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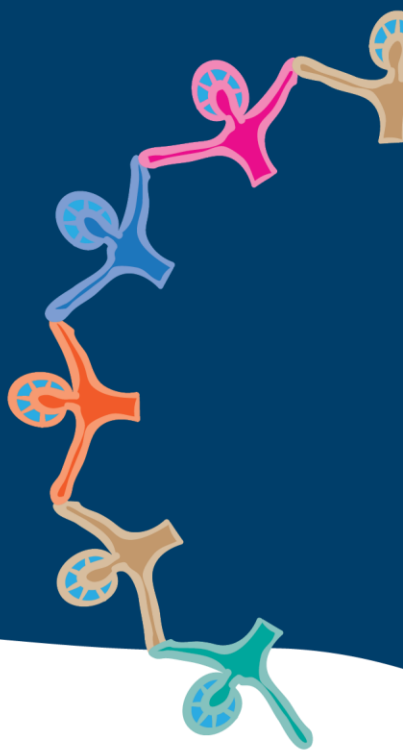
NORTHERN QUEENSLAND
An Australian Government Initiative

Northern Queensland Primary Health Network

Embedding social work in primary care settings

Understanding MBS-funded pathways for Accredited Mental Health Social Workers and practical opportunities for supporting the integration of Generalist Social Workers



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

ISO 9001 QUALITY

Contents

Embedding social work in general practice, AMSs, and ACCHOs

MBS pathways and non-billable support

This guide helps general practices, Aboriginal Medical Services (AMSs), and Aboriginal Community Controlled Health Organisations (ACCHOs) embed social work support safely into everyday practice workflows, including when Medicare-funded pathways may apply.

Use this guide to choose the right social work pathway for the patient's needs, set up safe referral and documentation workflows, and confirm Medicare eligibility before billing.

Who this guide is for: Practice managers, GP leads, Social Workers, billing leads, and teams considering embedded social work support.

Billing disclaimer: This guide is for general information only and does not replace formal MBS advice or practice-specific billing policy. Practices should confirm current MBS requirements before billing and seek advice where needed.

Overview

Version date: September 2026. Check current MBS requirements before use.

- **Accredited Mental Health Social Workers:** may provide Medicare-funded services where referral, provider, patient eligibility and item requirements are met.
- **General social workers:** may not be directly billable through MBS but can provide specialist psycho social education and support service navigation, care coordination, warm referrals, crisis intervention counselling and patient follow-through[1].

Key message: Medicare claiming is one part of the model, not the whole model. Where no MBS item applies, social work can still strengthen access, equity, care coordination and practice capacity.

Medicare pathways

Medicare-funded services

Service type	How it may be used
Individual focused psychological strategies	Structured mental health treatment delivered by an eligible Accredited Mental Health Social Worker.
GP Mental Health Treatment Plan referrals	Supports referral from a GP where the patient meets Better Access requirements.
Psychiatrist or paediatrician referrals	Allows access through specialist referral pathways where clinically appropriate.

Patients can generally access up to **10 individual mental health treatment services per calendar year** under Better Access when eligible. [servicesau...lia.gov.au]

[1] Heynck, L., Zuchowski, I. & Kuruvila, A. (2026). Social Workers perspectives on working in Australian general practice settings. Australia Social Work, 1-30, (20 May 2026) https://doi.org/10.1080/0312407X.2026.2648936

Billable services

Service	Example MBS Item
Individual FPS service (50+ minutes)	80160
Additional FPS items	80155-80170 range depending on mode and setting

Item 80160 is specifically for an eligible social worker providing an individual focused psychological strategies service of at least 50 minutes following referral. [www9.health.gov.au]

Practice opportunity

Step	Lead role	Action	Medicare or workflow checkpoint
Preliminary discussions with social worker/clinic nurse	Social worker/ Clinic nurse	A social worker or practice nurse may complete an initial intake for a patient referred from another service. Where appropriate, the patient is then referred to the GP for assessment and completion of a Mental Health Treatment Plan before referral to an Accredited Mental Health Social Worker.	Opportunity for SW to see patient initially (referred from other servicess) for intake, refer to GP and then MHCP completed, referral to AMHSW.
1. Prepare the Mental Health Treatment Plan	GP	Assess the patient, confirm eligibility, and complete the Mental Health Treatment Plan.	Plan must be completed and documented before social work services are billed.
2. Refer internally	GP and administration team	Refer the patient directly to the embedded social worker and book the first appointment.	Record referral date, MHTP date, sessions available, and required GP review date.
3. Deliver Better Access services	Mental health social worker	Provide eligible focused psychological strategies or other Better Access services in line with the referral.	Use the appropriate item number and document duration, intervention, progress, and referral linkage.
4. Review and continue care	GP	Review progress, remaining sessions, ongoing needs, and whether further treatment or another pathway is required.	Schedule and document review points so the patient remains within Medicare requirements.

