Cessation of the additional 10 MBS mental health sessions during   
COVID-19 under the Better Access Pandemic Support measure

Last updated: 27 August 2024

On 7 August 2020, an additional 10 individual treatment sessions were temporarily introduced for eligible patients under the existing Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative. Initially, the additional 10 sessions were for eligible patients subject to public health orders due to COVID-19 (either because movements within the state/territory were restricted or because they were required to isolate or quarantine). People in eligible areas who had used their 10 sessions were able to receive up to 10 additional sessions in a calendar year delivered face-to-face, or via telehealth or phone.

From 9 October 2020, the additional 10 sessions under Better Access were extended nationally for all eligible patients in response to the ongoing mental health impacts stemming from the COVID-19 pandemic. This temporarily increased the permitted number of Better Access individual treatment sessions from up to 10 per calendar year to up to 20 per calendar year across all modes of delivery (face-to-face, telehealth and phone).

The temporary increase of the additional 10 sessions ceased on 31 December 2022 as planned.

## Am I able to access any of my unused additional 10 sessions after 31 December 2022?

No. The additional 10 sessions ceased on 31 December 2022 and cannot be used after this date.

## Where can I find more information about Better Access?

Further information about the Better Access initiative including how the initiative works, who is eligible and how support can be accessed can be found by visiting the [Better Access initiative website](https://www.health.gov.au/our-work/better-access-initiative).

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](https://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting [MBS Online](https://www.mbsonline.gov.au/) 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, 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](mailto:askMBS@health.gov.au).

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 Provider Enquiry Line on 13 21 50.

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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/topics/private-health-insurance/private-health-insurance-reforms). 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](mailto: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 and you will receive regular news highlights.

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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.

**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.**