



Guideline for substantiating preparation of a valid GP Mental Health Plan (for a medical practitioner)

What you need to know

This guideline outlines what you can do to substantiate the preparation of a valid GP Mental Health Treatment Plan rendered by eligible medical practitioners for Medicare Benefits Schedule (MBS) items 2700, 2701, 2715, 2717 and former items 2702 and 2710.

The guideline is not exhaustive, and you can respond to a Medicare compliance audit or review using any documents you think substantiate the concern raised.

However, we may determine more information is needed and request additional documentation to substantiate services you have claimed.

Read the [health professional guidelines](#) about substantiating claims for Medicare compliance purposes before proceeding.

Documents you may use to substantiate a claim

Any document you give us should have been created during or as soon as practicable after the treatment occurred. It should include the patient's name and the date the treatment was provided.

To substantiate the preparation of a valid GP Mental Health Treatment Plan, you may provide:

- **a copy of a written plan** - clearly showing the patient's name and information that meets all the requirements outlined in the MBS descriptor
- **an excerpt/s from the patient's clinical file** - clearly showing the patient's name, the date of service and the date that a GP Mental Health Treatment Plan was created and agreed to by the patient

Note: rule 2.20.3 of the Health Insurance (General Medical Services Table) Regulations 2016, as reflected in MBS explanatory note A46, outlines all required components that form a valid GP Mental Health Treatment Plan.

Additional supporting evidence may include:

- **a copy or excerpt of a document showing a review or amendment of the valid GP Mental Health Treatment Plan has occurred** - clearly showing the patient's name and the date of GP Mental Health Treatment Plan review/s. This copy or excerpt should include all elements of a review service, as described in Rule 2.20.4 of the [Health Insurance \(General Medical Services Table\) Regulations 2016](#), and as reflected in MBS explanatory note A46

In most cases, a patient's clinical information will be the only way to confirm that a specific



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service was provided, and to substantiate you received the correct Medicare benefit.



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If you need to use a patient's clinical information you can censor any details that aren't relevant. You can also choose to provide the information to one of our medical advisers.

Resources

- [MBS Online](#)