**Changes to the Better Access initiative – Eligible Allied Health Professionals**

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.
* 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.

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](https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.78&qt=noteID&criteria=AN%2E0%2E78) on MBS Online.

**Why are the changes being made?**

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 published was in August 2024.

The Mental Health Reform Advisory Committee supported the Government’s response to the Better Access 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](https://www.health.gov.au/committees-and-groups/mental-health-reform-advisory-committee) section of the [Department of Health, Disability and Ageing website.](https://www.health.gov.au/)

A full copy of the [Evaluation of the Better Access initiative – final report](https://www.health.gov.au/resources/collections/evaluation-of-the-better-access-initiative-final-report) and the [Australian Government response to the Better Access evaluation](https://www.health.gov.au/resources/publications/australian-government-response-to-the-better-access-evaluation) is available in the resources section of the [Department of Health, Disability and Ageing website](https://www.health.gov.au/) (the department).

**What does this mean for allied health professionals?**

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. 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 practice or their usual medical practitioner.

Referrals 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.

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

Upon the patient’s completion of both the initial course of treatment and any subsequent treatment, the allied health professional must provide a written report to the referring practitioner, including recommendations on future management of the patient’s mental disorder. These reporting requirements have not changed. When recommending patients for further treatment services under the Better Access initiative, services should be utilised by patients who require at least a moderate level of mental health support.

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

Further information on referral requirements will be available from 1 November 2025 in explanatory notes [MN.6.2](https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=MN.6.2&qt=noteID&criteria=mn%2E6%2E2) and [MN.7.4](https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=MN.7.4&qt=noteID&criteria=MN%2E7%2E4) on MBS Online.

To confirm a patient’s eligibility for Better Access treatment services, eligible allied health professionals can call Services Australia on 132 150 to check this information.

**Who was consulted on the changes?**

The department 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 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 compliance program can be found on its website at [Medicare compliance](https://www.health.gov.au/topics/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](https://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting ‘[Subscribe to the MBS](https://www9.health.gov.au/mbs/subscribe.cfm)’ 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](https://www.privatehealth.gov.au/health_insurance/phichanges/index.htm). Detailed information on the MBS item listing within clinical categories is available on the [department’s website](https://www.health.gov.au/resources/collections/private-health-insurance-clinical-category-and-procedure-type?language=en). 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](https://www.legislation.gov.au). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ 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](https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/downloads) page.

**Amended item descriptors (to take effect 1 November 2025)**

| Category |
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| Group M18 – Allied health telehealth services |
| Subgroup 1 – Psychological therapies video services |
| 91166Psychological therapy health service provided by video attendance by an eligible clinical psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 30 minutes but less than 50 minutes duration |
| 91167Psychological therapy health service provided by video attendance by an eligible clinical psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes duration |
| Subgroup 2 – Psychological focussed psychological strategies video services |
| 91169Focussed psychological strategies health service provided by video attendance by an eligible psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 20 minutes but less than 50 minutes duration |
| 91170Focussed psychological strategies health service provided by video attendance by an eligible psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes duration |
| Subgroup 3 – Occupational Therapist focussed psychological strategies video services |
| 91172Focussed psychological strategies health service provided by video attendance by an eligible occupational therapist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 20 minutes but less than 50 minutes duration |
| 91173Focussed psychological strategies health service provided by video attendance by an eligible occupational therapist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes in duration |
| Subgroup 4 – Social Worker focussed psychological strategies video services |
| 91175Focussed psychological strategies health service provided by video attendance by an eligible social worker if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 20 minutes but less than 50 minutes duration |
| 91176Focussed psychological strategies health service provided by video attendance by an eligible social worker if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes duration |
| Subgroup 6 – Psychological therapies phone services |
| 91181Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 30 minutes but less than 50 minutes duration |
| 91182Psychological therapy health service provided by phone attendance by an eligible clinical psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible clinical psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes duration |
| Subgroup 7 – Psychologist focussed psychological strategies phone services |
| 91183Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 20 minutes but less than 50 minutes duration |
| 91184Focussed psychological strategies health service provided by phone attendance by an eligible psychologist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible psychologist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; an(e) the service is at least 50 minutes duration |
| Subgroup 8 – Occupational therapist focussed psychological strategies phone services |
| 91185Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 20 minutes but less than 50 minutes duration |
| 91186Focussed psychological strategies health service provided by phone attendance by an eligible occupational therapist if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible occupational therapist gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes in duration |

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| Subgroup 9 – Social worker focussed psychological strategies phone services |
| 91187Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 20 minutes but less than 50 minutes duration |
| 91188Focussed psychological strategies health service provided by phone attendance by an eligible social worker if:(a) the patient is referred by a referring practitioner; and(b) the service is provided to the patient individually; and(c) at the completion of a course of treatment, the referring practitioner reviews the need for a further course of treatment; and(d) on the completion of the course of treatment, the eligible social worker gives a written report to the referring practitioner on assessments carried out, treatment provided and recommendations on future management of the patient’s condition; and(e) the service is at least 50 minutes duration |

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.