



Family and Carer Participation under the Better Access Initiative

Last updated: 10 February 2023

From 1 March 2023, new Medicare Benefit Schedule (MBS) items are available to facilitate family and carer participation in a patient's mental health treatment under the *Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative* (Better Access) initiative.

What are the changes?

From 1 March 2023, there will be 48 new time-tiered MBS items to allow providers to deliver up to two Medicare-subsidised services per calendar year, to a person other than the patient, where:

- The patient has been referred for Better Access services (for allied health practitioner delivering these services),
- The treating or referring practitioner determines it is clinically appropriate,
- The patient consents for the service to be provided to the person as part of their treatment,
- The service is part of the patient's treatment, and
- The patient is not in attendance.

These items are not available to admitted hospital patients.

Further information, including a list of the new MBS items available can be found in Attachment A at the end of this factsheet and in explanatory note AN.20.1, AN.7.31, MN.6.8 and MN.7.5 on the MBS Online webpage at: www.mbsonline.gov.au.

Why are the changes being made?

The purpose of these changes is to:

- recognise the important role that family members and carers play in supporting patients with mental illness, and
- positively involve family and carers in a patient's treatment and care.

These changes were informed by recommendations from the Productivity Commission in its Inquiry into Mental Health, MBS Review Taskforce and Better Access Evaluation.

- More information about the Productivity Commission's inquiry and a full copy of the inquiry report, is available at: www.pc.gov.au/inquiries/completed/mental-health/report.

- More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health and Aged Care website](#). A full copy of the Primary Care Final Report is available at: www.health.gov.au/resources/publications/taskforce-final-report-primary-care.
- More information about the evaluation and a full copy of the Better Access Evaluation final report, is available at: www.health.gov.au/our-work/better-access-evaluation.

What does this mean for providers?

These MBS changes allow providers to deliver up to two Medicare-subsidised services per calendar year, to a person other than the patient, where the service would form part of the patient's treatment and the patient has consented.

Who can provide these services?

Provider eligibility for these services is consistent with current eligibility for the provision of services under the Better Access initiative. The new services can be delivered by:

- GPs
- Other medical practitioners (OMPs)
- Clinical psychologists
- Psychologists
- Social workers
- Occupational therapists

Specific eligibility criteria for allied mental health practitioners is set out in MBS explanatory notes MN.7.1 and MN.6.4, GPs in AN.0.57, and OMPs in AN.7.23.

Who can refer for family and carer sessions?

Services provided under these MBS items must form part of the patient's treatment under Better Access.

To be eligible, the patient must have been referred by:

- a medical practitioner as part of a mental health treatment plan or psychiatrist assessment and management plan; or
- a psychiatrist; or
- a paediatrician.

The referring practitioner can indicate in the patient's mental health treatment plan, psychiatrist assessment and management plan or referral if it would be clinically appropriate for sessions to be delivered to another person as part of the patient's treatment.

The treating allied mental health practitioners can also use their judgement to determine if it would be clinically appropriate to provide the service to the patient's family or carer. This should be recorded in the patient's notes.

Relevant information should also be provided to the patient's referring practitioner in the report provided at the end of the patient's course of treatment.

When is involving family or carers in treatment appropriate?

Either the referring practitioner or the treating allied mental health practitioner should use their professional judgement to determine if it is clinically appropriate to provide the service to the patient's family member or carer.

Discussions with a patient around their significant relationships and to what extent they want family members, carers and other support people involved in their care may assist in determining if these services would be clinically appropriate. This should be recorded in the patient's notes.

How do I obtain consent from a patient?

The patient must consent to the other person receiving services using these MBS items. The eligible allied mental health practitioner providing the services must:

- explain the service to the patient
- obtain the patient's consent for the service to be provided to the other person as part of the patient's treatment
- make a written record of the patient's consent.

The patient may withdraw their consent at any time.

Where the patient is unable to consent, the general laws relating to consent to medical treatment apply. These may differ between states and territories, and the practitioner should be aware of the requirements in their state or territory.

How many family and carer sessions are available each year?

Family or carers can access up to two sessions per calendar year. Sessions accessed by family or carer will count towards:

- the maximum six session limit for each course of treatment under Better Access, and
- the patient's calendar year allocation of 10 individual services under Better Access.

For example, where a patient has a referral for six sessions in a course of treatment, and two of these sessions are provided to the family member or carer, the patient can receive four sessions before being reviewed by their referring practitioner.

Can family and carer sessions be delivered via telehealth?

Family and carer sessions can be delivered via telehealth (video or phone). The telehealth MBS items can substitute face-to-face consultations where its clinically appropriate and safe to do so. MBS telehealth items will have the same clinical requirements to normal timed consultation items.

What therapies can be delivered using the family and carer MBS items?

Any service delivered to another person using the family and carer MBS items must be for the benefit of the patient's treatment.

It is up to the treating allied mental health practitioner to determine if the service provided to the family member or carer is clinically relevant and appropriately supports the treatment and management of the patient's condition.

Who can be present in a family and carer session?

The patient cannot be present during a family and carer session. If a patient is present during the family and carer session, the practitioner can consider whether the service meets the requirements for the relevant patient MBS item.

Consistent with requirements for Better Access services, these items cannot be used in whole, or in part, for the provision of family therapy, group therapy or couples therapy/relationship counselling.

Can a family or carer be provided with mental health treatment using these MBS items?

No. These MBS items are not for the purposes of providing mental health treatment to the family member or carer receiving the services. The purpose of these items is to support the treatment and recovery of the patient.

Should the family member or carer also require mental health treatment, they should speak to their GP about whether treatment under the Better Access initiative is suitable for their specific needs.