This improves continuity while supporting appropriate Medicare-funded activity for the GP and the social worker where eligibility requirements are met.

Other billable activities may include:

- case conferencing
- health assessments for people aged 75 years and older.

Non-billable support

Not all valuable social work activity attracts a Medicare rebate. Generalist social workers can still reduce pressure on clinical appointments by helping patients address practical, social, and service-access barriers that affect health outcomes.

Terminology note: In this guide, “general social worker” refers to a social worker who is not being used for an MBS-funded Accredited Mental Health Social Worker pathway.

For practices, the main value is in **service navigation, psychosocial assessment, care coordination, warm referrals, and patient follow-through**. This support can strengthen team-based care, improve access for vulnerable patients and help care plans work in real life.

Use this section alongside the Medicare-funded pathways so practices can identify when social work support is clinically valuable, even when it is not directly claimable.

Role comparison

Role	Main value to the practice	Funding or billing angle
Accredited Mental Health Social Worker	Provides eligible mental health treatment, focused psychological strategies and structured support under approved referral pathways.	May attract Medicare benefits where Better Access, Chronic Condition Management, or telehealth requirements are met.
General social worker	Supports service navigation, psychosocial assessment, care coordination, advocacy, crisis intervention, interim counselling and support, practical problem-solving, warm referrals, and patient follow-through within general practice.	May not be directly billable through MBS, but can improve access, reduce pressure on clinical appointments and support quality, equity, and team-based care.

Practice manager tip: Position general social work as a capacity, access and quality improvement role — not a billing role.

Support examples

Patient need or barrier	How a general social worker can help
Housing stress, financial hardship, or transport barriers	Connects patients with local supports, financial counselling, transport options, and practical problem-solving support. Provides advocacy and support when engaging with the Department of Housing.
NDIS, My Aged Care, or community service navigation	Helps patients understand service pathways, gather information, complete forms, and follow through with referrals.
Family violence, crisis intervention, carer stress, social isolation, or grief	Provides safe pathway support, advocacy, service linkage, care coordination, and warm referrals to appropriate specialist or community services.

Chronic condition pathways

Chronic Condition Management can provide an additional referral pathway when mental health, psychosocial circumstances, or behaviour change needs are affecting a patient's ability to manage a chronic condition.

MBS item **10956** may apply where an eligible mental health worker, including an Accredited Mental Health Social Worker where appropriate, provides a service under the patient's Chronic Condition Management Plan.

Requirement	Practice check
Intake and assessment with a social worker or nurse	Undertake a biopsychosocial assessment.
Patient has a chronic condition and complex care needs	Confirm the patient meets Chronic Condition Management eligibility requirements.
Service is included in the GP Chronic Condition Management Plan	Check the plan includes social work or eligible mental health worker services before billing.
Up to five allied health services per calendar year	Track total allied health services used across all providers before claiming item 10956.

Referral triggers

Patient presentation	Why social work can help	Practice trigger
Diabetes with depression or anxiety	Supports motivation, problem solving, psycho education, self-management routines, and engagement with care.	Mood symptoms are affecting medication use, appointments, diet, activity, or monitoring.
Chronic pain with mental health impacts	Helps address anxiety, low mood, coping strategies, pacing, and adjustment to long-term symptoms.	Pain is linked to distress, reduced functioning, isolation, or repeated presentations.
Persistent mental illness affecting self-management	Provides structured support for behaviour change, care coordination, and practical barriers.	Mental health symptoms are limiting chronic disease management or follow-through with care plans.
Complex multimorbidity	Helps the patient navigate competing priorities, social stressors, and multiple care requirements.	The patient has multiple conditions plus psychosocial barriers, missed appointments, or fragmented care.

