

**Australian Government
Department of Health & Ageing**

**GP MENTAL HEALTH TREATMENT
MEDICARE ITEMS**

Frequently Asked Questions

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1. GENERAL

1.1 What information is available about the GP Mental Health Treatment Medicare items?

Information on the GP Mental Health Treatment items is available:

- on the Department's web site at www.health.gov.au (and use the 'A-Z Index' link to go to 'Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS');
- under paragraph A.46 of the Explanatory Notes of the Medicare Benefits Schedule which can be found on-line at: <http://www.mbsonline.gov.au/>; and
- by calling Medicare Australia on 132 150 (for GPs) or 132 011 (for patients).

1.2 What are the GP Mental Health Treatment Medicare items?

GP Mental Health Treatment Medicare items were introduced on to the Medicare Benefits Schedule. They are:

- MBS items 2700, 2701, 2715 or 2717 - Preparation of a GP Mental Health Treatment Plan (effective from 1 November 2011);
- MBS item 2712 - Review of a GP Mental Health Treatment Plan; and
- MBS item 2713 - GP Mental Health Treatment Consultation.

Please note: GPs do not have to complete another GP Mental Health Treatment Plan using one of the new items (2700, 2701, 2715 or 2717) if they are already managing a patient's care needs using one of the former GP Mental Health Treatment Plan items (items 2702 and 2710) and this plan is still appropriate to the patient's needs.

The items provide a structured framework for GPs to undertake early intervention, assessment and management of patients with mental disorders, as well as providing referral pathways to clinical psychologists, registered psychologists, and appropriately trained social workers and occupational therapists.

Where a patient has a mental disorder only, it is anticipated that they will be managed using the GP Mental Health Treatment items.

All GPs are able to access the GP Mental Health Treatment items. However, GPs who have not completed Mental Health Skills Training as accredited by the General Practice Mental Health Standards Collaboration (GPMHSC) will not be able to access higher schedule fee items 2715 or 2717 to develop a GP Mental Health Treatment Plan. Item 2715 provides for a Mental Health Treatment Plan lasting at least 20 minutes but less than 40 minutes and item 2717 provides for a GP Mental Health Treatment Plan lasting at least 40 minutes.

GPs who have not completed the training must develop GP Mental Health Treatment Plans under MBS item 2700 or 2701. Item 2700 provides for a GP Mental Health Treatment Plan lasting at least 20 minutes but less than 40 minutes and item 2701 provides for a GP Mental Health Treatment Plan lasting at least 40 minutes.

Although it is not mandatory to complete training in order to access the GP Mental Health Treatment items, it is strongly recommended that GPs providing mental health care using these items have completed appropriate mental health training (in addition to normal medical training), such as training recognised through the GPMHSC.

Appropriate mental health training can help GPs to further develop and improve their skills in diagnosing, treating and referring patients with mental disorders to appropriate services.

GPs can contact the GPMHSC to discuss education and training options available to support them as part of the *Better Access* initiative, including the use of Outcome Measurement Tools.

The contact details for the GPMHSC are: Tel 03 8699 0554, Fax 03 8699 0570 or email gpmhsc@racgp.org.au.

GPs can also contact the Australian General Practice Network (AGPN) or their Division of General Practice for details of current and future information/training sessions.

These Medicare items have been developed in consultation with the GP profession.

1.3 Are the items eligible for 100% Medicare and bulk billing incentives?

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

Where the GP Mental Health Treatment Medicare items are bulk-billed for eligible patients (i.e. Commonwealth concession card holders or children under 16), the service attracts the relevant bulk-billing incentive payment.

1.4 Should these services be provided by the patient's 'usual doctor'?

It is the profession's expectation, but not a mandatory requirement, that consistent with the Chronic Disease Management (CDM) items, the GP Mental Health Treatment items would generally be provided by the patient's usual doctor.

