



Additional 10 MBS Mental Health Sessions during COVID-19

Last updated: 14 August 2020

- From 7 August 2020 until 31 March 2021, an additional 10 individual psychological therapy sessions are available to eligible people under the existing Better Access to *Psychiatrists, Psychologists and General Practitioners through the MBS* (Better Access) initiative.
- To access these additional sessions, people must have an approved treatment plan (either a Mental Health Treatment Plan, shared care plan, psychiatrist assessment and management plan or approved written record¹) and have undertaken a review of this plan with their GP psychiatrist or paediatrician. This will allow them to continue to receive mental health care from their eligible psychologist, GP or other eligible allied health worker.
- The additional sessions are for people who have already used their 10 Better Access sessions in the calendar year and who are:
 - in an area subject to public health orders restricting their movement within a state or territory issued at any time from 1 July 2020 to 31 March 2021; or
 - required to isolate or quarantine under public health orders for at least 14 days.

What are the changes?

New temporary item groups have been added to the MBS for mental health treatment items for eligible people. The new services are:

- 12 new face-to-face, telehealth and phone items for focussed psychological strategy treatment services performed by GPs and other medical practitioners working in general practice (Group A41);
- Six new face-to-face, telehealth and phone items for psychological therapy treatment services performed by clinical psychologists (Group M25);
- 18 new face-to-face, telehealth and phone items for focussed psychological strategy treatment services performed by psychologists, occupational therapists and social workers (Group M26).

Medicare rebates are available for up to 10 additional individual mental health sessions. This quota may only be claimed only once in the period 7 August 2020 to 31 March 2021.

¹ Conditions applying to the use of written records can be found in the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020*, which can be accessed at: <https://www.legislation.gov.au/Details/F2020L00996>



Face-to-face items are available until 31 March 2021. Telehealth and phone items are available until 30 September 2020, consistent with COVID-19 temporary MBS telehealth items. The Government is engaged with the medical community in planning a long-term future for telehealth.

Why are the changes being made?

The new mental health services are designed to provide assistance to people impacted by public health order restrictions the COVID-19 pandemic who have used all of their 10 existing individual sessions in a calendar year. The Government understands that many people with a mental health condition will require additional mental health support at this difficult time.

Who is eligible for these services?

Patients are required to have a diagnosed mental health condition, an approved treatment plan (either a Mental Health Treatment Plan, shared care plan, psychiatrist assessment and management plan or approved written record²) developed by the patient's GP, psychiatrist or paediatrician and a referral from that medical practitioner to access these services.

An eligible patient must meet at least one of the following criteria:

- People in areas subject to public health orders restricting movement within the state or territory issued at any time from 1 July 2020 to 31 March 2021.
- People who are required to isolate or quarantine under public health orders, for example, people who have returned a positive test for COVID-19 or returned travellers.

Eligible areas and the public health orders or directions for each state and territory are listed on the [Department of Health's website](#). The site will be updated regularly based on the evolving pandemic

Telehealth and phone services

Use of these telehealth and phone items must comply with current rules for COVID-19 temporary MBS telehealth items. GPs and Other Medical Practitioner (OMP) working in general practice can only perform a telehealth or phone service where they have an existing relationship with the patient. Currently, patients in COVID-19 impacted areas are exempt from these requirements.

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers able to offer audio-only services via telephone if video is not available. There are separate items available for the phone services. Further information about COVID-19 Temporary MBS Telehealth Services can be found on the MBS Online website at mbsonline.gov.au.

² Conditions applying to the use of written records can be found in the *Health Insurance (Section 3C General Medical – Expansion of GP and Allied Health Mental Health Services) Determination 2020*, which can be accessed at: <https://www.legislation.gov.au/Details/F2020L00996>



No specific equipment is required to provide Medicare-compliant telehealth services. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. To assist providers with their privacy obligations, a privacy checklist for telehealth services has been made available on [MBS Online](#). Further information can be found on the [Australian Cyber Security Centre website](#)

Do GPs need to bulk bill certain patients for the additional FPS items?

No. There is no requirement for GPs and other medical practitioners in general practice to bulk bill Commonwealth concession card holders, children under 16 years of age, and patients who are more vulnerable to COVID-19. It is at the discretion of the doctor to determine the appropriate billing arrangement.

Can providers claim rebates through Services Australia?

Registered practitioners providing treatment services for the additional Better Access items can now claim bulk-billed services using the new item numbers through online claiming with Services Australia.

From 14 August 2020, all claims that meet the eligibility criteria will be paid, including those where services were incurred from 7 August 2020.

What does this mean for providers?

Medical and allied health practitioners will be able to provide additional support for their patients who will clinically benefit from additional sessions.

How will these changes affect patients?

Eligible patients can continue to receive mental health treatment and support at a time of increased emotional and mental stress.

Who was consulted on the changes?

Due to the nature of the COVID-19 pandemic emergency, it was not reasonably practicable to undertake normal consultations with stakeholders prior to the creation of these MBS items. The Government has been receiving information and advice from stakeholders on the mental health impact of patients as a result of COVID-19 pandemic, which has informed the development of the new items.

How will the changes be monitored and reviewed?

The Department of Health will monitor the use of the new MBS mental health items by eligible providers. Use of the items that do not seem to be in accordance with the relevant Medicare guidelines and legislation will be actioned appropriately.



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 at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules, the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

In addition, you can 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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The software (XML) file will be available on the August 2020 downloads page which can be found at <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/downloads-200801>.

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