



Fact sheet for Professionals: Mental Health Care under a Mental Health Treatment Plan and an Eating Disorder Treatment and Management Plan

Medicare benefits are available through the Medicare Benefits Schedule (MBS) to patients under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative and are also available for patients with an Eating Disorder Treatment and Management Plan (EDTMP).

What is a Mental Health Treatment Plan (MHTP)?

A General Practitioner (GP) or Prescribed Medical Practitioner (PMP) can provide a MHTP if the patient has been assessed to have a mental disorder, allowing them to claim Medicare benefits for up to 10 individual and 10 group allied mental health services per calendar year under the Better Access initiative. A patient can also access Better Access services if they have been referred:

- By a psychiatrist or paediatrician directly; or
- Under a referred psychiatrist assessment and management plan (PAMP).

A GP or PMP, psychiatrist or paediatrician will decide how many mental health treatment services a patient will receive in a course of treatment. The maximum limit for each course of treatment is:

- Initial course of treatment under Better Access – a maximum of 6 services; and
- Subsequent course of treatment under Better Access – the remaining services up to a cap of 10 services per calendar year.

In addition, a Medicare benefit will only be paid if the patient has a valid referral for mental health treatment services. The referral must have been undertaken by either a GP or PMP at the general practice they are enrolled in for MyMedicare, or their usual medical practitioner. This includes a GP or PMP who is located at the medical practice that has provided the majority of a patient's care over the previous 12 months or will be providing the majority of the patient's care over the next 12 months. This restriction does not apply if a patient has received a direct referral from a psychiatrist or a paediatrician.

A MHTP should be treated as a living document for reviewing and updating as required. 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 review of a plan should also not occur

more than once every 3 months, or within 4 weeks of a MHTP or PAMP being prepared unless there are exceptional circumstances. To support a patient's care, a MHTP or PAMP should be reviewed at least once per treatment course. Typically, a patient will not need more than two reviews each calendar year.

Further information on MyMedicare, including eligibility requirements, how to register, and exemptions to eligibility requirements is available in [Information for MyMedicare patients](#) in the MyMedicare section of the [Australian Government Department of Health, Disability and Ageing](#) website.

What is an Eating Disorder Treatment and Management Plan (EDTMP)?

A GP, consultant psychiatrist or consultant paediatrician can provide a patient with an EDTMP if they have been assessed to have an eating disorder, allowing them to claim Medicare benefits for up to 40 psychological and 20 dietetic services within a 12-month period.

A GP will generally be able to determine the patient's eligibility for an EDTMP. If a second consultation is required, the GP may refer a patient to a consultant psychiatrist or paediatrician for an assessment and creation and management of an EDTMP.

Patients with an EDTMP can also access services under the Better Access initiative if they have a MHTP. These count towards the total number of services under the EDTMP.

Comparison between the two plans

Type of Plan	Mental Health Treatment Plan	Eating Disorder Treatment and Management Plan
Number of services	10 individual and 10 group services per calendar year	40 psychological services and 20 dietetic services per length of plan
Length of plan	Indefinite	12-month period (From date of commencement)
Which services count towards the total?	Better Access focussed psychological strategies services and psychological therapy services count towards the total.	Eating Disorder psychological and dietetic services always count toward the total service limits, and Better Access psychological services also count if they are provided after the EDTMP begins.
Service types	<ul style="list-style-type: none">Individual psychological servicesGroup therapy servicesFamily and carer servicesMental health case conferences	<ul style="list-style-type: none">Individual psychological and dietetic treatment servicesTeam Care Arrangements (TCAs)Mental health case conferences
Who is eligible to assess and prepare a plan?	<ul style="list-style-type: none">GPsPMPsPsychiatristsPaediatricians	<ul style="list-style-type: none">GPsPMPsConsultant psychiatrists (with GP referral)