The MBS explanatory notes define 'usual doctor' as the doctor (or practice) that has provided the majority of services to the patient over the previous 12 months, and/or that will provide the majority of services over the coming 12 months. This is not designed to be an enforceable provision and takes account of the patient's right to choose their own doctor.

1.5 Can a GP be assisted in using the GP Mental Health Treatment items?

All consultations conducted as part of the GP Mental Health Treatment items must be rendered by the GP. 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 treatment where the GP considers that they have skills appropriate to the assistance required.

While this indicates that there is some scope for a GP to be assisted by an appropriately qualified health professional, it is not intended that this assistance replace the requirement for the service to be rendered by the GP.

It would not be appropriate that a health professional, such as a practice nurse, would undertake the more involved activities associated with the GP Mental Health Treatment items such as administering an outcome measurement tool, conducting a mental state examination, making a diagnosis/formulation or discussing these details with the patient to form the patient's GP Mental Health Treatment Plan.

1.6 What is considered a mental disorder for the purposes of these 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.

This list of mental disorders 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.

Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Treatment items.

2. PATIENT ELIGIBILITY

2.1 Which patients are eligible for these items?

The GP Mental Health Treatment items are available to eligible patients in the community. GP Mental Health Treatment Plan and Review services can also be provided to private in-patients (including private in-patients who are residents of aged care facilities) being discharged from hospital, where the GP who provides the GP Mental Health Treatment item is providing in-patient care: in this case the item is claimed as an in-hospital service (at 75% MBS rebate).

GPs are able to contribute to treatment plans for patients (including public patients being discharged from hospital) using MBS item 729, Contribution to a Multidisciplinary Care Plan prepared by another provider, and to care plans for residents of aged care facilities using MBS item 731, Contribution to a Multidisciplinary Care Plan prepared by a Residential Aged Care Facility.

2.2 How do I find out if a patient already has a GP Mental Health Treatment Plan?

Where it is unclear whether a patient has had a GP Mental Health Treatment Plan completed within the previous 12 months, Medicare Australia should be contacted on 132 011 (patients) or 132 150 (providers) to confirm whether former MBS items 2702 or 2710 or current MBS items 2700, 2701, 2715 or 2717 have previously been paid and if so, when.

2.3 What if a patient has already had a GP Mental Health Treatment Plan provided?

Where a patient has had a GP Mental Health Treatment Plan completed within the previous 12 months, a common sense approach, consistent with normal professional practice, should be taken in relation to the mental health Medicare services to be provided to the patient.

The GP can:

- firstly ask the patient if they are able to provide a copy of the GP Mental Health Treatment Plan previously prepared;
- if not, then, with the patient's permission, attempt to obtain a copy of the GP Mental Health Treatment Plan from the previous GP.

Where a GP is able to obtain a copy of the patient's previous GP Mental Health Treatment Plan, the GP should consider whether the existing Plan is still appropriate for the patient. If necessary, the GP Mental Health Treatment Plan may be reviewed using MBS item 2712 (Review of a GP Mental Health Treatment Plan). Note: Unless exceptional circumstances exist, MBS item 2712 cannot be used within 4 weeks of the GP Mental Health Treatment Plan 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 GP Mental Health Treatment Plan, the GP should develop a new Plan using MBS items 2700, 2701, 2715 or 2717. It would generally not be appropriate for the GP to use MBS item 2712 as this item is to be used to review the existing GP Mental Health Treatment Plan.

In keeping with the 'usual doctor' guidance, 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.

2.4 Are Commonwealth funded residents of an aged care facility eligible for a GP Mental Health Treatment Plan?

No. The GP Mental Health Treatment items are available for eligible patients living in the community. However, GPs are able to contribute to care plans for residents of aged care facilities using the Chronic Disease Management MBS item 731.

In this case the resident's GP can contribute to the care plan prepared by the facility and the resident may then be eligible for referral to allied health and dental care services, including for services by psychologists, mental health workers and occupational therapists.