Practice opportunity

This pathway is often underused because practices may think first of physiotherapy, podiatry, or dietetics when planning allied health referrals. When mental health, behaviour change, or psychosocial barriers affect chronic disease management, a mental health social worker may be an appropriate part of the care plan.

Telehealth services

Telehealth can help practices extend mental health social work support to rural and remote patients, people with transport barriers, and patients who need follow-up but cannot easily attend in person.

Telehealth may be useful when it improves access while still meeting current Medicare requirements.

Patient group	Why telehealth helps	Booking or billing consideration
Rural and remote patients	Reduces travel burden and improves access to ongoing mental health social work support.	Confirm Medicare telehealth requirements and document why telehealth is appropriate.
Patients with transport barriers	Helps patients continue treatment when distance, mobility, or transport limits attendance.	Check patient suitability, privacy, technology access, and item eligibility before booking.
Follow-up appointments	Supports continuity of care when a face-to-face appointment is not practical or necessary.	Ensure the session type, duration, and clinical notes support the item claimed.
Outreach communities	Maintains access between outreach visits and supports care continuity across locations.	Align telehealth bookings with referral, reporting, and GP review workflows.

For northern Queensland general practices, AMSs, and ACCHOs, telehealth can help maintain continuity of mental health social work support where distance, transport, workforce shortages, or outreach arrangements limit face-to-face care.

Family and carer sessions

Family and carer sessions can support treatment when involving a trusted support person will help the patient engage, practise strategies, or maintain care between appointments.

Practice opportunity

Scenario	How family or carer involvement helps	Practice consideration
Youth mental health	Supports engagement, shared understanding, and use of strategies between appointments.	Confirm consent, privacy requirements, and the role of the parent, guardian, or support person.
Severe anxiety	Helps the support person understand triggers, reinforce coping strategies, and reduce avoidant patterns.	Use where involvement supports treatment goals and does not increase distress or dependence.
Adjustment disorders	Builds practical support around life transitions, grief, illness, relationship changes, or workplace stress.	Clarify the purpose of the session and document how involvement supports the treatment plan.
Supporting carers of people with mental illness	Improves shared planning, relapse prevention, communication, and continuity of care.	Check eligibility, consent, and whether the session is clinically necessary for the patient's treatment.

First Nations health pathways

For Aboriginal and Torres Strait Islander patients, social work support should be considered as part of broader, team-based care planning where mental health needs, social determinants, or chronic conditions are affecting health outcomes.

Social work support should be offered in a culturally safe, patient-led way, with care planning shaped by the patient's preferences, family and community context, and trusted care relationships.

Practice advice

The greatest opportunity is not usually the individual MBS item itself. It is creating an **integrated mental health pathway** where:

Step	Lead role	What happens	Cultural safety / workflow consideration
1. Identify suitable patients	Nurses, social worker, GPs, and care team	Identify patients whose mental health, chronic conditions, or social determinants are affecting health outcomes.	Use a patient-led conversation and consider family, community, and trusted care relationships.
2. Complete the care plan	GP	Complete the appropriate Mental Health Treatment Plan, Chronic Condition Management Plan, or broader care plan.	Confirm the patient understands the plan, agrees with the referral, and has choice about supports involved.
3. Book the referral	Reception / administration team	Book directly into the social worker's calendar and record referral details.	Offer flexible booking options and check whether transport, telehealth, outreach, or support person needs should be considered.
4. Provide social work support	Social worker	Provide appropriate treatment, psychosocial support, behaviour change support, or care coordination.	Deliver support in a culturally safe, trauma-informed, and strengths-based way.
5. Report and review	Social worker and GP	Social worker reports back to the GP and the GP reviews progress, ongoing needs, and the next step in care.	Keep the patient involved in decisions and confirm whether additional supports, family involvement, or community referral pathways are needed.

This model keeps care local, improves access, supports continuity, and strengthens use of Better Access and Chronic Condition Management pathways across general practices, AMSs, and ACCHOs.

Detailed Medicare reference tables

Better Access mental health services

Who can refer?

Referrer	Referral context
GP with a Mental Health Treatment Plan	Common pathway for Better Access referrals in general practices, AMSs, and ACCHOs.
Prescribed Medical Practitioner	May refer where Better Access requirements are met.
Psychiatrist	Specialist referral pathway where clinically appropriate.
Paediatrician	Specialist referral pathway for children and young people where appropriate.

