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Purpose of mental health treatment item numbers

The GP Mental Health Treatment items in the Medicare Benefits Schedule (MBS) provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders. The items enable GPs to refer patients to psychiatrists; psychological therapy services provided by clinical psychologists; or focussed psychological strategies services provided by qualified GPs or allied mental health professionals.

Definition of a mental disorder for the purposes of mental health MBS items

The GP Mental Health Treatment items are for patients with a mental disorder who would benefit from a structured approach to the management of their care needs. Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. Mental disorders that can be addressed under the Better Access initiative is informed by the World Health Organisation, 1996, *Diagnostic and Management Guidelines for Mental Disorders in Primary Care- ICD-10 Chapter V, Primary Care Version*, and is outlined in the below table:

Mental Disorders in Primary Care: ICD-10 Chapter V, Primary Care Version	
Chronic psychotic disorders	Acute psychotic disorders
Schizophrenia	Bipolar disorder
Phobic disorders	Generalised anxiety disorder
Adjustment disorder	Unexplained somatic complaints
Depression	Sexual disorders
Conduct disorder	Bereavement disorders
Post-Traumatic Stress Disorder	Eating disorders
Panic disorder	Alcohol use disorders
Drug use disorders	Mixed anxiety and depression
Dissociative (conversion) disorder	Neurasthenia
Sleep problems	Hyperkinetic (attention deficit) disorder
Enuresis (non-organic)	Obsessive Compulsive Disorder
Mental disorder, not otherwise specified	

Please note - Dementia, Delirium, Tobacco use disorder and Mental Retardation are not regarded as mental disorders for the purposes of the GP Mental Health Care items.

Do I need to be a patient's 'usual doctor' to refer them?

It is the profession's expectation, but not a mandatory requirement, that GP Mental Health Treatment items would generally be provided by the patient's usual doctor. This is not designed to be an enforceable provision and takes account of the patient's right to choose their own doctor. A GP should generally only provide GP Mental Health Treatment items where they reasonably expect that they will be the patient's 'usual GP' and have an ongoing role in the management of the patient and their mental disorder.

Mental Health Treatment Plan details

Item Number	Item Description	Time	Fee
2700	GP has not undertaken Mental Health Skills Training	Lasting at least 20 mins.	\$71.70
2701	GP has not undertaken Mental Health Skills Training	Lasting at least 40 mins.	\$105.55
2715	GP has undertaken Mental Health Skills Training	Lasting at least 20 mins.	\$91.05
2717	GP has undertaken Mental Health Skills Training	Lasting at least 40 mins.	\$134.10

Claiming Restrictions: Once an initial GP Mental Health Treatment Plan is in place, a new plan should not be prepared unless clinically indicated and generally not within 12 months of a previous plan. Ongoing management can be provided through consultation and review services (see below).

Preparation of a GP MHTP 2700, 2701, 2715 and 2717

Preparation of a MHTP involves both assessing the patient and preparing the MHTP document*.

An assessment of a patient must include:

- Recording the patient's agreement for the GP MHTP service
- Taking relevant history (biological, psychological, social) including the presenting complaint
- Conducting a mental state examination
- Assessing associated risk and any co-morbidity
- Making a diagnosis and/or formulation
- Administering an outcome measurement tool*, except where it is considered clinically inappropriate

Preparation of a MHTP must include:

- Discussing the assessment with the patient, including the mental health formulation and/or diagnosis and recording of this diagnosis in the plan;
- Identifying and discussing referral and treatment options with the patient
- Agreeing on treatment goals together: what should treatment achieve, any actions the patient will take
- Provision of psycho-education
- A plan for crisis intervention and/or for relapse prevention, if appropriate
- Making arrangements for required referrals, treatment, support services, review / follow-up; and
- Documenting results of assessment, patient needs, goals, actions, referrals, required treatment/ services, and review date in the patient's GP MHTP
- A copy of the Plan is offered to the patient
- A copy of the Plan is added to the patient's records.

* Country SA PHN can provide a MHTP / review template and copies of various outcome measurement tools.

Payments for the preparation of a GP MHTP are linked to the time spent with a patient on developing the plan and to whether or not the GP has undertaken Mental Health Skills Training.

- Items attract a 100% rebate of the MBS fee except where the service is provided in-hospital.
- The assessment can be part of the same consultation in which the MHTP is developed, or they can be undertaken in different visits. For separate visits that are undertaken to assess the patient and develop the Plan, no MBS item would be claimed for the first visit and MBS items 2700, 2701, 2715 or 2717 would be claimed for the second visit. Full explanatory notes for Mental Health item numbers are found in A.46 of MBS Online at <http://www.mbsonline.gov.au/>.
- Where the patient has a carer, the practitioner may consider having the carer present for the assessment, preparation of the MHTP and review, subject to patient agreement.

