



Frequently Asked Questions: Eating Disorders Medicare Benefits Schedule (MBS) items

What Medicare services are provided for the treatment of eating disorders?

Under the MBS, eligible patients can claim Medicare benefits for up to 40 eating disorder psychological treatment services and 20 eating disorder dietetic treatment services over a 12-month period from the preparation of an Eating Disorder Treatment and Management Plan (EDTMP). Psychological and dietetic treatment services can be accessed face-to-face or via telehealth (video and phone).

Patients can access dietetic treatment services delivered by accredited practising dietitians as recognised by the Dietitians Association of Australia.

Patients are also able to access psychological treatment services provided by clinical psychologists, registered psychologists, social workers and occupational therapists who meet the legislative requirements of their profession outlined in the *Health Insurance (Section 3C General Medical Services – Allied Health and other Primary Health Care Services) Determination 2024*.

Psychological treatment services are available from any General Practitioner (GP) and prescribed medical practitioner who has the appropriate training and skills requirements recognised by the General Practice Mental Health Standards Collaboration (GPMHSC). GPs who provided psychological treatment services do so as part of an arrangement for the treatment of an assessed eating disorder under an EDTMP.

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

A range of acceptable strategies have been approved for use by health professions for use under an EDTMP:

- Family-based treatment for eating disorders
- Adolescent-focused therapy for eating disorders
- Cognitive behavioural therapy for eating disorders
- Specialist supportive clinical management for eating disorders
- Maudsley Model of Anorexia Treatment in adults
- Interpersonal therapy for bulimia nervosa and binge eating disorder
- Dialectical behavioural therapy for bulimia nervosa and binge-eating disorder
- Focal psychodynamic therapy for eating disorders.

Further information is available at <https://nedc.com.au/eating-disorders/treatment-and-recovery/treatment-approaches>.

How many treatment services can patients receive under Medicare?

Patients can claim Medicare benefits for up to 40 psychological and 20 dietetic treatment services over a 12-month period. All 20 dietetic treatment services are available to patients following the development of an EDTMP and provision of a valid referral. Psychological treatment services are provided in up to four courses of treatment per year, each consisting of up to 10 services.

Further information is available in explanatory note [AN.36.1](#) on MBS Online.

Can a person access treatment services from their GP or their allied health professional via telehealth (video and phone)?

If a person with an EDTMP is accessing treatment services via their GP or their allied health professional, they may be able to substitute their face-to-face services for services delivered via telehealth (video and phone).

If a patient has not used all their services within 12 months, can they access the remaining services on the existing referral?

No. A valid EDTMP is required to access Medicare benefits for treatment services. If a patient does not use all referred services before the expiry of their EDTMP, the patient will be unable to use any remaining services on their referral. In this instance, the patient will need to obtain a new EDTMP and a new referral to continue accessing Medicare benefits for treatment services.

What happens when a patient exhausts all treatment services for the year?

Patients will not receive a Medicare benefit for services which exceed the maximum allocation of 40 psychological and 20 dietetic treatment services within 12-months.

However, if a patient has appropriate private health insurance which covers psychological and/or dietetic treatment services, they may choose to claim from their private health fund. The benefit payable to members of private health insurance funds will vary based on the level of their ancillary cover. They can also choose to cover the entire out-of-pocket cost for any additional services.

If a patient has utilised all their EDTMP treatment services within 12-months and requires more treatment, they can talk to their GP and / or their treating allied health professional about other alternative options available, including services available through Primary Health Networks (PHNs) and Medicare Mental Health Centres.

To find a local PHN and what services may be available to a patient in that region, they can go to www.health.gov.au/phn and use the map locator to search their postcode. For more information on Medicare Mental Health Centres, patients can make a free call to the Medicare Mental Health Phone Service on 1800 595 212 or visit the Medicare Mental Health Centre website at [Medicare Mental Health](#).

Where can patients find further information about the eating disorder MBS items?

Further information on the eating disorder MBS items can be found on the Department's website: [Eating Disorder resource collection](#).

EDTMPs, Referrals and Reviews

How does a patient get an EDTMP and a referral for treatment services?

A GP will generally be able to determine a patient's eligibility for an EDTMP and develop a plan according to the patient's specific needs and circumstances. If a second consultation is needed, the GP may provide a referral to the patient for a consultant psychiatrist or consultant paediatrician to undertake an assessment, as well as for the development and management of an EDTMP.

