

Guide to GP Mental Health Treatment MBS Items

Index

Better Access to Mental Health Treatment	1
BOMHC continuing initiatives	2
Allied health services available	3
Using consultation item 2713	3
GP Mental Health Treatment Consultation Item 2713	4
Using treatment plan item 2710, 2702 & review item 2712	4
• Assess if patient is affected by a mental health disorder	4
• Identify if patient eligible for a GP Mental Treatment Plan?	4
• Explain the GP Mental health Treatment Plan; seek patient consent	5
• Prepare GP Mental Health Treatment Plan 2710 or 2702	5
• Forward referral to allied mental health professional	7
• Conduct a GP Mental Health Treatment Review 2712	6
Resources and tools	8
Fees and rebates	9

For detailed information about MBS items and requirements, refer to your Medicare Benefits Schedule.

Online www9.health.gov.au/mbs/search.cfm

Telephone 132 150

Better Access to Mental Health Care

On 1 November 2006, the Australian Government Department of Health & Ageing introduced mental health MBS items and services costing \$538 million over five years that promote a team approach to mental health care.

The items provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing new referral pathways to psychiatrists, clinical psychologists and other allied mental health professionals to increase access to mental health services for patients.

- **All GPs (VR and non VR), consultant psychiatrists and consultant paediatricians can refer** their patients under the *Better Access* program to allied mental health professionals (clinical psychologists, generalist psychologists, social workers, occupational therapists) and GP providers of FPS for psychological treatments.

These professionals must be registered with Medicare Australia via their peak bodies to enable Medicare rebates for providing these services on appropriate referral.

- By Jan 2010, GPs must have completed mental health skills training in order to continue claiming item 2710. For those GPs who have not completed training a 2702 will be released in January 2010 which can be claimed instead of item 2710.
- All consultations conducted as part of the GP Mental Health Treatment items must be rendered by the GP and include a personal attendance with the patient.
- A specialist mental health nurse, other allied health practitioner or Aboriginal Health Worker with appropriate mental health qualifications and training may provide general assistance to GPs in provision of mental health care.
- A GP should generally only provide GP Mental Health Care 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 health disorder**.

- **Chronic Disease Management (CDM) items will continue** to be available for patients with chronic medical conditions, including patients needing multidisciplinary care. If the patient has a mental health problem only, a GP Mental Health Treatment Plan is preferable.

Where a patient has a mental disorder as well as significant co-morbidities and complex needs requiring team-based care, the GP is able to use both the CDM items (for team-based care) and the GP mental health treatment items.

However, if a privately-funded aged care resident has already had a care plan provided by the facility to treat their mental health condition, the GP **should not** provide a GP Mental Health Treatment Plan or review service to the resident.

The GP should determine whether it is necessary to develop two separate care plans.

Multiple plans should generally be avoided unless the patient clearly requires an additional plan for managing a separate medical condition.

Better Outcomes in Mental Health Care continuing initiatives

Access to Allied Health Psychological Services (ATAPS)

GPpartners is funded to continue operating our ATAPS project, **Brisbane MIND** until December 2009. If you are interested in finding out more about Brisbane MIND, contact our mental health project officer:

- Ph 07 3630 7339
- info@gppartners.com.au
- www.gppartners.com.au (select GP Support, Mental health, 'Brisbane MIND').

Access to Psychiatrist Support

The **free GP Psych Support Service**:

Phone 1800 200 588 – provides opportunity for GPs to seek patient management advice from a psychiatrist by fax, phone, online or email within 24 hours.

To find a psychiatrist in your area, try the RACGP private practice referral directory at

www.racgp.org.au/psychiatristdatabase

Allied health services available

Focused Psychological Strategies (FPS)

FPS are specific mental health care management strategies, derived from evidence based psychological therapies. FPS is provided by Medicare registered Generalist Psychologists, Social Workers and Occupational Therapists as well as GP Providers of Focused Psychological Strategies.