Eligible patients

Eligibility point	Practice check
Diagnosed mental disorder requiring at least moderate support	Confirm the clinical need and referral pathway before booking social work services.
Referred under Better Access requirements	Check the referral, plan date, remaining services, and GP review requirements.

Available services

Service	Use in practice
Individual focused psychological strategies	Core Better Access treatment pathway for eligible patients.
Group mental health services	May support patients who benefit from structured group-based intervention where available.
Family and carer participation services	Use where family or carer involvement is eligible and supports the patient's treatment goals.

Patients may generally access up to **10 individual and 10 group services per calendar year** under Better Access. [servicesau...lia.gov.au]

Common social worker item

Item	Description
80160	Individual focused psychological strategies service (50+ minutes) provided by an eligible social worker following referral. [www9.health.gov.au]

CCM billing check

Mental health social workers may also provide services when recommended under a patient's Chronic Condition Management Plan.

Example item

Item	Description
10956	Mental health service provided by an eligible mental health worker for patients with a chronic condition and complex care needs. Up to five allied health services per calendar year. [www9.health.gov.au]

Suitable patients

Patient presentation	Why it may fit item 10956
Diabetes and depression	Mental health symptoms may affect medication use, monitoring, appointments, or lifestyle change.
Chronic pain and anxiety	Social work support may help with coping, pacing, adjustment, and engagement with care.
COPD and mental health challenges	Anxiety or distress may affect treatment adherence, activity, and self-management.
Heart disease and adjustment issues	Support may help the patient adjust after diagnosis, hospitalization, or changes in functioning.
Complex multimorbidity	Psychosocial barriers may make it harder to manage multiple competing care requirements.
Persistent psychosocial barriers affecting self-management	Social work support may address practical barriers, care coordination, and behaviour change needs.

Telehealth billing check

Social workers can provide eligible Better Access services via telehealth when current Medicare requirements are met. Practices should confirm the relevant telehealth item number, referral requirements, and documentation expectations before billing.

At a glance: the simplest model

Nurse or health practitioner identifies need → GP completes MHTP → Internal referral to social worker → Social worker provides treatment or support → Report to GP → GP review

This model allows practices to provide integrated social work support, improve patient access, strengthen continuity of care, and use available Medicare-funded mental health pathways where eligibility requirements are met.

Workflow

Before sharing information or escalating risk

Consent and privacy reminder: Confirm patient consent before sharing information between the GP, social worker, family/carer, or external services.

Risk escalation reminder: Practices should have an agreed escalation process for urgent mental health, family violence, safeguarding, or suicide risk concerns.

Referral and booking workflow

Step	Lead role	Key action	Documentation or billing checkpoint
1. Identify suitable patients	Reception, nurses, GPs, and care coordinators	Identify patients who may benefit from social work support, including those with mental health concerns, grief, carer stress, chronic disease self-management challenges, or psychosocial barriers.	Record the trigger for referral, relevant presenting issue, and preferred pathway for GP review.
2. GP assessment	GP	Assess the patient, confirm the appropriate pathway, prepare a Mental Health Treatment Plan where required and discuss referral options.	Complete and save the MHTP or relevant care plan before any Medicare-funded social work service is billed.
3. Internal referral	GP and administration team	Refer directly to the in-house social worker and book the appointment, using the relevant referral, consent and billing checks for the pathway being used.	Record referral date, treatment plan date, services available, and review date required in the practice software.
4. Social worker provides treatment or support	Social worker	Provide the agreed service, which may include evidence-based mental health interventions, psychosocial assessment, practical problem solving, care coordination, warm referrals, or behaviour change	Use the appropriate Medicare item only where all eligibility requirements are met. For non-billable social work support, maintain clear notes about the referral reason, consent, support provided, risk

Step	Lead role	Key action	Documentation or billing checkpoint
		support, depending on the worker's scope and the referral pathway.	issues, outcomes, and any follow-up or community referrals.
5. Reporting back	Social worker	Report back to the referring practitioner at the end of a treatment course, or provide a brief update where broader support, risks or follow-up actions need to be shared.	Include relevant outcomes, support provided, progress, risks, recommendations and follow-up actions; track outstanding reports.
6. GP review	GP	Review clinical progress, ongoing needs, further treatment requirements and alternative supports if needed.	Document review outcome, remaining sessions, next review date, and any changes to the treatment pathway.

