



Factsheet for Health Professionals: Eating Disorders Medicare Benefits Schedule (MBS) items

Under the Medicare Benefits Schedule (MBS), Medicare benefits for selected eating disorder treatment and management services are available to eligible patients with a clinical diagnosis of anorexia nervosa, or with a clinical diagnosis of bulimia nervosa, binge eating disorder or other specified feeding and eating disorder (OSFED) who 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](#).

Patients can claim a Medicare benefit for eating disorder treatment and management MBS items if they have an Eating Disorder Treatment and Management Plan (EDTMP) in place which identifies and documents the care the patient needs, supporting a structured and coordinated approach to treatment, monitoring and ongoing management. In addition, a Medicare benefit will only be paid if the patient has a valid referral for eating disorder psychological treatment services or eating disorder dietetic treatment services.

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

Dietetic treatment services are generally provided in a single course of treatment consisting of a maximum of 20 services. Psychological treatment services are provided in four courses of treatment (if required), each consisting of a maximum of 10 services. Depending on the patient's needs and following each course of psychological treatment services (after 10, 20 and 30 services), patients can return to their referring practitioner (general practitioner (GP), prescribed medical practitioner, consultant psychiatrist or consultant paediatrician) who will undertake a review and assess if they need further treatment. For the purposes of this document, references to GP includes both general practitioners and prescribed medical practitioners, unless otherwise specified.

A review of a patient's EDTMP, including referral for treatment services and ongoing management of a patient's eating disorder, is a key component of assessing and managing the patient's progress. An EDTMP review must be undertaken after each course of 10 psychological treatment services and is required before the patient can access Medicare benefits for further psychological treatment services.

When considering further treatment, the referring practitioner will consider the written report received from the allied health professional outlining the patient's progress. The patient's referring practitioner will assess if the patient requires the next course of psychological treatment services, up to the cap of 10 services per review, and 40 psychological treatment services in a 12 month period.

To access more than 20 psychological treatment services under their EDTMP, a patient will require a specialist review and recommendation from a consultant psychiatrist or consultant paediatrician in addition to a review conducted by a GP.

Eating disorder services which attract a Medicare benefit under an EDTMP can be delivered by the following allied health professionals who meet the provider eligibility requirements under the MBS and are registered with Services Australia:

- psychological treatment services provided by clinical psychologists, registered psychologists, occupational therapists and social workers; and
- dietetic treatment services provided by a dietitian.

Psychological treatment services can also be provided by GPs who have the appropriate training recognised by the General Practice Mental Health Standards Collaboration (GPMHSC).

EDTMP preparation and requirements

GPs

A Medicare benefit will not be payable for the preparation of an EDTMP unless patients meet the eligibility requirements outlined in Explanatory Note [AN.36.2](#) on MBS Online.

An EDTMP must be in writing, and include:

- An opinion on the diagnosis of the patient's eating disorder;
- Treatment options and recommendations to manage the patient's condition for 12-months commencing on the day the plan is prepared;
- An outline of the options for the referral of the patient to allied health professionals for psychological and dietetic treatment services, and to specialists, as appropriate; and
- The expiry date of the plan (12-months commencing on the day of preparation).

While there is no requirement for a specific template to be used, a sample template for an EDTMP, developed by the InsideOut Institute and the GPMHSC is available online at: [Eating Disorder Care Plan \(EDP\) | InsideOut Institute](#) or [NEW Eating Disorder Plan templates - GPMHSC](#).

During the preparation of an EDTMP, a copy of the plan and suitable education about the patient's eating disorder must be given to the patient (and where relevant and if authorised by the patient, the patient's carer).

Consultant psychiatrists and consultant paediatricians

In addition to requirements outlined above, where an EDTMP is to be prepared by a consultant psychiatrist or consultant paediatrician, the patient must be referred to the specialist for the preparation of the EDTMP. This referral requirements does not apply to EDTMPs prepared by a GP. An EDTMP prepared by a consultant psychiatrist or a consultant paediatrician must also comply with the requirements outlined below for a Medicare benefit to be payable.

For an EDTMP to be prepared by a consultant psychiatrist, the consultant psychiatrist must use an outcome tool (if clinically appropriate) and carry out a mental state examination. They must also include:

- a comprehensive evaluation of the patient's biological, psychological and social issues; and
- management recommendations addressing those issues.

For an EDTMP to be prepared by a consultant paediatrician, the consultant paediatrician must:

- undertake an assessment of the patient that includes a comprehensive history (including a psychosocial history and medication review); and
- undertake a comprehensive multi-organ system assessment or a detailed single-organ system assessment; and
- include the results of these assessments in the patient's EDTMP.

Consultant psychiatrists and consultant paediatricians must provide a copy of the EDTMP to the patient's referring practitioner within 2 weeks of preparing the plan. Where clinically appropriate, the consultant psychiatrist or consultant paediatrician must also provide a copy of the plan to the patient (and where authorised by the patient, to the patient's carer) within 2 weeks of preparation.

Overview of the items

There are 20 items for the initial assessment and preparation of an EDTMP:

- Items 90250, 90251, 90252, 90253, 92146, 92147, 92148 and 92149 – Preparation of an EDTMP by a GP
- Items 90254, 90255, 90256, 90257, 92150, 92151, 92152 and 92153 – Preparation of an EDTMP by a medical practitioner
- Items 90260 and 92162 – Preparation of an EDTMP by a consultant psychiatrist
- Items 90261 and 92163 – Preparation of an EDTMP by a consultant paediatrician.