- Psycho-education (including motivational interviewing)
- Cognitive Behavioural Therapy (behavioural interventions: behaviour modification, exposure techniques, activity scheduling, cognitive Interventions)
- Relaxation Strategies (progressive muscle relaxation, controlled breathing)
- Skills Training (problem solving skills and training, anger management, social skills

Consultant Psychiatrist Referred Patient Assessment & Management Plan

GPs can refer patients to a psychiatrist for assessment, diagnosis and development of a 12 month management plan. The plan, which includes recommendations about management of biological, psychological and social issues, should be provided to the GP within two weeks of the psychiatrist completing the assessment.

GP Providers of FPS

GPs who want to train as 'GP Providers of Focused Psychological Strategies' to counsel patients must complete mental health skills and FPS training and be practising from an accredited practice.

Completion of one accredited ongoing FPS CPD is required each triennium to maintain GPMHSC GP Provider of FPS registration and Medicare access to GP FPS item numbers 2721 and 2725.

training, communication, stress management, parent management training)

- Interpersonal Therapy.

Psychological Therapies

Provided by Medicare registered Clinical Psychologists, these services include:

- Psycho-education, Cognitive Behavioural Therapies, and other evidence-based therapies as considered clinically relevant.

Referrals

Referrals can be made for **up to 12 individual** (18 in exceptional clinical circumstances) and **12 group sessions per patient per calendar year**.

The 12-18 individual services include services provided by clinical psychologists, GP FPS providers, generalist psychologists, social workers, occupational therapists and Division ATAPS services, e.g. Brisbane MIND.

Using consultation item 2713

GP Mental Health Care Consultation Item 2713

- Consultation of more than 20 minutes duration.
- There is **no limit on the number of consultations** allowed. This item can be used for any consultation where the primary presenting problem is a mental health issue.
- A GP Mental Health Treatment Plan (2710 or 2702) does not need to be in place to use this item number.
- Item 2710 or 2702 must be used initially to trigger patient access to allied health Medicare rebates. Subsequent referrals may be made using items 2713, 2712 or a normal consult.

Consultation

- Take relevant history; identify presenting problem if not already documented.
- Provide treatment, advice, or referral for other services or treatment.
- Document outcomes of consultation in patient's medical records and other relevant mental health plan (where applicable).

Using treatment plan item 2710 or 2702 & review item 2712

1. Assess if patient is affected by a mental health disorder

Where the disorder significantly interferes with the individual's cognitive, emotional or social abilities (refer to World Health Organisation, *Diagnostic & Management Guidelines for Mental Disorders in Primary Care*: ICD-10 Chapter V Primary Care Version, 1996).

Consider if patient would benefit from a structured approach to the management of their care needs.

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

Ineligible disorders

- Dementia
- Delirium
- Tobacco use disorder
- Mental retardation

Patients with the above are eligible providing primary diagnosis is not from these 4 groups.

2. Identify if patient eligible for a GP Mental Health Treatment Plan?

Ask patient if they have been referred by a consultant psychiatrist, consultant paediatrician or GP through 'Better Access' to an allied health professional **at any time in the past 12 months**.

GPs can conduct **only one GP Mental Health Treatment Plan per patient per 12 month period**, except where there has been a significant change in the patient's clinical condition or care circumstances that requires the preparation of a new plan.

If a patient has already had a GP Mental Health Treatment Plan done, GPs can ask the patient for a copy or, with the patient's permission, request a copy from their previous GP or allied mental health professional.

(Ensure the Medicare claim is annotated appropriately if conducting another plan within a 12 month period and document this in the patient's records).

To ensure patient is eligible, telephone Medicare provider hotline (ph 132 150) and quote your GP provider number and the patient's Medicare number.

Alternatively, the patient can telephone Medicare Australia (ph 132 011) to check their eligibility. Ask if items 2710, 2702 or how many allied mental health provider sessions have been claimed in the calendar year.

Patients managed under a GP Mental Health Treatment Plan are able to access up to **twelve (12) separate individual consultations** (18 under exceptional clinical circumstances) and up to **twelve (12) separate group psychotherapy services** with an allied health professional **per calendar year**.

For further assistance – GPs can call Tier 2 Assessing and Benefits on 07 3004 5450 to speak with a specialist Medicare team who can assist in clarifying interpretation of the Medicare schedule.