When can family and carer sessions be accessed during the patient's course of treatment?

Family and carer sessions can be accessed at any stage of a patient's course of treatment and do not need to be accessed consecutively.

On the completion of a course of treatment, the eligible practitioner must provide a written report to the referring practitioner. This report should also include relevant information on any services delivered using the family and carer MBS items where relevant.

Is a separate referral required for the family/carer items?

No. Services provided under the family and carer items form part of the patient's course of treatment and there is no requirement for a separate referral to deliver these services.

Further, referring practitioners should not issue separate referrals for family/carer sessions and patient sessions where the total number of sessions would exceed the maximum allowed in a course of treatment. The maximum for each of course of treatment is as follows:

- Initial course of treatment – a maximum of six sessions.
- Subsequent course of treatment – a maximum of six sessions up to the patient’s cap of ten sessions (for example, if the patient received six sessions in their initial course of treatment, they can only receive four sessions in a subsequent course of treatment).

Where the referring practitioner has not indicated the family/carer session should form part of the patient’s treatment, the treating allied health practitioner can use their clinical judgement to provide these services. This must be recorded in the patient’s notes and should be included in the report provided to the referring practitioner at the end of the course of treatment.

Charges relating to these services?

For Medicare benefit purposes, charges relating to services covered by these MBS items should be raised against the patient rather than against the family member of carer. For further information related to billing please contact Services Australia on 132 150.

How will these changes affect patients?

Family and carer sessions aim to positively involve family and carers in a patient’s treatment and care. For patients, family and carer sessions encourage collaborative care and assist in optimising the role of family and carers in supporting their treatment and recovery.

Evidence suggests sessions with family and carers are particularly important for children and adolescents, adults and adolescents with drug problems, people living with dementia and/or in residential aged care, and people living with intellectual disabilities.

Any sessions accessed using these MBS items will count towards the patient’s calendar year allocation of 10 individual services under Better Access.

Who was consulted on the changes?

These MBS changes were informed by recommendations of the Productivity Commission in its Inquiry into Mental Health and the MBS Review Taskforce. Public consultation was a key component of both these reform processes. The National Children’s Mental Health and Wellbeing Strategy and Better Access Evaluation also made recommendations in support of these changes.

The Medical Services Advisory Committee Executive noted the supporting evidence and endorsed the changes.

Consultation was undertaken with professional bodies representing Better Access referring and treating practitioners, as well as consumer and carer representatives.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care will closely monitor the impact of these MBS changes to identify areas that can be refined and may need adjustment post-implementation.

Where can I find more information?

The full item descriptors 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 and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and 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.

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 and you will 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 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.



Attachment A – Better Access Family and Carer MBS Items

The full item descriptors and further information on claiming requirements for these items can be found on the MBS Online webpage at: www.mbsonline.gov.au.

Type	Item No.	Mode of delivery	Service length
Clinical Psychologist	80002	In person	30 – 50 minutes
Clinical Psychologist	80006	In person	30 – 50 minutes
Clinical Psychologist	91168	Telehealth	30 – 50 minutes
Clinical Psychologist	91198	Phone	30 – 50 minutes
Clinical Psychologist	80012	In person	50+ minutes
Clinical Psychologist	80016	In person	50+ minutes
Clinical Psychologist	91171	Telehealth	50+ minutes
Clinical Psychologist	91199	Phone	50+ minutes
Psychologist	80102	In person	20 – 50 minutes
Psychologist	80106	In person	20 – 50 minutes
Psychologist	91174	Telehealth	20 – 50 minutes
Psychologist	91200	Phone	20 – 50 minutes
Psychologist	80112	In person	50+ minutes
Psychologist	80116	In person	50+ minutes
Psychologist	91177	Telehealth	50+ minutes
Psychologist	91201	Phone	50+ minutes
Occupational Therapist	80129	In person	20 – 50 minutes
Occupational Therapist	80131	In person	20 – 50 minutes
Occupational Therapist	91194	Telehealth	20 – 50 minutes
Occupational Therapist	91202	Phone	20 – 50 minutes
Occupational Therapist	80137	In person	50+ minutes
Occupational Therapist	80141	In person	50+ minutes
Occupational Therapist	91195	Telehealth	50+ minutes
Occupational Therapist	91203	Phone	50+ minutes
Social Worker	80154	In person	20 – 50 minutes

Type	Item No.	Mode of delivery	Service length
Social Worker	80156	In person	20 – 50 minutes
Social Worker	91196	Telehealth	20 – 50 minutes
Social Worker	91204	Phone	20 – 50 minutes
Social Worker	80162	In person	50+ minutes
Social Worker	80166	In person	50+ minutes
Social Worker	91197	Telehealth	50+ minutes
Social Worker	91205	Phone	50+ minutes
General Practitioner	2739	In person	30 - 40 minutes
General Practitioner	2741	In person	30 – 40 minutes
General Practitioner	91859	Telehealth	30 – 40 minutes
General Practitioner	91864	Phone	30 – 40 minutes
General Practitioner	2743	In person	40+ minutes
General Practitioner	2745	In person	40+ minutes
General Practitioner	91861	Telehealth	40+ minutes
General Practitioner	91865	Phone	40+ minutes
Other medical practitioner	309	In person	30 - 40 minutes
Other medical practitioner	311	In person	30 – 40 minutes
Other medical practitioner	91862	Telehealth	30 – 40 minutes
Other medical practitioner	91866	Phone	30 – 40 minutes
Other medical practitioner	313	In person	40+ minutes
Other medical practitioner	315	In person	40+ minutes
Other medical practitioner	91863	Telehealth	40+ minutes
Other medical practitioner	91867	Phone	40+ minutes