An EDTMP is available to patients with a clinical diagnosis of anorexia nervosa, and patients with bulimia nervosa, binge eating disorder (BED) or other specified feeding and eating disorders (OSFED) who also meet the following eligibility criteria:

1. The patient has been assessed as having a severe eating disorder based on clinical screening tool results; and
2. The patient's condition is characterised by rapid weight loss, or frequent binge eating or inappropriate compensatory behaviour as manifested by 3 or more occurrences per week; and
3. At least two of the following apply to the patient:
 - a. The patient is clinically underweight with a body weight less than 85% of expected weight, where weight loss is directly attributable to the eating disorder.
 - b. The patient is at risk of medical complications due to eating disorder behaviours and symptoms.
 - c. Serious comorbid medical or psychological conditions are significantly impacting on the patient's physical or psychological health and ability to function.
 - d. The patient has been admitted to a hospital for an eating disorder in the previous 12 months.
 - e. The patient has had an inadequate response to evidence-based eating disorder treatment over the previous 6 months despite active and consistent participation.

Following development of an EDTMP, the referring practitioner can provide a referral for all 20 dietetic, and up to 10 psychological treatment services in a course of treatment.

Depending on the patient's needs and following each course of treatment, patients should return to their referring GP who will undertake a review and assess if further treatment is needed.

Do EDTMPs need to be prepared every time a new referral for psychological treatment services is required?

No. An EDTMP is valid for a period of 12-months from the date of preparation, and a new EDTMP cannot be prepared within this 12-month period. If a patient has a current EDTMP and has not yet used the maximum of 40 psychological treatment services under their plan, a review of a patient's EDTMP and a new referral can be provided if the referring GP considers that further treatment is needed.

If an EDTMP has expired and the patient continues to meet the eligibility criteria, a new EDTMP must be prepared by a GP, consultant psychiatrist or consultant paediatrician before a new referral can be provided to the patient.

Does the allied health professional's name need to be on the referral?

No. The patient can take the referral to any health professional of the same profession/type specified in the referral of their choosing. For example, a referral for psychological treatment services can be taken to any clinical psychologist, registered psychologist, social worker or occupational therapist who meets the eligibility requirements outlined in the *Health Insurance (Section 3C General Medical Services – Allied Health and other Primary Health Care Services) Determination 2024*.

If the referral has the name of the allied health professional on it, the patient can choose to see a different allied health professional within that specialty. It is not necessary for the patient to revisit their GP to obtain a new referral.

Can patients find out how many treatment services they have left on their EDTMP or their referral?

Yes. Patients can check with their GP or ask their allied health professional how many services they have remaining on their referral.

Alternatively, a patient can seek clarification on the number of services they have used since development of their EDTMP by calling 132 011 or they can view their care plan history in their [Medicare online account](#) through myGov.

How often does an EDTMP need to be reviewed?

After a patient has used the referred number of services in an individual course of treatment (up to a maximum of 10 psychological treatment services), a review of the patient's EDTMP and a new referral must be obtained from the referring practitioner. This review should assess the patient's progress, confirm the appropriateness of the treatment plan, and allow for any necessary adjustments to the patient's care.

If a patient has been provided with 20 psychological treatment services under their EDTMP, they will also require a specialist review and recommendation from a consultant psychiatrist or paediatrician in addition to the GP review to access the next course of treatment.

Scenario 1

Trevor has accessed 10 psychological treatment services under his EDTMP. He returns to his GP for a review of his plan. Following the review, the GP determines that Trevor would benefit from further treatment and provides a referral for an additional 10 psychological treatment services.

The GP also explains that if Trevor requires access to more than 20 services in total, a recommendation from a consultant psychiatrist will be required. To support this, the GP provides a referral to a consultant psychiatrist so Trevor can obtain a specialist review of his EDTMP. Trevor can seek this specialist review at any time if he has a valid referral.

The report from the consultant psychiatrist will be used to inform the next GP review of Trevor's EDTMP and any decision to continue treatment beyond 20 psychological treatment services in a 12-month period.

Requirements for GPs and allied health professionals providing psychological treatment services

Can any GP or allied health professional provide psychological treatment services under an EDTMP?

No. Psychological treatment services can only be provided by clinical psychologists, registered psychologists, social workers and occupational therapists who meet the legislative requirements of their profession.

Psychological treatment services are available from any GP who has the appropriate training and skill requirements as determined by the GPMHSC.

Further information on eligibility requirements to provide psychological treatment services can be found in:

- Explanatory note [MN.16.3](#) on MBS Online.
- Schedule 1 (Qualification requirements for allied health and Aboriginal and Torres Strait Islander primary health care professionals) in the *Health Insurance (Section 3C General Medical Services – Allied Health and other Primary Health Care Services) Determination 2024*.
- Clause 2.31.5 (Eating disorder services – medical practitioners for providing treatments) in the *Health Insurance (General Medical Services Table) Regulations 2021* for GPs.

Can a patient see a GP to receive a psychological treatment service?

