



Group Therapy MBS Changes under the Better Access Initiative

Last updated: 28 October 2022

- On 1 November 2022 changes to the MBS will take effect to support increased uptake of group therapy under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS initiative (Better Access).

What are the changes?

Effective 1 November 2022, there will be a revised structure for group therapy MBS items under Better Access. The new structure includes:

- 16 new MBS items for group therapy sessions lasting at least 90 minutes or 120 minutes;
- Amendments to the eight existing MBS items to reduce the minimum number of patients required to hold a group therapy session from six to four; and
- Allowing all group therapy MBS items to be claimed with only three patients, if four patients were scheduled to attend but one patient does not attend (for example, due to unforeseen circumstances).

Further information, including on the new and amended MBS items available to deliver group therapy, is available in Attachment A at the end of this factsheet and in explanatory note MN.6.7 and MN.7.4 on the MBS Online webpage at: www.mbsonline.gov.au.

Group therapy MBS items cannot be claimed for an admitted patient of a hospital and are listed under the following clinical category and procedure type:

- Clinical category: N/A Not Hospital Treatment
- Procedure type: N/A Not Hospital Treatment

Why are the changes being made?

The purpose of these changes is to:

- Encourage the uptake of an effective, evidence-based treatment option where clinically appropriate.
- Increase access to low intensity treatment options, including in rural and remote locations, by addressing key access barriers.
- Improve the financial viability of delivering longer group therapy sessions.

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

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 ([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.

What does this mean for providers?

From 1 November 2022, there will be a total of 24 time-tiered MBS items (8 amended MBS items and 16 new MBS items) available to deliver group therapy under Better Access.

Further information on the MBS items available to deliver group therapy is available in [Attachment A](#) at the end of this factsheet and in explanatory note MN.6.7 and MN.7.4 on the MBS Online webpage at: www.mbsonline.gov.au.

Who can refer patients for group therapy?

To be eligible to claim the MBS items for group therapy under Better Access, 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.

Does the referral need to specify it is for group therapy?

Referring practitioners are not legally required to specify if a referral is for group therapy and/or individual therapy under Better Access.

If a referral does not specify whether it is for individual or group therapy, the patient can use the referral to access either or both individual and group therapy treatment options. However, the patient should speak to their referring practitioner about their treatment needs and the type of treatment that might be suitable in their particular circumstances.

What is the minimum number of patients needed to hold a session?

Group therapy MBS items under Better Access can be claimed for groups of four to 10 patients. These items can also be claimed if four patients were due to attend and one patient is unable to attend (see 'What are the changes').

How many sessions are available each year?

A patient can access up to 10 group therapy sessions per calendar year. If the referring practitioner does not specify the number of sessions on the referral, the allied health professional can use their clinical judgement to provide services under the referral up to the maximum number of sessions allowed in a calendar year.

Can group therapy be delivered via telehealth?

Group therapy can be delivered via telehealth in certain circumstances. To be eligible to attend a group therapy session via telehealth the patient must be located within Modified Monash Model area 4-7, and at least 15 kilometres by road from the allied health professional delivering the session.

Does a patient need a review during group therapy?

There is no requirement for a patient to be reviewed after receiving a course of group therapy. Patients will be required to obtain a new referral from their referring practitioner after they have received the number of sessions stated on the referral, or the maximum number of sessions allowed in a calendar year.

Can these MBS items be used to deliver family or couples therapy?

No, group therapy MBS items under Better Access cannot be used to deliver family therapy or couples therapy. Further information about the types of therapies that can be delivered using group therapy MBS items is available in MN.6.7 and MN.7.4.

How will these changes affect patients?

These MBS changes aim to address several key barriers impacting patients' ability to access group therapy to improve outcomes. This includes barriers related to:

- the minimum number of patients currently required to hold group therapy, by reducing the minimum number from six to four;
- group attrition, for example due to fluctuating participation wellness or unforeseen circumstances, by allowing group therapy to take place with three patients if four people were due to attend and one patient is unable to attend; and
- the financial viability of longer group therapy sessions for practitioners, by introducing Medicare rebates for sessions that last 90 minutes or 120 minutes.

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 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.

Monitoring will assist the Department of Health and Aged Care to identify potential issues early and consider appropriate options to address the issues either within or outside the MBS.

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 webpage 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 please email askMBS@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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.



Attachment A – Better Access Group Therapy 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.

Provider	Item No.	Mode of Delivery	Service Length
Clinical Psychologist	80020	In person	60+ minutes
Clinical Psychologist	80021	Telehealth*	60+ minutes
Clinical Psychologist	80022	In person	90+ minutes
Clinical Psychologist	80023	Telehealth*	90+ minutes
Clinical Psychologist	80024	In person	120+ minutes
Clinical Psychologist	80025	Telehealth*	120+ minutes
Psychologist	80120	In person	60+ minutes
Psychologist	80121	Telehealth*	60+ minutes
Psychologist	80122	In person	90+ minutes
Psychologist	80123	Telehealth*	90+ minutes
Psychologist	80127	In person	120+ minutes
Psychologist	80128	Telehealth*	120+ minutes
Occupational Therapist	80145	In person	60+ minutes
Occupational Therapist	80146	Telehealth*	60+ minutes
Occupational Therapist	80147	In person	90+ minutes
Occupational Therapist	80148	Telehealth*	90+ minutes
Occupational Therapist	80152	In person	120+ minutes
Occupational Therapist	80153	Telehealth*	120+ minutes
Social Worker	80170	In person	60+ minutes
Social Worker	80171	Telehealth*	60+ minutes
Social Worker	80172	In person	90+ minutes
Social Worker	80173	Telehealth*	90+ minutes
Social Worker	80174	In person	120+ minutes
Social Worker	80175	Telehealth*	120+ minutes

*Limited to patients located in Modified Monash Model area 4-7.