



Changes to the Better Access initiative – General Practitioners and Prescribed Medical Practitioners

Last updated: 30 September 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 a 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 also apply to GP and PMP MHTP telehealth items, with these services no longer exempt from the established clinical relationship rule.



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?

These changes were recommended in the independent Better Access Evaluation (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 Evaluation including 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's website](#).

What does this mean for GPs and PMPs?

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

Referrals from a GP/PMP dated before 1 November 2025 will continue to be valid until all services (within the maximum session limit for the course of treatment) under that referral have been delivered to the patient.

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

MyMedicare applies to services provided to a person enrolled in MyMedicare at the general practice at which the person is enrolled. MyMedicare is voluntary and free to register for patients, practices and providers. It aims to formalise the relationship between patients, their general practice and GP/PMP at that practice.

A patient can choose to change their MyMedicare registered practice at any time. When this happens, Medicare will automatically cancel the patient's registration and notify the previous practice of the change.



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 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.

Further information for MyMedicare patients, GPs/PMPs and health professionals is available in the [MyMedicare](#) section on [the department's](#) website.

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 items, 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.

Further information on MHTPs will be available from 1 November 2025 in explanatory note [AN.0.56](#) 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.

Focussed psychological strategies services remain available to any patient through an eligible GP/PMP who has completed recognised training by the General Practice Mental Health Standards Collaboration. To claim Medicare benefits for psychological therapy services and focussed psychology services practitioners must meet the relevant provider eligibility requirements. Further information on the provision of focussed psychology strategies services, please refer to explanatory note [MN.7.4](#) from 1 November 2025 on MBS Online.

Who was consulted on the changes?

The department has consulted 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 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 organisations 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 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.

Providers 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.