Yes. Psychological treatment services are available to any patient with an EDTMP from any GP who has the appropriate training recognised by the General Practice Mental Health Standards Collaboration. GPs who provide psychological treatment services do so as part of an arrangement for the treatment of a diagnosed eating disorder under an EDTMP.

How can an allied health professional check how many EDTMP services are left on a patient's referral?

Allied health professionals can call Services Australia on 132 150 to check on how many psychological treatment services have been claimed. Additionally, they can also access the Health Professional Online Services ([HPOS](#)) to view a patient's EDTMP history.

Does the allied health professional need to provide a written report to the referring practitioner after a course of treatment?

Yes. Allied health professionals must provide a written report to the referring practitioner after the first service, as clinically required following subsequent services, and after the final service. The report informs the referring practitioner on the patient's progress and the treatments provided and allows the referring practitioner to determine if additional services or other treatment are required.

Further information on what is required from allied health professionals on the completion of a course of treatment is outlined in explanatory note [MN.16.3](#) on MBS Online.

How do EDTMPs integrate with GP Chronic Condition Management Plans and Mental Health Treatment Plans?

Can a GP provide an EDTMP to a patient who already has a GP Chronic Condition Management Plan?

Yes. There is nothing precluding a patient from having an EDTMP alongside a GP Chronic Condition Management Plan (GP CCMP) for a co-occurring health condition, provided they meet the relevant eligibility requirements for each plan. Patient eligibility for each plan remains at the clinical discretion of the referring GP.

It should be noted that any psychological or dietetic treatment services used under a GP CCMP do not count towards the cap of 20 dietetic or 40 psychological treatment services available under the EDTMP.

Further information on CCMPs can be found in [MBS Online - Note AN.0.47](#).

Can a GP provide an EDTMP to a patient who already has a Mental Health Treatment Plan?

Yes. A GP can provide an EDTMP to a patient who already has a Mental Health Treatment Plan (MHTP) and vice versa, if they meet the clinical criteria for both plans. Each plan is assessed separately, therefore having a MHTP does not prevent a patient from accessing an EDTMP. If a patient has both a MHTP and an EDTMP, the services they can access depends on how many services remain on their EDTMP as follows:

- once the EDTMP commences, any services that are claimed under a MHTP will be counted towards the psychology services cap associated with their EDTMP
- under an EDTMP, a patient can access up to 40 evidence-based psychological treatment services in a 12-month period
- 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 under the 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.

Further information on the interaction between EDTMPs, GP CCMPs and MHTPs can be found in explanatory note [AN.36.2](#) on MBS Online.

Scenario 2

Mary has been experiencing moderate anxiety, and her usual medical practitioner* determines she is eligible to claim Medicare benefits for mental health treatment services under the Better Access initiative. Mary's GP prepares an MHTP and provides a referral to a clinical psychologist for an initial course of six individual services.

After Mary has accessed six individual mental health treatment services, she continues to feel unwell. In addition to her anxiety, she is now experiencing severe eating disorder symptoms. She returns to her GP, who diagnoses her with anorexia nervosa and determines she is eligible to access Medicare benefits for eating disorder treatment services.

Mary's GP prepares an EDTMP and provides a referral to a clinical psychologist for 10 eating disorder psychological treatment services. The GP also reviews Mary's existing MHTP and provides a referral for the remaining four individual mental health treatment services available to her for the calendar year.

Once her EDTMP is in place, Mary can access the remaining four individual services under her MHTP, however, these services count towards the maximum limit of 40 psychological treatment services available under her EDTMP within a 12-month period. If appropriate, her GP may also refer her for up to 10 group therapy mental health treatment services in the same calendar year, with all services, individual and group, counting towards the 40 psychological treatment services cap available under her EDTMP over a 12-month period.

*Medicare benefits will only be paid for Better Access services if a MHTP and a referral has been undertaken by a GP at the general practice they are enrolled in for MyMedicare, or their usual medical practitioner. This includes a GP 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.

Medicare benefits for treatment services

Will patients receive a Medicare benefit for psychological or dietetic treatment services?

Medicare benefits will only be paid for treatment services if a patient has a EDTMP and a valid referral for psychological or dietetic treatment services. The referral must have been provided by either a GP or consultant psychiatrist or consultant paediatrician.

Can a patient receive a Medicare benefit for treatment services whilst they are overseas?

No. Medicare benefits are payable for professional services provided only in Australia. Medicare does not cover medical expenses incurred outside of Australia. This includes telehealth services where the patient is in Australia, and the health practitioner is outside Australia and vice versa. The *Health Insurance Act 1973* does not provide any discretion or exemptions to the requirement that Medicare eligible services need to be provided in Australia.

Nothing prevents a health professional providing telehealth services for patients whilst they are overseas, however, it does prevent them and the health professional from being able to claim a Medicare benefit for the service.