Medicare rebates:

Patients living in the community are eligible for a 100% Medicare rebate on GP Mental Health Treatment Plan items.

Private in-patients being treated by the GP in a hospital and who need a GP Mental Health Treatment Plan on discharge are eligible for 75% Medicare rebate.

Private residents of aged care facilities where the facility is not receiving a Commonwealth or State subsidy for the aged person are eligible for 75% Medicare rebate. Seek advice from the facility as to whether the patient is privately funded and make note in the patient record indicating by whom and when the advice was provided.

GPs can continue to manage Commonwealth funded aged care residents' needs by using items 729 and 731 instead of a GP Mental Health Treatment Plan. *If GPs have already contributed to a care plan (731) prepared by the aged care facility to treat the patient's mental health condition the GP should not provide a GP Mental Health Treatment Plan or review service to the resident.*

Charges in excess of the Medicare benefit for treatment by allied health are the responsibility of the patient. Private health cannot be used to cover the allied health gap fee however, patient gap costs count toward the patient's Medicare Safety Net.

3. Explain the GP Mental Health Treatment Plan; seek patient consent

- **Before claiming item number 2710 or 2702**, fully explain the treatment plan to patient and seek and record their agreement.
- Offer patient a copy of the treatment plan or reviewed care plan and add document to patient's records. Subject to patient's agreement, you may offer a copy of the plan to:
 - the patient's carer
 - to allied health professionals involved in their care (this will assist referral and is a good basis for team work in supporting the patient).

4. Prepare GP Mental Health Care Plan 2710 or 2702 (One per patient in a 12 month period)

Assessment

- Record the patient's agreement for the GP Mental Health Treatment Plan service.
- Take relevant history (biological, psychological, social) including the presenting complaint.
- Conduct a mental state examination.
- Assess associated risk and any co-morbidity.
- Make a diagnosis and/or formulation.
- Administer an outcome measurement tool, except where it is considered clinically inappropriate. The choice of tool is at GP discretion.

Plan

- Discuss the assessment with the patient, including the mental health diagnosis.
- Identify and discuss referral and treatment options with patient including appropriate support services.
- Agree on the goals with the patient – what should be achieved by the treatment and any actions the patient will take.
- Provide psycho education.
- Plan for crisis intervention and/or relapse prevention if required.
- Make arrangements for required referrals, treatment, appropriate support services review and follow-up.
- Document details of assessment and plan in the GP Mental Health Treatment Plan including the review date.

If the assessment and plan are undertaken in different visits, no MBS item would be claimed for the first visit and item 2710 or 2702 would be claimed for the second visit.

Once the GP claims the 2710 or 2702, the patient is then able to claim their Medicare rebates with the allied mental health professional.

Item 2710 or 2702 are the only 'triggering' GP Medicare items to enable patient Medicare rebates with allied mental health professionals.

(Psychiatrist or paediatrician consults can also trigger access for patients to allied mental health services).

Patient access to allied mental health services is then continuous across each calendar year, providing the GP writes the appropriate referrals (in blocks of six sessions) and claims either item 2712, 2713 or a normal consult.

A GP Mental Health Treatment Plan (2710 or 2702) can be conducted for subsequent 12 month periods should the GP believe this necessary.

5. Forward referral to allied mental health professional

The **GP referral letter** is the allied mental health provider's authority to provide treatment, providing a 2710 or 2702 has been claimed by the GP.

No specific referral form is required

however, referral letter should include:

- referral date
- GP signature and name and contact details
- GP provider number
- type of referral, e.g. 2710 or 2702 has been claimed Medicare 'Better Access'
- whether the referral is for individual and or group sessions
- statement: a GP mental health treatment plan has been completed/claimed for this patient

- identify the **specific number of sessions** that the patient is referred for (usually in blocks of six for individual)
- write "exceptional circumstances" & reason for further sessions on the referral if referring for the third set of six sessions.

With patient's permission, a copy of GP Mental Health Treatment Plan can be attached.

The **allied health professional is required to provide a written report** to the referring GP, consultant paediatrician or consultant psychiatrist which includes assessments carried out, treatment provided and recommendations on future management of the patient's disorder.