If a resident of an aged care facility is a private in-patient being discharged from hospital the resident may be eligible for a 'discharge' GP Mental Health Treatment Plan, if clinically appropriate.

2.5 Are privately funded residents of aged care facilities eligible for a GP Mental Health Treatment Plan?

Yes. A privately funded resident means a person who is living independently in an aged care facility where the facility is not receiving a subsidy for their care from the Australian Government under the *Aged Care Act*.

2.6 How does a GP establish if someone is a Commonwealth funded resident of an aged care facility?

The GP or practice staff should ask the patient and, if unsure, ask the aged care facility whether the patient is a privately funded resident. The advice of the patient and/or aged care facility should be accepted and a note made in the patient record indicating by whom and when the advice was provided.

2.7 Can a home visit item number and a GP Mental Health Treatment Plan be billed by a GP at the same time?

This would not be expected to be a common or routine occurrence, as in general a separate consultation should not be undertaken in conjunction with a GP Mental Health Treatment Plan or Review item unless it is clinically indicated that a problem must be treated immediately. If both services must be provided at the same time, the MBS requirements for both services must be met.

3. PREPARATION OF GP MENTAL HEALTH TREATMENT PLAN

3.1 What are the steps involved in preparing a GP Mental Health Treatment Plan?

Preparation of a GP Mental Health Treatment Plan involves both assessing the patient and preparing the GP Mental Health Treatment Plan document.

Assessment

An assessment of a patient must include:

- recording the patient's agreement for the GP Mental Health Treatment Plan 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; and
- administering an outcome measurement tool, except where it is considered clinically inappropriate.

Plan

Preparation of a GP Mental Health Treatment Plan 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, including appropriate support services;
- agreeing goals with the patient – what should be achieved by the treatment - and any actions the patient will take;
- provision of psycho-education;
- a plan for crisis intervention and/or for relapse prevention, if appropriate at this stage;
- making arrangements for required referrals, treatment, appropriate support services, review and follow-up; and
- documenting this (results of assessment, patient needs, goals and actions, referrals and required treatment/services, and review date) in the patient's GP Mental Health Treatment Plan.

The assessment can be part of the same consultation in which the GP Mental Health Treatment Plan is developed, or they can be undertaken in different visits. Where separate visits are undertaken for the purpose of assessing the patient and developing the GP Mental Health Treatment Plan, they are part of the GP Mental Health Treatment Plan service and are included in MBS items 2700, 2701, 2715 or 2717. That is, 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 (see Explanatory Note A.46 of MBS Online at <http://www.mbsonline.gov.au/>).

Where the patient has a carer, the practitioner may find it useful to consider having the carer present for the assessment and preparation of the GP Mental Health Treatment Plan or components thereof (subject to patient agreement).

GPs should ensure that:

- the steps involved have been explained to the patient (and their carer, if appropriate and the patient agrees);
- a copy of the Plan is offered to the patient (or carer, if appropriate); and

- a copy of the Plan is added to the patient's records.

It is important that the GP discusses with the patient and obtains his/her agreement to prepare a GP Mental Health Treatment Plan. GPs are required to inform the patient that the existence of their Treatment Plan and access to allied mental health services will become part of their medical records held by the GP, and that Medicare Australia will also have a record that the patient has a Plan in place and is accessing mental health services.

3.2 Is there a template I can follow for the GP Mental Health Treatment Plan?

It is not mandatory to use any particular form when preparing and claiming for a GP Mental Health Treatment Plan, but it is mandatory to document the GP Mental Health Treatment Plan in a way which addresses the Medicare requirements (see Explanatory Note A.46 of the Medicare Benefits Schedule at: <http://www.mbsonline.gov.au/>).

3.3 Which Outcome Measurement Tool should I use?

The choice of outcome measurement tool to be used is at the clinical discretion of the practitioner. GPs using such tools should be familiar with their appropriate clinical use, and if not, should seek appropriate education and training.