General social worker note: If the role is a general social worker, use the same referral, documentation, risk escalation, and communication discipline, but do not claim MBS items unless eligibility requirements are met and the service is provided by an eligible provider.

Checklist

Checklist note: For general social work support, adapt the checklist to focus on scope, referral pathways, consent, documentation, risk escalation, community service mapping, and outcomes monitoring. Use Medicare claiming checks only where the service is delivered by an eligible provider and all MBS requirements are met.

Area	Practice manager task	Owner	Status	Evidence/checkpoint	Review frequency
Governance	Confirm the social worker's role, scope, accreditation status, and whether they are eligible to provide MBS-funded services.	Practice manager	Not started / In progress / Complete	Role description, scope, accreditation evidence, and MBS eligibility status confirmed.	On commencement and annually
Governance	Confirm Medicare provider number and billing arrangements.	Practice manager / finance lead	Not started / In progress / Complete	Provider number recorded and billing profile tested.	On commencement and when details change
Referral and booking workflow	Document the MHTP and internal referral pathway and confirm where it is stored.	Practice manager / GP lead	Not started / In progress / Complete	Workflow saved in practice procedure folder and shared with team.	Quarterly
Referral and booking workflow	Set up referral, eligibility, and session-tracking checks before appointments are billed.	Admin team / practice manager	Not started / In progress / Complete	Referral date, plan date, sessions used, and review date fields active.	Monthly
Documentation and reporting	Create standard referral, clinical note, and report templates.	Practice manager / social worker	Not started / In progress / Complete	Templates uploaded and tested in practice software.	Six-monthly
Documentation and reporting	Track reports back to the GP after completion of a treatment course.	Social worker / admin team	Not started / In progress / Complete	Outstanding report list reviewed and filed reports visible in patient record.	Monthly
Billing and audit	Implement a monthly billing audit for referrals, service limits, GP reviews, telehealth use, and item 10956 opportunities.	Practice manager / billing lead	Not started / In progress / Complete	Monthly audit report completed and actions logged.	Monthly
Sustainability and access	Enable telehealth, recall systems, DNA follow-up, and community referral pathway mapping.	Practice manager / admin team	Not started / In progress / Complete	Telehealth workflow enabled, recall categories created, DNA process active, and referral map available.	Quarterly

Appendix: Quick reference tools

Use this appendix after reviewing the main guide, workflow and checklist. It provides quick lookup tables for Medicare items, patient scenarios, referral opportunities, and billing controls.

Using Medicare items

Key Medicare items

MBS item	Who bills?	Purpose	Key notes
2700 / 2701 / 2715 / 2717	GP	Mental Health Treatment Plan (MHTP)	Establishes eligibility for Better Access referrals. [Desktop Gu...e services | PDF], [servicesau...lia.gov.au]
2712 / 2713	GP	Mental Health Treatment Plan review	Required to assess progress and ongoing need for treatment. [servicesau...lia.gov.au]
279	GP	Mental health consultation	Consultation focused on assessment and management of a mental disorder. [Desktop Gu...e services | PDF]
	GP	CASE Conferencing	GP plus two other allied health professional, ie. Nurse and generic social worker
	GP	Over 75 assessment	Generic social worker can contribute to social, mobility, and mental health assessment.
80160	Accredited Mental Health Social Worker	Individual focused psychological strategies (FPS)	50+ minute consultation following a valid referral. [www9.health.gov.au]
80155-80170 series	Accredited Mental Health Social Worker	Better Access treatment services	Various individual, group, telehealth, and attendance formats. [www9.health.gov.au], [servicesau...lia.gov.au]
10956	Accredited Mental Health Social Worker	Chronic Condition Management (CCM) allied health service	Patient must have a chronic condition and eligible care plan. Up to five allied health services per calendar year. [www9.health.gov.au]
91196 / 91197 / 91204 / 91205	Accredited Mental Health Social Worker	Telehealth Better Access services	Available where Medicare telehealth requirements are met. [Desktop Gu...e services | PDF]