6. Conduct a GP Mental Health Treatment Review 2712

(Maximum 2 reviews per patient per 12 month period)

'Referrals for patients with either a GP Mental Health Treatment Plan or referred psychiatrist assessment and management plan (item 291) should be provided, as required, in up to two groups of six sessions with the need for the second group of sessions to be reviewed by the GP after the initial six sessions.

This can be done using a GP Mental Health Treatment Plan Review, a GP Mental Health Care Consultation or a standard consultation item.' (A.32.29, Explanatory Notes, Medicare Schedule, 1 Nov 2007).

- **The first review** can occur four (4) weeks to six (6) months after the GP Mental Health Treatment Plan.
- After receiving up to six (6) sessions with the allied health professional, **the patient can return to the GP for a review**. With the assistance of the allied mental health provider's report, the GP makes a clinical decision as to whether an additional six (6) sessions would be beneficial for the patient and makes the referral to allied health accordingly.
- GPs can also undertake a review (2712) for patients who have a referred psychiatrist assessment and management plan (291). It is also expected that item 2712 would generally not be claimed within four (4) weeks of a claim for a referred psychiatrist assessment and management plan.
- **The second review** can occur three (3) months after the first review. The Medicare rebate will be rejected if claimed within three (3) months of the first review.

Review of GP Mental Health Treatment Plan (2712)

- Record patient's agreement for service.
- Review patient's progress against goals in GP Mental Health Treatment Plan.
- Modify documented GP Mental Health Treatment Plan if required.
- Check, reinforce and expand mental health education.
- Plan for crisis intervention and/or relapse prevention if needed.
- Re-administer outcome measurement tool used in the assessment stage, except where considered clinically inappropriate.

Exceptional Circumstances – access for third set of six sessions (13th to 18th sessions)

The GP may refer the patient for an additional six (6) sessions (i.e. 18 in total) within the calendar year under exceptional circumstances. The GP Mental Health Treatment Plan / Review and referral should be annotated briefly to *indicate the reason why the service involved was required* in excess of the twelve (12) allied mental health services per calendar year.

Changing the allied mental health professional

If the GP and patient wish to change the allied mental health professional during the referral period, the GP can make another referral to a different allied mental health professional by claiming a *mental health review* (if timing restrictions are appropriate for claiming) or a *mental health consult* or a *general consult*.

The GP Mental Health Treatment Plan should be annotated noting the change of health professional.

The patient will then be able to claim the remaining Medicare rebates with the new allied mental health professional. For example if a patient has seen one allied mental health professional for two (2) sessions and wishes to change, they will have access to the 10 remaining rebates with allied mental health in the calendar year.

Resources and tools

Templates

On the GPpartners website:

http://www.gppartners.com.au/page/Practice_Support/Templates/templates_mbs/

Scroll down to items 2710, 2712 and referral (From the home page: Home)

- GP Mental Health Treatment Plan
- GP Mental Health Treatment Plan Review
- Referral for focused psychological strategies / psychological therapies
- **Brisbane MIND referral forms, medical director templates –**
http://www.gppartners.com.au/page/programs/mental_health/Brisbane_MIND_portal/

MBS help

- Medicare Australia – Phone 132 150 or www.medicareaustralia.gov.au
- Medicare Benefits Online – www9.health.gov.au/mbs/search.cfm
- Australian Department of Health & Ageing info and guidelines – <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pcd-gp-mental-health-care-medicare>
- RACGP Mental Health website - <http://www.racgp.org.au/mentalhealth>

GP Mental health training

- GPpartners - Phone 07 3630 7300 or info@gppartners.com.au

Find a Psychiatrist

RACGP Private Practice Directory –

<http://www.racgp.org.au/psychiatristdatabase>

Local Health Services

http://www.gppartners.com.au/health_directory/

select Mental Health

Therapeutic Advice & Information Service –

Medication advice:

For patients **1300 888 763**

Find mental health professionals

- General Practitioners – www.beyondblue.org.au/index.aspx?link_id=107.1007
- Psychologists (North Brisbane) – http://www.psychology.org.au/MedicareProvider/Results.aspx?source=map&div_no=405
- Social Workers (North Brisbane)– <http://www.aasw.asn.au>
- Occupational Therapists – <http://www.otqld.org.au>

Psycho-education fact sheet websites

Links to all of the following organisations can also be accessed by GPpartners' online iDirectory – Search by Topic or Title.

