# MBS changes under the Better Access initiative from 1 November 2025

Last updated: 1 October 2025

- From 1 November 2025, changes will be made to the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative*, subject to the passage of legislation.
- These changes will enhance continuity of care by linking the preparation of a Mental Health Treatment Plan (MHTP), referrals for treatment, and reviews of a MHTP to either a patient's General Practitioner (GP) or Prescribed Medical Practitioner (PMP) at a patient's MyMedicare practice or their usual medical practitioner.
- To better integrate care for patient's physical and mental health care needs, MHTP review and mental health consultation items will be removed from the Medicare Benefits Schedule (MBS), with GPs and PMPs able to use general attendance items.
- Guidance material will be available to support GPs and PMPs with MHTP referral practices, consistent with a patient's intensity needs and the Australian Government's stepped care model of mental health treatment.

## What are the changes?

From 1 November 2025:

- MHTP preparation, referrals for psychological therapy services or focussed psychological strategies services, and reviews of a patient's MHTP will be provided 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.
- GP and PMP MHTP review items (2712, 92114, 92126, 277, 92120, and 92132) and GP and PMP ongoing mental health consultation items (2713, 92115, 92127, 279, 92121 and 92133) will be removed from the MBS. This will allow GPs and PMPs to use time-tiered professional (general) attendance items to review, refer and/or provide ongoing mental health consultation for a patient's mental health.
- The MyMedicare and usual medical practitioner requirements will apply to GP and PMP MHTP telehealth items, with these services no longer exempt from the established clinical relationship rule.
- These changes do not affect focussed psychological strategies services which will continue to be 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.

- Referrals for mental health treatment services dated **prior to** 1 November 2025 remain valid until all treatment services under that referral (within the maximum session limit for the course of treatment) have been provided to the patient.

Further information will be available from 1 November 2025 in explanatory note AN.0.78 on MBS Online.

## Why are the changes being made?

The changes will:

- Improve the Better Access initiative to better meet the needs of individuals and improve equity of access to mental health supports and services.
- Support the holistic relationship between a patient and their healthcare provider, leading to improved patient outcomes.
- Reduce the administrative burden and complexity for GPs and PMPs by providing greater flexibility by using time-tiered professional (general) attendance MBS items to review MHTPs and undertake general mental health consultations.

These changes were recommended in the independent Better Access Evaluation undertaken by the University of Melbourne, published in December 2022. The Government's response to the Evaluation was published in August 2024.

The Mental Health Reform Advisory Committee supported the Government's response to the Better Access Evaluation by considering mental health reforms from a whole of system perspective. More information on the Committee is available in the Mental Health Reform Advisory Committee section of the Department of Health, Disability and Ageing website (the department)

A full copy of the Evaluation of the Better Access initiative – final report and the Australian Government response to the Better Access evaluation is available in the resources section of the Department of Health, Disability and Ageing website.

## What does this mean for providers?

The 1 November 2025 changes apply to **new** MHTP preparation, referrals for treatment services, and reviews of a patients MHTP, dated on or after this date. For these items, a Medicare benefit will only be payable for treatment services when a patient has seen either a GP or PMP at the patient's MyMedicare registered practice or their usual medical practitioner.

Referrals from a GP or PMP dated **prior to** 1 November 2025 will remain valid until all treatment services specified in the referral (within the maximum session limit for the course of the treatment) have been provided to the patient.

These changes do not affect patients who have been referred via a Psychiatrist Assessment and Management Plan or by a direct referral from an eligible psychiatrist or eligible paediatrician. These changes also do not affect mental health case conferencing MBS items.

The MyMedicare and usual medical practitioner requirements will also apply to GP and PMP telehealth items for MHTPs, with these services no longer exempt from the established clinical relationship requirement to ensure parity with face-to-face MHTP items. Further information on the GP MBS telehealth (video and phone) and the established clinical relationship requirements and exemptions will be available from 1 November 2025 in explanatory note AN.1.1 on MBS Online.

Removal of the 12 review and mental health consultation items provides GPs and PMPs greater flexibility to use the most appropriate time-tiered professional (general) attendance item, reflecting the time spent with patients. This includes items for longer consultations and, where applicable, the triple bulk billing incentive to review MHTPs and deliver mental health care and support to patients. There is no limitation on the number of health-related issues that can be addressed as part of a general attendance consultation if the requirements of the service are met and adequate and contemporaneous records are maintained.

Key principles for using time-tiered professional (general) attendance items and any specific requirements will be provided from 1 November 2025 in explanatory note AN.0.9 on MBS Online.

When referring patients for treatment services under the Better Access initiative or providing a written report back to the referring practitioner, services should be utilised by patients who require at least a moderate level of mental health support. Should the patient not require a psychological intervention under the Better Access initiative, consideration should be given to other treatment interventions and pathways. Information on other free or low-cost Commonwealth funded mental health treatment services can be found at: Medicare Mental Health.

Further information on referral requirements will be available from 1 November 2025 in explanatory note MN.6.3 on MBS Online.

## How will these changes affect patients?

From 1 November 2025, the government is changing how a Medicare benefit will be paid for patients receiving services under the Better Access initiative.

The intent of the Better Access changes is to improve continuity of care by better integrating physical and mental health care, and to improve affordability for people seeing their GP or PMP.

The changes will provide support to patients through improved communication by linking the development of an MHTP, referrals for psychological therapy services and focussed psychological strategies services and reviews of an MHTP to a patient's MyMedicare registered practice or their usual medical practitioner. These changes do not affect patients who have been referred via a Psychiatrist Assessment and Management Plan or by a direct referral from an eligible psychiatrist or eligible paediatrician.

Eligible patients can only receive Medicare benefits if they have an MHTP and referral either from a GP or PMP at their MyMedicare registered practice or their usual medical practitioner.

Patients who choose not to register for MyMedicare can nominate their usual medical practitioner, with the definition of "usual medical practitioner" being broad enough to support patient choice and flexibility.

For a patient to receive a Medicare benefit for items under the Better Access initiative, patients can choose to visit their usual medical practitioner who has provided the majority of their care over the previous 12 months or will be providing the majority of their care over the next 12 months. This also includes a medical practitioner who is located at a medical practice that has provided the majority of their care over the previous 12 months or will be providing the majority of their care over the next 12 months. Alternatively, a patient can opt into and nominate their MyMedicare registered practice.

Any MHTP referral dated **prior to** 1 November 2025 will remain valid until all treatment services specified in the referral (within the maximum session limit for the course of treatment) have been delivered to the patient.

Fact sheets, brochures, and registration forms for MyMedicare patients, GPs and PMPs, and health professionals are available in the MyMedicare section on the department's website.

## Who was consulted on the changes?

The department consulted with the Better Access Industry Liaison Group - established in 2024 and facilitated by the department - on the implementation of the Better Access redesign, including legislative amendments and required sector-wide communications.

The Better Access Industry Liaison Group consists of key stakeholders including the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, allied health and consumer groups.

## How will the changes be monitored and reviewed?

The department is closely monitoring the impact of these MBS changes to identify any potential issues and consider appropriate options to address these, either within or outside the MBS (as relevant). Better Access initiative MBS changes will undergo a post-implementation review.

Treating practitioners are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at Medicare compliance.

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website. You can also subscribe to future MBS updates by visiting 'Subscribe to the MBS' on the MBS Online website.

Treating practitioners seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the department's website. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the Federal Register of Legislation. If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to 'News for Health Professionals' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the Downloads page.

**Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.**

**This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.**