



Fact sheet for patients: Eating disorder Medicare Benefits Schedule (MBS) items

Eating Disorder Treatment and Management Plans (EDTMP) aim to outline selected treatment services and provide affordable evidence-based care for patients with eating disorders.

What Medicare services can be provided under an EDTMP?

Medicare benefits are available for:

- psychological treatment services provided by general practitioners (GPs), prescribed medical practitioners, clinical psychologists, registered psychologists, occupational therapists and social workers; and
- dietetic treatment services provided by a dietitian.

For the purposes of this document, references to GP includes both general practitioners and prescribed medical practitioners, unless otherwise specified.

You can claim a Medicare benefit for up to 40 eating disorder psychological treatment services and 20 eating disorder dietetic treatment services in a 12-month period (commencing from the preparation of an EDTMP) if you have been:

- clinically diagnosed with anorexia nervosa; or
- clinically diagnosed with bulimia nervosa, binge-eating disorder, or other specified feeding or eating disorder (OSFED) and have been assessed as having an eating disorder classified as severe based on clinical screening tool results and meet other eligibility criteria outlined on MBS Online at [MN.16.1](#); and
- have an EDTMP in place and have a valid referral.

In addition to individual psychological treatment services, you may also access items for group therapy treatment services provided by allied health professionals. Group therapy psychological treatment services count towards your cap of 40 eating disorder psychological treatment services within a 12-month period.

What are the patient eligibility requirements?

Psychological and dietetic treatment services are available if you have been assessed by a GP, consultant psychiatrist or consultant paediatrician as having an eating disorder that meets the following criteria:

Your doctor has given you a clinical diagnosis of anorexia nervosa.	OR	Your doctor has given you a diagnosis of bulimia nervosa, binge eating-disorder or other specified feeding or eating disorder (OSFED), and
		You are assessed as having an eating disorder classified as severe based on clinical screening tool results; and
		You experienced rapid weight loss, or frequent binge eating or inappropriate compensatory behaviours (eg. vomiting, fasting or excessive exercise) more than three times a week; and
		You have at least 2 of the following indicators: • Clinically underweight, with a body weight of less than 85% of the expected weight, and the weight loss is directly attributable to the eating disorder. • High risk of medical complications due to eating disorder behaviours and symptoms. • Serious comorbid medical or psychological conditions are significantly impacting your physical or psychological health and ability to function. • Hospital admission for an eating disorder in the previous 12 months. • Inadequate treatment response to evidence-based eating disorder treatment over the previous 6 months, despite actively and consistently participating in the treatment.

To be eligible for a Medicare benefit you need to have an EDTMP in place which identifies and documents your needs, supporting a structured approach to treatment.

In addition, a Medicare benefit will only be paid if you have a valid referral from a GP, consultant psychiatrist or consultant paediatrician.

What fees are associated with EDTMP services?

Under Medicare, practitioners are free to decide how they set their own fees and bulk billing arrangements and are under no obligation to charge the Medicare Benefits Schedule fee or to bulk bill. You will need to pay any charges more than the Medicare benefit.

If you have exhausted all the available treatment services under your EDTMP, and you have appropriate private health insurance which covers psychological or dietetic treatment services, you may choose to claim from your private health fund. The benefit payable to members of private health insurance funds will vary based on the level of your ancillary cover. You can also choose to pay for services yourself.

How can I access these services under Medicare?

Step 1:

Visit your GP, consultant psychiatrist or consultant paediatrician who will assess whether you have an eating disorder and if you are eligible for an EDTMP.

Consideration will also be given to other treatment interventions and pathways should your level of support not require intervention under an EDTMP.

Step 2

If you are eligible to receive psychological and dietetic treatment services, your practitioner will prepare an EDTMP. In preparing the plan, you and your practitioner will discuss treatment and referral options.

In addition to an EDTMP, you will be provided a referral. Your referral will advise that you can have up to 10 psychological treatment services in your initial course of treatment and 20 dietetic treatment services.

Your referral must be provided to the relevant health professional to receive psychological and dietetic treatment services. You may wish to provide a copy of your EDTMP to the allied health professional – this is up to you.

Step 3

You are eligible for Medicare benefits for a maximum of 40 psychological and 20 dietetic treatment services in a 12-month period (commencing from the preparation of an EDTMP).

Under an EDTMP, the maximum limit for each course of psychological treatment services is:

- initial course – a maximum of 10 services,
- second course – a maximum of 10 services,
- third course – a maximum of 10 services,
- fourth (final) course – a maximum of 10 services.

You are eligible for one (only) course of dietetic treatment services, up to a maximum of 20 services.

Step 4

Depending on your treatment needs and following each course of psychological treatment services (after 10, 20 and 30 services), you can return to your referring practitioner who will assess and discuss with you any need for further treatment. When considering further treatment, your practitioner will consider the written report received from the allied health professional (for example your clinical psychologist) after your first service, any subsequent reports and the final report at the completion of your course of treatment. A review of your EDTMP will also be undertaken to assess if your clinical needs have changed.

To access more than 20 psychological treatment services, your EDTMP needs to be reviewed by a consultant psychiatrist or consultant paediatrician, in addition to the review conducted by a GP.

If you do need further treatment, your referring practitioner will be able to provide you with a new referral for the next course of psychological treatment, up to the cap of 10 in 1 referral and up to the cap of 40 services over the 12-month period.

If you have used all your available treatment services within the 12-month period, talk to your GP about other options available, including services available through Primary Health Networks (PHNs) and Medicare Mental Health Centres.

- To find your local PHN and what services may be available in your region, go to www.health.gov.au/phn and use the map locator to search for your postcode.
- For more information on Medicare Mental Health Centres, you can make a free call to 1800 595 212.

Support may also be available for patients with chronic conditions through a GP Chronic Condition Management Plan (GP CCMP). Under this plan, a GP can refer patients for up to 5 MBS subsidised allied health services per calendar year, including psychological and dietetics services.

An EDTMP expires 12-months after it has been prepared. After that period, you will need to visit your GP, consultant psychiatrist or consultant paediatrician who will again assess whether you have an eating disorder and if you are eligible for a new EDTMP.

Telehealth (video and phone) services

Consultations for the preparation of an EDTMP and group psychological treatment services can only be provided face-to-face or via video telehealth. EDTMP reviews, and individual treatment and dietetic services can be provided via face-to-face or via telehealth, video or phone. The service limits apply regardless of the mode of delivery.

MBS items for the provision of group psychological treatment services via video improve access to services if you live in a rural, remote and very remote locations. Geographic eligibility for these services is determined according to Modified Monash Model (MMM) classifications and you must be located within an MMM 4-7 area at the time of the telehealth service.

While there are no restrictions on the allied health professional's location, the allied health professional and yourself must be located a minimum of 15 kilometres apart at the time of the service, as measured by the most direct route by road. The allied health professional or yourself is not permitted to travel to an area outside the minimum 15-kilometre distance in order to meet this requirement when using these items. More information about the MMM areas 4-7, including links to a search tool to identify the classification of a specific location, is available via:

<https://www.health.gov.au/Modified Monash Model>.

Further information

Further information on eating disorder treatment services and EDTMPs is available via:

<https://www.health.gov.au/resources/collections/eating-disorder-resource-collection>

Patients seeking advice about Medicare services, patient benefits, or their Medicare claims can contact Services Australia on 132 011 or on the [Medicare website](https://www.medicare.gov.au).