Some examples of Outcome Measurement Tools include:

- Kessler Psychological Distress Scale (K10)
- Short Form Health Survey (SF12)
- Health of the Nation Outcome Scales (HoNOS)

3.4 Where can I find information on Outcome Measurement Tools?

GPs who are familiar with outcome measurement tools for mental health can visit www.gpcare.org to access information and links to 3 recommended tools - the Kessler Psychological Distress Scale (K10), Short Form Health Survey (SF12) and the Health of the Nation Outcome Scales (HoNOS).

GPs who are not familiar with outcome measurement tools for mental health are encouraged to consider participating in mental health education and training activities. GPs can contact the General Practice Mental Health Standards Collaboration (GPMHSC) to discuss education and training options available, including the use of Outcome Measurement Tools.

The contact details for the GPMHSC are: Tel 03 8699 0554, Fax 03 8699 0570 or email gpmhsc@racgp.org.au.

3.5 How often should I prepare a GP Mental Health Treatment Plan for a patient?

Many patients will not require a new GP Mental Health Treatment Plan after their initial plan has been prepared. A new Plan should not be prepared unless clinically required, and generally not within 12 months of a previous Plan.

Unless exceptional circumstances exist, a rebate for preparation of a GP Mental Health Treatment Plan will not be paid within 12 months of a previous claim for the patient for the same item or within three months following a claim for a review (MBS item 2712).

GPs do not have to complete another GP Mental Health Treatment Plan using one of the new items (2700, 2701, 2715 or 2717) if they are already managing a patient's care needs using one of the former GP Mental Health Treatment Plan items (items 2702 and 2710) and this plan is still appropriate to the patient's needs. A new GP Mental Health Treatment Plan should not be prepared for a patient unless clinically indicated.

3.6 Must the patient be given a copy of the GP Mental Health Treatment Plan document?

Before completing any GP Mental Health Treatment Plan (MBS items 2700, 2701, 2715 or 2717) or Review (MBS item 2712) service and claiming a benefit for that service, the GP must offer the patient a copy of the Plan or reviewed Plan and add the document to the patient's records. This should include, subject to the patient's agreement, offering a copy to their carer, where appropriate. The GP may, with the permission of the patient, provide a copy of the GP Mental Health Treatment Plan, or relevant parts of the Plan, to other providers involved in the patient's care, such as eligible allied mental health professionals.

It can also be useful to have the patient sign the GP Mental Health Treatment Plan - this can help ensure that the patient understands and agrees with the Plan, with benefits for patient compliance. It is not mandatory, however, for the patient to sign the GP Mental Health Treatment Plan.

3.7 What if a patient is already seeing an allied mental health practitioner and is referred to a GP to get a GP Mental Health Treatment Plan?

It is up to a GP to use their clinical judgment to determine whether it is appropriate to develop a GP Mental Health Treatment Plan for a patient.

If a GP considers that it is not appropriate to develop a Plan for that patient, for example because the GP does not consider the patient has a diagnosable mental disorder, they may recommend that the patient may choose to continue to see the allied mental health professional privately, but not access Medicare subsidies for doing so.

4. REVIEW OF A GP MENTAL HEALTH TREATMENT PLAN

4.1 When should a Review of a GP Mental Health Treatment Plan be done?

Patients with a GP Mental Health Treatment Plan should have at least one formal review (MBS item 2712). As a general rule, a formal review should occur four weeks to six months after the completion of a GP Mental Health Treatment Plan. If a further review is required, this can occur three months after the first review. Most patients should not need more than two formal reviews in a 12 month period.

GPs are able to provide ongoing management through either the GP Mental Health Treatment Consultation item or standard consultation items as required.

The Review of a GP Mental Health Treatment Plan item can also be used for a patient where a psychiatrist has prepared a referred assessment and management plan (MBS item 291), as if that patient had a GP Mental Health Treatment Plan.