Better Access pathway

GP → Mental Health Treatment Plan → Social Worker

Best for:

Patient need	Why Better Access may fit
Anxiety	Structured psychological strategies may support symptom management and functioning.
Depression	Treatment can support mood, motivation, coping, and re-engagement with daily routines.
Adjustment disorders	Supports people adapting to life changes, grief, illness, relationship changes, or work stress.
Trauma-related concerns	May support stabilisation, coping strategies, and referral planning where appropriate.
Perinatal mental health	Provides support for mood, anxiety, adjustment, and practical stressors during the perinatal period.
Youth mental health	Can support young people with coping skills, engagement, and suitable family/carer involvement where appropriate.

Sustainable access opportunity

Better Access services create a steady referral pathway when the practice reliably identifies eligible patients, completes the Mental Health Treatment Plan, books social work sessions, tracks service limits, and schedules GP reviews.

Patient scenarios

Scenario quick reference

Medicare item	Patient scenario	Why it fits
2700 / 2701 / 2715 / 2717 GP Mental Health Treatment Plan	45-year-old with newly diagnosed depression following relationship breakdown.	GP develops a structured plan outlining treatment goals, referrals, and management. [Desktop Gu...e services | PDF], [servicesau...lia.gov.au]
	19-year-old university student with anxiety and panic attacks.	Establishes eligibility for Better Access services. [servicesau...lia.gov.au]
	Postnatal mother experiencing low mood and anxiety.	Supports referral to a mental health social worker for treatment. [servicesau...lia.gov.au]
2712 / 2713 MHTP Review	Patient has completed six social work sessions and requires reassessment.	GP reviews progress and determines whether further treatment is required. [servicesau...lia.gov.au]
	Patient reports improvement but ongoing symptoms of anxiety.	Allows treatment effectiveness and future care needs to be assessed. [servicesau...lia.gov.au]

Medicare item	Patient scenario	Why it fits
279 Mental Health Consultation	Patient presents with worsening depression, suicidal thoughts, or complex psychosocial issues.	GP consultation focused specifically on assessment and management of a mental disorder. [Desktop Gu...e services | PDF]
	Patient experiencing work-related stress and insomnia.	Requires dedicated mental health assessment and treatment planning. [Desktop Gu...e services | PDF]
80160 Social worker Better Access session	Patient with moderate depression attends a 50-minute therapy session.	Eligible social worker provides focused psychological strategies after referral. [www9.health.gov.au]
	Young adult managing anxiety with CBT-based interventions.	Typical Better Access referral pathway. [www9.health.gov.au], [servicesau...lia.gov.au]
	Woman experiencing grief following the death of a family member.	Psychological interventions support adjustment and coping. [www9.health.gov.au]
	FIFO worker struggling with stress, relationships, and low mood.	Social worker provides short-term evidence-based therapy. [www9.health.gov.au]
10956 Chronic Condition Management allied health service	Patient with diabetes and depression who is struggling to attend appointments and manage medication.	Mental health barriers are affecting chronic disease outcomes. [www9.health.gov.au]
	Patient with chronic pain experiencing anxiety and social isolation.	Psychosocial support forms part of the chronic disease care plan. [www9.health.gov.au]
	Patient with heart disease and adjustment difficulties after hospitalisation.	Social work intervention supports recovery and self-management. [www9.health.gov.au]
	COPD patient with severe health anxiety that impacts treatment adherence.	Mental health service assists management of a chronic condition. [www9.health.gov.au]
91196 / 91197 / 91204 / 91205 Telehealth social work services	Patient lives in a rural community several hours from the practice.	Telehealth enables access to mental health care without travel. [Desktop Gu...e services | PDF]
	Patient has mobility issues or no transport.	Supports ongoing treatment remotely. [Desktop Gu...e services | PDF]
	Patient regularly travels for work but requires continuity of care.	Allows review and treatment sessions via telehealth. [Desktop Gu...e services | PDF]