Type of Plan	Mental Health Treatment Plan	Eating Disorder Treatment and Management Plan
		<ul style="list-style-type: none"> • Consultant paediatricians (with GP referral)
Who is eligible to provide psychological services?	<ul style="list-style-type: none"> • GPs and PMPs who are eligible under the Services Australia Register to deliver mental health focussed psychological strategies, and meet the training and skills requirements as determined by the General Practice Mental Health Standards Collaboration. • Eligible clinical psychologists • Eligible registered psychologists • Eligible social workers with mental health skills training • Eligible occupational therapists with mental health skills training 	<ul style="list-style-type: none"> • GPs and PMPs who are eligible under the Services Australia Register to deliver mental health focussed psychological strategies, and meet the training and skills requirements as determined by the General Practice Mental Health Standards Collaboration. • Eligible clinical psychologists • Eligible registered psychologists • Eligible social workers • Eligible occupational therapists <p>For further information on the eligibility of allied health workers please see details below*</p>
Who is eligible to provide dietetic services?	MBS items for dietetic services are not included in the MHTP.	Dietitians must be an 'Accredited Practising Dietitian' as recognised by the Dietitians Association of Australia (DAA).
Who is eligible to provide reviews?	GPs, PMPs or referring practitioners(psychiatrists or paediatricians)	<ul style="list-style-type: none"> • GPs or PMPs
When do reviews occur?	<p>At the conclusion of each course of treatment, for example at the end of the:</p> <ul style="list-style-type: none"> • Initial course of treatment – a maximum of 6 services; and • Subsequent course of treatment – the remaining services up to a cap of 10 services per calendar year. 	<p>At the conclusion of each course of treatment (10 sessions). A specialist review is also required to progress beyond 20 psychological services.</p>
Who is eligible to provide a specialist review?	Specialist reviews are not required under the MHTP.	<ul style="list-style-type: none"> • Consultant psychiatrists • Consultant paediatricians

* Allied health professionals must meet one of the following requirements to provide an eating disorder psychological treatment service:

- the person holds general registration in the health profession of psychology with the Psychology Board of Australia; or
- the person holds registration in the health profession of occupational therapy with the Occupational Therapy Board of Australia; or

- the person is a Member of the Australian Association of Social Workers (AASW).

Frequently Asked Questions

Can a patient have both an EDTMP and a MHTP at the same time?

Generally, treatment for both an eating disorder and other co-occurring conditions would be provided through psychological treatment services under an EDTMP. Patients are not encouraged to have both an EDTMP and a MHTP at the same time as it can cause confusion with service counts and requires separate reviews for each plan.

However, under exceptional circumstances, it is possible to have both plans. An exceptional circumstance is determined by a significant change in the patient's clinical condition or the patient's care circumstances. This includes if the patient has co-occurring mental health issues that require specific psychological services that are provided under the Better Access initiative. In this case, the patient will need a valid MHTP and referral to access these services alongside the EDTMP.

- Psychological services claimed under an EDTMP need to be related to the eating disorder set out within the plan.
- Psychological services under Better Access need to be related to the mental disorder set out within the MHTP.
- The GP's professional and clinical judgment is used to determine whether exceptional circumstances apply in a particular case.
- In addition, Medicare benefits will only be paid for these Better Access services when a patient has seen either a GP or PMP at the patient's MyMedicare registered practice, or their usual medical practitioner.

How many services can a patient access under both plans?

If a patient has both a MHTP and an EDTMP, the sessions they can access depends on how many sessions remain on their EDTMP.

Under an EDTMP, a patient can access up to 40 evidence-based eating disorder psychological treatment services in a 12-month period.

Once the EDTMP commences, any services that are claimed under a MHTP will be counted towards the cap associated with their EDTMP.

Having both plans does not increase the total number of services a patient can claim.

Patients are not allowed more than 40 psychological treatment services within a 12-month period while they have an EDTMP.

Any Better Access mental health treatment services provided before the EDTMP has commenced do not count towards the cap associated with the EDTMP, however, any that are provided after the EDTMP has commenced do count, as long as the patient still has a MHTP, valid referral and review requirements in place.

Do I need to conduct separate reviews for each plan if a patient has both an EDTMP and an MHTP?

Yes, in the exceptional circumstance that a patient has both plans in place, you will need to conduct a review for each plan individually after every course of treatment (as specified in each plan). A review from one plan cannot be used as a review for the other - each plan will require its own review.

Further information

Further information is available at www.health.gov.au or by calling Services Australia on 132 150 (for providers) or 132 011 (for patients).

Mental Health professionals should refer to the item descriptors and explanatory notes on [MBS online](#).

For more information on the EDTMP please visit: [Medicare Benefits Schedule \(MBS\) Fact sheet for People with Eating Disorders](#).

For more information on the Better Access initiative, including eligibility requirements, please refer to [MBS Online explanatory note AN.0.78](#) or the [Better Access Initiative resource collection](#).

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 below and does not account for MBS changes since that date.