Do patients have to pay out-of-pocket costs for treatment services?

An out-of-pocket cost is the difference between the amount the treating practitioner charges for a service and the amount Medicare or a private health insurer pays. This is also known as a 'gap' or 'patient payment'.

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

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

Patients who are seeking to connect with a health professional with the right expertise to support their treatment and recovery may wish to visit the [connected website](#). This website includes a search function for health professionals with qualifications in the treatment of eating disorders, including those that may bulk bill and/or offer telehealth consultations.

Do Medicare Benefit Schedule items for treatment attract bulk billing incentives?

Yes, bulk billing incentives can be claimed when an eating disorder service such as the preparation or review of an EDTMP or a treatment service is bulk billed.

As of 1 November 2025, all Medicare-eligible patients are eligible for bulk billing incentives. Services for the preparation or review of an EDTMP, and psychological treatment services undertaken by a GP are also considered as eligible services for practices participating in the Bulk Billing Practice Incentive Program (BBPIP).

Further information on bulk billing incentives is available in [Note MN.1.1](#) to [Note MN.1.8](#) [1.3-1.8 are MM-specific claiming tables] on MBS Online. The list of eligible services for the purpose of BBPIP is available [here](#).

Group Therapy

Does Medicare cover telehealth (video) for group therapy psychological treatment services?

Yes. There are several items for the provision of group psychological treatment services via video for groups of 6 to 10 patients, if a patient meets the eligibility requirements. These items aim 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 and patients must be located within an MMM4-7 area at the time of the telehealth service.

The referring practitioner may advise that in addition to individual treatment services, patients may like to attend group therapy psychological treatment services. Group therapy services offer a structured and empathetic setting where patients can share personal experiences and connect with others facing similar challenges, which fosters mutual support.

A patient's referring practitioner will need to determine whether group therapy psychological treatment services are suitable, safe, and clinically appropriate for the patient.

While there are no restrictions on the allied health professional's location, the allied health professional and the patient 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 the 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.

Does Medicare cover telehealth (video) for group based dietetic treatment services?

No. Medicare benefits can only be provided for individual dietetic treatment services under an EDTMP.

Telehealth

Will Telehealth (video and phone) services be suitable for all patients requiring treatment services?

Treatment services via telehealth may not be appropriate for all patients, particularly if there is concern that a person is at risk of doing harm to themselves or others, or if the patient does not have access to reliable or affordable broadband and/or technology required for video. The choice of modality (video, phone or face-to-face) is at the practitioner's discretion, based on what is clinically appropriate for the patient.

How will potential patients become aware of their GP or allied health professional offering telehealth (video and phone) services?

Patients are encouraged to speak with their GP or their allied health professional to discuss the potential availability and suitability of treatment services via telehealth (video or phone).

Patients who are currently receiving treatment services are encouraged to speak with their GP, and/or allied health professional to find out if telehealth (video or phone) services are available and appropriate for their care.

How do the telehealth (video and phone) services differ from face-to-face treatment 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.

Some group psychological treatment services can be provided by video for people in rural, remote and very remote areas. To access these services, a patient must be in an MMM4-7 location at the time of the appointment.

There are no restrictions on where the allied health professional is located, but the patient and the allied health professional must be at least 15km apart by the most direct road route. Neither party can travel solely to meet this distant requirement.

Must a video link be provided or is a phone only for psychological treatment services sufficient?

Video services are the preferred approach for substituting a face-to-face service. In March 2024, the MBS Review Advisory Committee published the [Telehealth Post-Implementation Review – Final report](#) which found that video consultations more closely replicate face-to-face care than telephone consultations, as they allow clinicians to assess both verbal and non-verbal cues, making them preferable in situations requiring visual observation. However, GPs and allied health professionals will also be able to offer phone if video is not available, noting phone services are only available for the preparation of an EDTMP and group psychological treatment services. There are separate items available for the phone only services.

No specific equipment is required to provide Medicare-compliant telehealth services however GPs and allied health professionals must ensure that the video is maintained throughout the telehealth (video) service and that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws. More information is provided at the [technology and technical issues page](#) on the MBS online website.

Can Medicare benefits for telehealth (video and phone) be paid if the services are conducted via online chat box or messaging?

No. For a Medicare benefit to be paid for a telehealth (video or phone) service, a visual and audio link must be established and maintained throughout the service with the patient. Medicare benefits are not payable for email including online chat box or messaging as there is no visual and audio link.

For telehealth group therapy psychological treatment services, a Medicare benefit can only be paid for services provided by video and when all other requirements of the service have been met.

Where can I find more information?

The Australian Government will continue to provide updated information on the [Department of Health, Disability and Ageing](#) website.

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 a provider of psychological strategies can visit the [General Practice Mental Health Standards Collaboration website](#).