatment services offered via video to improve access to services for people in rural, remote and very remote locations. Geographic eligibility for these services is determined according to Modified Monash Model (MMM) 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.

The eligible patient and the eligible 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 eligible patient or eligible allied health professional is not permitted to travel to an area outside the minimum 15-kilometre distance to claim a video MBS item when using these items. More information about the Modified Monash Model, including a search tool to identify the classification of a specific location, is available at: Modified Monash Model.

More information on Group Therapy MBS Changes can be found on MBS Online.

Further information

For further information about Medicare Benefits Schedule items, including checking item descriptors and explanatory notes, please visit the MBS Online website.

If there is any doubt about a patient's eligibility, eligible GPs and eligible PMPs, and eligible allied health professionals can call Services Australia on 132 150 to check this information.

Useful information may also be available through the following professional association websites:

- Australian Psychological Society – www.psychology.org.au
- Australian Association of Social Workers (AASW) – www.aasw.asn.au
- Occupational Therapy Australia – www.otaus.com.au

- GPs and PMPs who are interested in learning more about becoming an eligible provider of Focussed Psychological Strategies can visit the General Practice Mental Health Standards Collaboration website.