Unless exceptional circumstances exist, a Review of a GP Mental Health Treatment Plan should not be done within three months of a previous claim for the same item (MBS item 2712) or within four weeks following a claim for a GP Mental Health Treatment Plan item (MBS items 2700, 2701, 2715 or 2717).

It is also expected that MBS item 2712 would generally not be claimed within four weeks of a claim for a referred psychiatrist assessment and management plan (MBS item 291).

It is not necessary to complete a review using MBS item 2712 in order to refer a patient for further allied mental health services. However, a patient's need for further referred allied mental health services should be considered in the context of their GP Mental Health Treatment Plan and feedback from the allied mental health professional providing the referred services.

If a patient is seeing a GP for other conditions as well as a review, then the GP should use a general consultation item.

4.2 What are the steps involved in a Review of a GP Mental Health Treatment Plan?

A Review of a GP Mental Health Treatment Plan should be a systematic review of the patient's progress against their GP Mental Health Treatment Plan and must include:

- recording the patient's agreement for the service;
- reviewing the patient's progress against the goals outlined in the GP Mental Health Treatment Plan;
- modifying the Plan, if required;
- checking, reinforcing and expanding education;
- a plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided;
- re-administration of the outcome measurement tool used in the assessment stage, except where considered clinically inappropriate; and
- a personal attendance by the GP with the patient.

GPs should ensure that:

- the steps involved have been explained to the patient (and their carer, if appropriate and the patient agrees);
- a copy of the reviewed Plan is offered to the patient (or carer, if appropriate); and
- a copy of the reviewed Plan is added to the patient's records.

See Explanatory Note A.46 of the Medicare Benefits Schedule at <http://www.mbsonline.gov.au/>.

4.3 Can I use MBS item 2712 to review a GP Management Plan or Team Care Arrangements for a patient with a mental disorder?

No. Review of a GP Mental Health Treatment Plan (MBS item 2712) is only available where a patient is being managed under either a GP Mental Health Treatment Plan (MBS items 2700, 2701, 2715 or 2717 effective 1 November 2011) or a referred psychiatrist assessment and management plan (MBS item 291).

Patients with a mental disorder who are being managed under a GP Management Plan and/or Team Care Arrangements should have their care plan reviewed using MBS item 732.

4.4 Can I use MBS item 2712 for a patient who has a referred psychiatrist assessment and management plan (MBS item 291)?

Review of a GP Mental Health Treatment Plan (MBS item 2712) can also be used where a GP is managing a patient under a referred psychiatrist assessment and management plan (MBS item 291), as if that patient had a GP Mental Health Treatment Plan.

It is also expected that MBS item 2712 would generally not be claimed within four weeks of a claim for a referred psychiatrist assessment and management plan (MBS item 291).

4.5 For a patient with a referred psychiatrist assessment and management (MBS item 291), should the GP re-administer the outcome measurement tool during the review?

Yes, if clinically appropriate in the circumstances.

Where a GP is using MBS item 2712 to review a patient's referred psychiatrist assessment and management plan (MBS item 291), the GP must ensure they meet the MBS requirements for this item. If a GP is unable to meet these requirements they should consider using another MBS item to review the patient's referred psychiatrist assessment and management plan.

The Explanatory Notes for the Review of a GP Mental Health Treatment Plan item provide that the outcome measurement tool used in the assessment stage should be re-administered during the review, except where considered clinically inappropriate.

For patients with a referred psychiatrist assessment and management plan (MBS item 291) the same outcome measurement tool that was used during the assessment should be re-administered during the review if this is clinically appropriate in the circumstances.

Where a GP is unsure what outcome measurement tool was used during a patient's initial assessment under MBS item 291, or is unsure whether it would be appropriate to re-administer the outcome measurement tool, it is recommended that the patient's GP contact the referring psychiatrist to discuss the matter.

GPs using outcome measurement tools should be familiar with their appropriate clinical use, and if not, should seek appropriate education and training. Further information can be obtained from the GPMHSC on Tel 03 8699 0554 or gpmhsc@racgp.org.au.