Mental Health Treatment Plan – Review details

Item Number	Item Description	Time	Fee
2712	Review of a GP Mental Health Treatment Plan or review of a psychiatrist's assessment and management plan.	Not timed	\$71.70

Claiming Restrictions: It is recommended that an initial review take place between four weeks and six months after the completion of the GP Mental Health Treatment Plan and, if required, a further review at least three months after the first review. Most patients should not need more than two formal reviews in a 12 month period.

Preparation of a MHTP Review 2712

A Review of a GP MHTP must include:

- Recording the patient's agreement for the service
- Reviewing the patient's progress against the goals outlined in the GP MHTP
- Modifying the plan, if required
- Checking, reinforcing and expanding education
- A plan for crisis intervention and/or for relapse prevention, if appropriate and not already provided
- Re-administration of outcome measurement tool used in the assessment, where clinically appropriate
- A personal attendance by the GP with the patient
- A copy of the reviewed plan is offered to the patient
- A copy of the reviewed plan is added to the patient's records

Mental Health Consultation

Item Number	Item Description	Time	Fee
2713	GP mental health treatment consultation	Lasting at least 20 mins.	\$71.70

Claiming Restrictions: This item is for the ongoing management of patients with a mental disorder and can be used for consultations where primary treating problem is related to a mental disorder. This item can be claimed once per day and can be used with or without a MHTP.

Mental Health Consultation 2713

A GP Mental Health Treatment Consultation must include:

- Taking relevant history and identifying the patient's presenting problem(s), if not previously documented
- Providing treatment, advice and/or referral for other services or treatment, and
- Documenting consultation outcomes in patient's medical records and, where applicable, mental health plan

GP Provision of Focussed Psychological Strategies (FPS)

Item Number	Item Description	Time	Fee
2721	GP Provision of FPS	Lasting 30 to 40 mins.	\$92.75
2725	GP Provision of FPS	Lasting more than 40 mins.	\$132.75

Claiming Restrictions: Only available to GPs who have completed FPS training accredited by the GPMHSC and who are registered with Medicare to provide FPS.

Confirming if a MHTP is already in place and if services have been claimed

GPs can call Medicare on 132 150 to check or using their online HPOS checker:

- If a GP MHTP has previously been claimed and paid for a patient
- How many allied services the patient has already received in the calendar year

Where a patient has had a GP MHTP completed within the previous 12 months the GP can:

- Ask the patient if they are able to provide a copy of the previously prepared MHTP
- With the patient's permission, attempt to obtain a copy of the MHTP from the previous GP. The GP should then consider whether the existing plan is still appropriate for the patient. The plan may be reviewed using MBS item 2712 (note: unless exceptional circumstances exist, MBS item 2712 cannot be used within 4 weeks of the MHTP being developed or 3 months of a previous MBS item 2712).
- Where a GP is unable to obtain a copy of the patient's existing MHTP, the GP should develop a new plan using MBS items 2700, 2701, 2715 or 2717.

Referral Letter – GP to Mental Health Professional

There is no standard form for referrals. A GP can refer patients for allied mental health services with a signed and dated letter or note. The referral should include:

- The patient's diagnosis
- The number of treatment services the patient needs to receive
- A statement that a Mental Health Treatment Plan or a psychiatrist assessment and management plan is in place. Include a copy of the MHTP if it's appropriate and the patient agrees.

Reports – Allied Health Professional to GP

At the completion of each course of treatment, the allied mental health professional must provide a written report to the referring medical practitioner detailing the patient's progress including:

- Assessments carried out on the patient
- Treatment provided and
- Recommendations on future management of the patient's disorder

Item 291 – referred Psychiatrist assessment and management plan

Psychiatrists Item 291 enables a GP to receive one-off psychiatric assessments and management advice for patients that GPs can continue to manage in their practice.

During the consultation with a psychiatrist:

- An outcome tool is used where clinically appropriate
- A mental state examination is conducted
- A psychiatric diagnosis is made

Within two weeks of the assessment being carried out by the Psychiatrist, the referring GP should receive a comprehensive written assessment and management plan that:

- Comprehensively evaluates biological, psychological and social issues
- Addresses diagnostic psychiatric issues
- Makes treatment recommendations addressing biological, psychological and social issues
- Is explained and provided, unless clinically inappropriate, to the patient and/or the carer (with the patient's agreement).

The patient must not have had a payment made under this Item in the preceding 12 months. Where a GP is managing a patient with a mental disorder under a referred psychiatric assessment and management plan, the GP can continue to manage the patient using either the GP Mental Health Care Consultation item or standard consultation items. GPs are also able to use, as necessary, the GP Mental Health Care Review item (2712) as if the patient had a GP Mental Health Care Plan.

Once a GP Mental Health Care Plan or a referred psychiatrist assessment and arrangement plan has been completed and claimed on Medicare, patients are eligible to be referred by their GP for services.