Referral opportunities

Referral stream	Common examples	Likely pathway	Practice trigger
Better Access mental health referrals	Depression, anxiety, adjustment disorder, grief and loss, perinatal mental health, youth mental health, carer stress, workplace stress, and burnout where a clinically diagnosed mental health condition exists.	GP Mental Health Treatment Plan → social worker Better Access services → GP review.	Patient presents with mental health concerns that would benefit from structured psychological strategies and GP-led follow-up.
Chronic Condition Management referrals	Diabetes with depression, chronic pain with anxiety, cardiovascular disease with adjustment issues, COPD with anxiety, obesity requiring behaviour change support, and complex multimorbidity with psychosocial barriers.	Chronic Condition Management Plan → eligible allied health referral → item 10956 where requirements are met.	Mental health, behaviour change or psychosocial barriers are affecting chronic disease self-management or appointment attendance.
Priority populations and access barriers	Rural and remote patients, people impacted by social isolation, patients with limited local mental health services, and Aboriginal and Torres Strait Islander patients requiring integrated, team-based support.	Better Access, telehealth, Chronic Condition Management or broader team-based care planning, depending on eligibility and clinical need.	Patient access is limited by geography, workforce shortages, transport barriers, cultural safety needs, or fragmented care pathways.
General social work support without a direct MBS claim	Housing stress, financial hardship, transport barriers, family violence pathway support, NDIS or My Aged Care navigation, social isolation, grief, carer stress, and difficulty following through with referrals.	Broader team-based care planning, service navigation, warm referral, and care coordination. Do not claim an MBS item unless eligibility requirements are met and the service is provided by an eligible provider.	The patient's health outcomes are being affected by practical, social, or system-navigation barriers that are unlikely to be resolved through a clinical appointment alone.

Practice manager tip: In most practices, the highest-volume pathway will be the GP Mental Health Treatment Plan → social worker Better Access sessions → GP review. The most underused opportunity is often Chronic Condition Management Plan → social worker item 10956 for patients whose mental health, psychosocial needs or behaviour change barriers are affecting chronic disease management.

Billing tips

The following table outlines practical workflow controls practice managers can use to support safe Medicare billing for mental health social work services in general practices, AMSs, and ACCHOs.

Billing tip	What to check	Practice manager action
Start with the referral, not the item number	Confirm that a Mental Health Treatment Plan is completed, the referral is current and documented, and the patient meets Medicare eligibility requirements.	Add a referral check before the first social work appointment is booked or billed.
Track the patient's allocated services	Monitor referral date, number of sessions attended, remaining sessions, and GP review requirements.	Set automatic reminders before patients reach their allocation limit.
Do not overlook Chronic Condition Management referrals	Consider item 10956 when mental health, psychosocial barriers or adjustment issues are affecting chronic disease management.	Prompt GPs and nurses to consider eligible chronic disease patients for social work support.
Use telehealth strategically	Telehealth may support rural and remote patients, patients with transport barriers, and those requiring ongoing follow-up care.	Include telehealth eligibility checks in booking and billing workflows.
Build a recall system	Recall GP reviews, expiring referrals, non-attendance and follow-up after social worker reports are received.	Create recall categories in the practice software and review them weekly.
Standardise referral templates	Capture diagnosis, presenting issues, relevant history, treatment goals, risk factors, and referring GP details.	Use a single practice-approved template to reduce delays and improve compliance.
Monitor appointment utilisation	Review referrals made, completed social work appointments, DNA rates, telehealth versus face-to-face appointments and wait times.	Run a monthly utilisation report to identify unmet demand, capacity issues, missed referral opportunities, and claiming risks.
Ensure reports return to the GP	Better Access services require reporting back to the referring practitioner at the completion of a treatment course.	Create a workflow to receive the report, notify the GP, file the report, and arrange review if required.
Educate the whole practice team	Reception staff, nurses, care coordinators, and GPs can all identify suitable referral opportunities.	Develop a simple "who should I refer?" guide for the team.
Complete a monthly audit	Check valid referrals, service limits, reports, item 10956 opportunities, telehealth use, and GP reviews.	Use the audit to identify workflow gaps and prevent billing errors before claims are submitted.

Summary: Good billing starts with a reliable workflow, not just the correct item number. Practice managers can reduce missed referral opportunities and claiming risks by building five routine controls into the practice: referral checks before appointments, service-limit and GP-review tracking, standard referral and reporting templates, utilisation monitoring, and monthly audits. These controls help keep Better Access, telehealth and Chronic Condition Management pathways safe, visible, and sustainable.