5. GP MENTAL HEALTH TREATMENT CONSULTATION ITEM

5.1 When can I use the GP Mental Health Treatment Consultation item (MBS item 2713)?

The GP Mental Health Treatment Consultation item applies to surgery consultations which are of at least 20 minutes duration and where the primary treating problem is related to a mental disorder.

This item is for the ongoing management of patients with a mental disorder, including patients being managed under a GP Mental Health Treatment Plan. However, it can be used whether or not a patient has a Mental Health Treatment Plan.

This item should not be used for the patient assessment or preparation of a GP Mental Health Treatment Plan.

There are no restrictions on how often this item can be used.

5.2 What are the steps involved in a GP Mental Health Treatment Consultation?

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 the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable).

See Book Explanatory Note A.46 of the Medicare Benefits Schedule at <http://www.mbsonline.gov.au/>.

6. REFERRING PATIENTS

6.1 When can I refer a patient?

Once a GP Mental Health Treatment Plan (from 1 November 2011 using MBS items 2700, 2701, 2715 or 2717 or prior to 1 November 2011 using former items 2702 or 2710) or a referred psychiatrist assessment and management plan (MBS item 291) has been completed patients are eligible to be referred by their GP for services by:

- clinical psychologists providing psychological therapies; or
- appropriately trained GPs or allied mental health professionals (ie, registered psychologists, and appropriately trained social workers or occupational therapists) providing focussed psychological strategies (FPS) services.

MBS items 2700, 2701, 2715 or 2717 (or former MBS items 2702 or 2710) must be claimed through Medicare in order to trigger Medicare subsidies for associated psychological services.

While patients are eligible for referral for up to ten individual and ten group sessions per calendar year, it is expected that they will only be referred for services on an as required basis.

After the initial course of treatment (a maximum of six services but may be less depending on the referral and patient need) the GP should consider the patient's need for further treatment. This decision will be assisted by the report which an allied mental health professional is required to provide to the referring GP after each course of treatment.

GPs do not have to complete another GP Mental Health Treatment Plan using one of the new items (2700, 2701, 2715 or 2717) if they are already managing a patient's care needs using one of the former GP Mental Health Treatment Plan items (items 2702 and 2710) and this plan is still appropriate to the patient's needs. A new GP Mental Health Treatment Plan should not be prepared for a patient unless clinically indicated.

Patients accessing Psychological Therapy services provided by clinical psychologists or Focussed Psychological Strategies services provided by GPs and allied mental health providers can still receive Medicare rebates for these services under former items 2702 and 2710 if these items are in place before 1 November 2011.

Once a GP Mental Health Treatment Plan is in place for a patient, the patient's GP can make referrals for allied mental health sessions. Referrals can be made using a GP Mental Health Treatment Plan Review item, a GP Mental Health Treatment Consultation item or a standard consultation item, but it is not mandatory for the GP to see the patient specifically to make such referrals. While it is preferable that the GP sees a patient, in some cases it may be more convenient for an allied mental health professional to ring the GP to discuss a patients' progress and need for further treatment.

6.2 What items count towards the referred mental health services available to patients?

Eligible patients may be referred for up to ten individual services and ten group services per calendar year.

The following services count towards cap of ten individual mental health services:

- Psychological Therapy Services items (MBS items 80000, 80005, 80010 and 80015)

- Allied Focussed Psychological Strategies items (MBS items 80100, 80105, 80110, 80110, 80125, 80130, 80135, 80140, 80150, 80155, 80160 and 80165)
- GP Focussed Psychological Strategies items (MBS items 2721, 2723, 2725, and 2727); and

For group services:

- Psychological Therapy Services (MBS item 80020); and
- Allied Mental Health Focussed Psychological Strategies (MBS items 80120, 80145 and 80170).