There are 12 items for the review of an EDTMP by a GP, medical practitioner, consultant psychiatrist or paediatrician:

- Items 90264, 92170 and 92176 – Review services provided by a GP
- Items 90265, 92171 and 92177 – Review services provided by a medical practitioner
- Items 90266, 92172 and 92441 – Review services provided by a consultant psychiatrist
- Items 90267, 92173 and 92442 – Review services provided by a consultant paediatrician.

There are 3 items for dietetic treatment services:

- Items 82350, 93074 and 93108 – Dietetic services provided by a dietitian.

There are 40 items for psychological treatment services provided by allied health professionals:

- Items 82352, 82354, 82355, 82357, 93076, 93079, 93110 and 93113 – Individual services provided by a clinical psychologist
- Items 82358 and 82359 – Group services provided by a clinical psychologist
- Items 82360, 82362, 82363, 82365, 93084, 93087, 93118 and 93121 – Individual services provided by a registered psychologist
- Items 82366 and 82367 – Group services provided by a registered psychologist
- Items 82368, 82370, 82371, 82373, 93092, 93095, 93126 and 93129 – Individual services provided by an occupational therapist
- Items 82374 and 82375 – Group services provided by an occupational therapist
- Items 82376, 82378, 82379, 82381, 93100, 93103, 93134 and 93137 – Individual services provided by a social worker
- Items 82382 and 82383 – Group services provided by a social worker.

In addition, there are 16 MBS items for psychological treatment services provided by GPs and prescribed medical practitioners:

- Items 90271, 90272, 90273, 90274, 92182, 92184, 92194 and 92196 – Individual services provided by a GP
- Items 90275, 90276, 90277, 90278, 92186, 92188, 92198 and 92200 – Individual services provided by a medical practitioner.

GPs, consultant psychiatrists, consultant paediatricians and eligible allied health professionals may use only the items relevant to their discipline.

Fees associated with eating disorder treatment 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. Charges more than the Medicare benefit for eating disorder treatment services are the responsibility of the patient.

If a patient has exhausted their services for which a Medicare benefit is payable for under an EDTMP, and if the patient has appropriate private health insurance which covers psychological and/or dietetic services, they may claim from their private health fund. The benefit payable to members of private health funds will vary based on the level of their ancillary cover. A patient can also choose to pay for the services themselves.

Who can provide these services?

To provide psychological treatment services, clinical psychologists, registered psychologists, occupational therapists and social workers must meet the eligibility requirements for their profession outlined in the *Health Insurance (Section 3C General Medical Services – Allied Health and other Primary Health Care Services) Determination 2024*.

General practitioners who have the appropriate training and skill requirements by the GPMHSC can provide psychological treatment.

To provide dietetic treatment services, dietitians must also meet the eligibility requirements for their profession.

Further information on provider eligibility requirements is outlined on MBS Online at [AN.36.4](#) for GPs, [MN.16.2](#) for dietitians, and [MN.16.3](#) for allied mental health practitioners.

What information is required in the report to the referring practitioner?

The treating allied health professional must provide a written report to the referring practitioner at required intervals which includes information on:

- assessments carried out on the patient;
- treatment provided; and
- recommendations on future management of the patient's condition.

This reporting must be provided after the first service, as clinically required following subsequent services, and after the final service.

Eating Disorder Telehealth (video and phone) services

All individual MBS psychological and dietetic treatment services can be provided via face-to-face or via telehealth (video or phone). The service limits apply regardless of the modality.

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

The patient and the allied health professional 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 patient or allied health professional is not permitted to travel to an area outside the minimum 15-kilometre distance to claim a video MBS item when using these items. More information about the Modified Monash Model, including a search tool to identify the classification of a specific location, is available at: [Modified Monash Model](#).

Further information

For further information about Medicare Benefits Schedule items, including checking item descriptors and explanatory notes, please visit the [MBS Online](#) website.

If there is any doubt about a patient's eligibility, GPs and allied health professionals can call Services Australia on 132 150 to check this information.

Useful information may also be available through the following professional association websites:

- Dietitians Australia – www.dietitiansaustralia.org.au
- Australian Psychological Society – www.psychology.org.au
- Australian Association of Social Workers (AASW) – www.aasw.asn.au
- Occupational Therapy Australia – www.otaus.com.au
- GPs who are interested in learning more about becoming an eligible provider of eating disorder psychological strategies can visit the [General Practice Mental Health Standards Collaboration website](#).

In addition, the [GP Hub](#) provides information and digital tools to build GP knowledge, confidence, and skills. Tools available support evidence-based screening, assessment, diagnostic decision-making, treatment, and management to people with eating disorders.

The Hub provides the following tools:

- Link to the treatment services databases and treatment team builder.
- Evidence-based eScreeners and eAssessments.
- Practice management toolkit.
- Option to prescribe and link patients with the eTherapy platform.
- A clinical decision support tool.

Health practitioners can also access the Eating Disorder Examination Questionnaire at https://www.credo-oxford.com/pdfs/EDE_17.0D.pdf