- Beyond Blue – www.beyondblue.org.au
- Black Dog Institute – <http://www.blackdoginstitute.org.au/>
- Sane – <http://www.sane.org/>
- I am back from the brink – <http://www.iambackfromthebrink.com/>
- Blue Pages – <http://www.bluepages.anu.edu.au/>
- Clinical Depression – <http://www.clinical-depression.co.uk/>
- Depressionet – <http://www.depressionet.com.au>

Mental health telephone lines

Lifeline 13 11 14 (National, 24hrs, 7 days week)

Kids Helpline 1800 551 800 (National, 24hrs, 7 days week)

Parentline 1300 301 300 (Qld 8am-10pm)

Beyondblue Infoline 1300 301 300 (National, 9am to 5pm)

Lifeline Financial First Aid 1300 370 255

Turning Point – Counselling on Line (drug & alcohol issues) 1800 888 236

MBS Mental Health Treatment Fees and rebates (November 2009)

GP items

Name	Item No.	Medicare fee	Patient rebate	Claiming restrictions	Consult time
Preparation of a GP Mental Health Treatment Plan (for GPs who've completed MHST**)	2710	\$160.45	\$160.45*	Once in a 12 month period, with provision for exceptional circumstances	No time specified
Preparation of a GP Mental Health Treatment Plan (From Jan 1 2010 , for GPs who have not completed MHST)	2702	\$125.95	\$125.95*	Once in a 12 month period, with provision for exceptional circumstances	No time specified
GP Mental Health Treatment Review	2712	\$106.95	\$106.95*	Twice in a 12 month period, with provision for exceptional circumstances	No time specified
GP Mental Health Consultation	2713	\$70.60	\$70.60*	No restrictions	20 minutes minimum

* GP mental health treatment items attract a 100% rebate of the MBS scheduled fee (except where the patient has been admitted to a hospital and the service is provided as an in-hospital service).

**MHST – Accredited Mental Health Skills Training – more info at: http://www.gppartners.com.au/page/gp_support/Mental_health/

Psychological therapies (Clinical psychologists)

Provider	Medicare fee	Patient rebate	Detail	Item No.
Clinical psychologist	\$94.30	\$80.20	Individual (30-50 minutes)	80000
Clinical psychologist	\$138.40	\$117.65	Individual (>50 minutes)	80010
Clinical psychologist	\$35.15	\$29.90	Group services	80020

Focused psychological strategies (GP providers of FPS, Generalist Psychologists, Occupational Therapists, Social Workers)

Provider	Medicare fee	Patient rebate	Detail	Item No.
GPs FPS (Level 2)	\$123.00	\$123.00	40+ minutes	2725
GPs FPS (Level 2)	\$85.95	\$85.95	30-40 minutes	2721
Generalist psychologist	\$66.80	\$56.80	Individual (20-50 mins)	80100
Generalist psychologist	\$94.30	\$80.20	Individual (>50 mins)	80110
Generalist psychologist	\$24.05	\$20.45	Group services	80120
Social Workers or Occupational Therapists	\$58.85	\$50.05	Individual (20-50 mins)	80150 SW 80125 OT
Social Workers or Occupational Therapists	\$83.10	\$70.65	Individual (>50 mins)	80160 SW 80135 OT
Social Workers or Occupational Therapists	\$21.10	\$17.95	Group services	80170 SW 80145 OT

Medicare billing

- Where GPs find it necessary to provide/claim for a standard consultation and a GP Mental Health Treatment Plan (2710) or (2702); review (2712) or consultation (2713) on the same day, the Medicare voucher for the separate consultation should be annotated with "separate consult clinically required". In these cases the Medicare item descriptor requirements for both the attendance item and the mental health item have to be met and documented in the patient notes.
- Where GPs bulk bill concession card holders, including those under 16 years of age, when claiming for the mental health item numbers, items 10990 or 10991 can be claimed alongside items 2710, 2702, 2712 and 2713.