Services provided under the Access to Allied Psychological Services (ATAPS) should not be used in addition to the ten psychological therapy services (items 80000 to 80020), focussed psychological services-allied mental health services (items 80100 to 80170) or GP focussed psychological strategies services (items 2721 to 2727) available under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative per calendar year. GPs referring patients for services under the ATAPS program should refer to the ATAPS Operational Guidelines.

6.3 What information should be included in the referral?

When referring patients GPs should provide similar information as per normal GP referral arrangements, and specifically consider including both a statement identifying that a GP Mental Health Treatment Plan has been completed for the patient (including, where appropriate and with the patient's agreement, attaching a copy of the GP Mental Health Treatment Plan) and clearly identifying the specific number of sessions the patient is being referred for.

6.4 Does the patient's GP Mental Health Treatment Plan (MBS items 2700, 2701, 2715 or 2717 effective 1 November 2011 or former items 2702 or 2710) need to be processed by Medicare before they can claim their allied health visit?

It is important to note that the claim for a patient's GP Mental Health Treatment Plan needs to have been processed by Medicare Australia before the Medicare system recognises that the patient is eligible to access rebates for clinical psychology or focussed psychological strategies services. Ideally this would mean that a claim for a GP Mental Health Treatment Plan has been processed prior to the patient attempting to claim a rebate for a referred clinical psychology or focussed psychological strategies service.

If a claim for a GP Mental Health Treatment Plan has not been processed by Medicare Australia first then the Medicare system will not recognise the patient as being eligible for a rebate in relation to the referred services. In this case, the patient (or patient's GP, if the item is being direct billed to Medicare Australia) should take steps to have the GP Mental Health Treatment Plan item claimed prior to submitting (or resubmitting) the claim for the referred service/s. Note that the date of the referred service/s must be on or after the date the GP Mental Health Treatment Plan was provided.

6.5 What happens if a GP has completed Mental Health Skills Training but their eligibility to claim MBS items 2715 or 2717 is yet to be advised to Medicare Australia?

Once a GP has completed Mental Health Skills Training, the training provider will inform the General Practice Mental Health Standards Collaboration (GPMHSC) who will in turn inform Medicare Australia of the GPs' eligibility to access the MBS items 2715 or 2717.

Due to the time lag that may occur between the training providers informing the GPMHSC and the GPMHSC informing Medicare Australia, the Department is advised that there may be up to a 4-6 week period from the time the GP undertakes Mental Health Skills Training and when he/she receives an official confirmation letter from Medicare Australia.

However, this administration process will not disadvantage GPs or their patients, as GPs will be eligible to access the higher Medicare schedule fee (MBS items 2715 or 2717) from the date they complete the training, and not from the date when it was processed by Medicare Australia and the GP formally advised. A GP who has completed the relevant training may choose to either hold accounts for MBS items 2715 or 2717 until they receive the confirmation of eligibility from Medicare Australia, and can then submit those claims to Medicare, or claim MBS items 2700 or 2701 in the meantime.

6.6 What happens if a patient is referred for allied mental health services by a psychiatrist or paediatrician and the GP is unaware and prepares a GP Mental Health Treatment Plan and also refers the patient for allied mental health services?

A patient is eligible to access Medicare rebates for up to ten individual and ten group services from a clinical psychologist, registered psychologist or appropriately trained social worker or occupational therapist in a calendar year, regardless of whether they have been referred from one provider or many (i.e. a psychiatrist, paediatrician or another GP). Referral from another provider (e.g. psychiatrist, paediatrician or another GP) does not generate a new entitlement for additional clinical psychology or other allied mental health services.

7. CHRONIC DISEASE MANAGEMENT (CDM) ITEMS

7.1 The CDM items are available, should I still use them?

The Chronic Disease Management (CDM) Medicare items continue to be available for patients with chronic medical conditions, including patients needing multidisciplinary care.

Patients with a mental disorder only, who require a treatment plan to be prepared, should be managed under the GP Mental Health Treatment items (MBS items 2700, 2701, 2712, 2713, 2715 and 2717).