Billing risks

The following table highlights common claiming risks and practical actions that can be built into everyday practice workflows to prevent them.

Common billing error	Why it matters	Practice manager action
Providing services before a valid referral is received	Better Access services require an eligible referral pathway before Medicare benefits can be claimed.	Verify the MHTP and referral before the first appointment and include a referral status check in reception workflows.
Not tracking Better Access service limits	Patients may reach their annual service allocation, making further claims inappropriate if eligibility is not checked.	Track referral date, sessions used, sessions remaining, and review dates; generate monthly exception reports.
Missing GP reviews	The Better Access model includes ongoing GP involvement and review of patient progress.	Build automatic recalls and schedule GP review appointments when the referral is created.
Using the wrong referral pathway	Different Medicare rules apply to Better Access and chronic condition management pathways.	Consider both pathways for patients with diabetes, chronic pain, COPD, complex multimorbidity, or psychosocial barriers.
Inadequate documentation	Clinical notes must support the service provided, duration, treatment delivered, and referral details.	Use standard templates and complete notes at the time of service or as soon as practicable afterwards.
Missing reports back to the GP	Social worker Better Access services require written reporting to the referring practitioner at the completion of a course of treatment.	Create an end-of-treatment checklist and track outstanding reports monthly.
Claiming telehealth items without confirming eligibility	Telehealth items have specific claiming requirements and should only be used when Medicare conditions are met.	Include telehealth eligibility checks in appointment booking procedures.
Failing to confirm provider eligibility	Better Access services must be delivered by eligible providers, including eligible social workers.	Keep accreditation and provider number records up to date.
Poor communication between the GP and social worker	Mental health care works best as a shared-care model, particularly when risks escalate or patients disengage.	Set communication triggers for suicide risk concerns, non-attendance, treatment completion, and escalation of symptoms.
Overlooking Chronic Condition Management opportunities	Patients with chronic conditions and psychosocial barriers may be eligible for item 10956, which is often underutilised.	Ask whether the patient has a chronic condition, complex care needs, and psychosocial barriers affecting self-management.

Together, these workflow checks help practices prevent common claiming errors, make appropriate use of Better Access, telehealth and Chronic Condition Management pathways, and keep mental health and broader social work support safe, visible, and sustainable.

External funding opportunities

Generalist social workers and Accredited Mental Health Social Workers may apply to become Department of Veterans' Affairs providers. Eligible sessions can then be billed directly to the department.

NDIS: The practice may establish an individual service agreement between the social worker and the participant, then charge for eligible services in line with the agreement.

My Aged Care: Social work services may be included in a person's care plan and funded through an eligible Home Care Package or other approved aged care funding arrangement.

Resources and references

Use these authoritative sources to confirm current eligibility, referral, provider, and claiming requirements before delivering or billing services. Accessed September 2026.

Medicare and MBS

- MBS Online: current item descriptors, explanatory notes, and schedule information.
- Services Australia: MBS billing rules for mental health services: Better Access eligibility, service limits, referrals, and claiming requirements.
- Services Australia: Mental health treatment plans: requirements for preparing, managing, and reviewing a Mental Health Treatment Plan.
- MBS chronic condition management framework: current referral arrangements and guidance for allied health services.

Social work accreditation and referral

- Australian Association of Social Workers: Mental Health credential: credential, provider-number, and professional development information for Accredited Mental Health Social Workers.
- Australian Association of Social Workers: Information for GPs: referral information and an overview of mental health social work services.
- Australian Association of Social Workers: Find a Social Worker: directory for locating social workers by location, service, and funding pathway.

Other funding pathways

- Department of Veterans' Affairs: Social workers: provider registration, referrals, treatment cycles, fees, claiming, and compliance guidance.
- NDIS pricing arrangements: current pricing schedule, support items, and price limits. Confirm the participant's plan, service agreement, and funding arrangements before charging.
- My Aged Care: Support at Home: current in-home aged care program, available services, and funding pathways.
- My Aged Care: Connecting with Support at Home providers: guidance on approved services, provider arrangements, and service agreements.

Keep this guide current: Review these sources whenever Medicare, DVA, NDIS, or aged care rules change, and record the date of the review in the document version information.

phn
NORTHERN QUEENSLAND
An Australian Government Initiative

e: support@nqphn.com.au
w: nqphn.com.au