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

Although a GP is not precluded from managing a patient under both the CDM items and the GP Mental Health Treatment items, the GP should consider whether it is necessary to develop two separate care plans. As a general principle the creation of multiple plans should be avoided, unless the patient clearly requires an additional plan for the management of a separate medical condition.

8. TRAINING

8.1 Do I need to have completed training to access the GP Mental Health Treatment items?

All GPs are able to use the GP Mental Health Treatment items. However, GPs who have completed Mental Health Skills Training as accredited by the General Practice Mental Health Standards Collaboration (GPMHSC) will be able to access a higher schedule fee MBS items 2715 or 2717 to develop a Mental Health Treatment Plan. GPs who have not completed the training must develop Plans under MBS items 2700 or 2701, with a lower schedule fee.

Although it is not mandatory to complete training in order to access the GP Mental Health Treatment items, it is strongly recommended that GPs providing mental health care have completed appropriate mental health training (in addition to normal medical training), such as training recognised through the GPMHSC.

GP organisations support the value of appropriate training for GPs using these items.

FPS training is still required for GPs to use the GP Focussed Psychological Strategies items.

GPs can contact the GPMHSC to discuss education and training options available to support them as part of the Better Access initiative, including the use of Outcome Measurement Tools. The contact details for the GPMHSC are: Tel 03 8699 0554, Fax 03 8699 0570 or email gpmhsc@racgp.org.au.

GPs can also contact either the Australian General Practice Network (AGPN) or their Division of General Practice for details of current and future information/training sessions being conducted by these organisations.

9. PSYCHIATRIC ASSESSMENT AND MANAGEMENT PLAN (MBS ITEM 291)

9.1 What if I'm managing a patient under a psychiatric assessment and management plan (MBS item 291)?

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 Treatment Consultation (MBS item 2713) or standard consultation items.

For patients with a referred psychiatric assessment and management plan, GPs are also able to use, as necessary, the GP Mental Health Treatment Review item (MBS item 2712) as if the patient had a GP Mental Health Treatment Plan.

If a GP determines that the patient requires a GP Mental Health Treatment Plan in addition to the management plan prepared by the referring psychiatrist, the GP is able to prepare a GP Mental Health Treatment Plan using MBS items 2700, 2701, 2715 or 2717. Note that this is expected to be an infrequent occurrence and that in this case the GP is still required to undertake an assessment of the patient as well as preparing the Plan.

As a general principle the creation of multiple plans should be avoided, unless the patient clearly requires an additional plan. In these cases, the GP should be satisfied that the GP's peers would regard the provision of an additional plan as appropriate for that patient, given the patient's needs and circumstances.

10. INFORMATION ON THE ITEMS AND CLAIMING RESTRICTIONS

10.1 What are the fees and minimum claiming periods?

Information on the GP Mental Health Treatment items, including the current schedule fee and claiming restrictions, is available:

- under paragraph A.46 of the Explanatory Notes of the Medicare Benefits Schedule which can be found on-line at: <http://www.mbsonline.gov.au/> and
- by calling Medicare Australia on 132 150 (for GPs) or 132 011 (for patients).

10.2 Can a separate consultation be done in conjunction with a GP Mental Health Treatment service?

The GP Mental Health Treatment Plan, Review and Consultation items cover the consultations at which the relevant items are undertaken, noting that:

- if a GP Mental Health Treatment Plan is developed over more than one consultation, and those consultations are solely for the purposes of developing the Plan, only the GP Mental Health Treatment Plan item should be claimed at the completion of the service; and
- if a consultation is for the purpose of a GP Mental Health Treatment Plan, Review or Consultation item, a separate and additional consultation should not be undertaken in conjunction with the mental health consultation, unless it is clinically indicated that a separate problem must be treated immediately.

Where separate consultations are undertaken in conjunction with mental health consultations, the patient's invoice or Medicare voucher (assignment of benefit form) for the separate consultation should be annotated (e.g. separate consultation clinically required/indicated).