

**GP Mental Health Care MBS Item Numbers – all consultations must be rendered by the GP<sup>^</sup>**

MBS No	CDM Item	Patient Eligibility	Recommended frequency	Claiming restrictions	Tasks
2710	Preparation of GP Mental Health Care Plan (GPMHCP)  <b>Medicare Fee</b> \$156.85	All patients with a <b>mental disorder</b> , including those with co-morbidity, who present in the general practice setting  <i>A mental health disorder has been defined as 'a significant impairment of an individual's cognitive, affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder.'</i>  <b>Note – Exclusions:</b> Dementia, delirium, tobacco use disorder and mental retardation (including Pervasive Development Disorder (PDD) / autism)*.	One plan per patient, with a new plan only being prepared when clinically required, supported by continuing management through <b>consultation</b> and <b>review</b> services (see below).  (An existing GPMHCP can be continually reviewed and remains valid as long as it is relevant to the patient's condition.)	Maximum - Once in a 12 month period*	Mental Health Assessment and Plan Preparation An <b>assessment</b> of a patient must include: <ul style="list-style-type: none"> <li>• a record of the patient's <b>agreement</b> to service</li> <li>• relevant <b>history</b> (biological, psychological, social) including the presenting complaint</li> <li>• a mental state <b>examination</b></li> <li>• an assessment of associated risk and any co-morbidity</li> <li>• a diagnosis and/or formulation</li> <li>• use of an outcome measurement tool (eg K10) **</li> </ul> The <b>preparation of a plan</b> must include: <ul style="list-style-type: none"> <li>• discussing the assessment, including the mental health formulation and /or diagnosis, with the patient</li> <li>• identifying and discussing referral and treatment options with the patient, including appropriate support services</li> <li>• patient's agreed treatment goals, and actions to be taken</li> <li>• provision of psycho-education</li> <li>• a plan for crisis intervention and/or relapse prevention</li> <li>• arrangements for referrals, treatment, appropriate support services, review and follow-up</li> <li>• documenting the above in the patient's GP MH Care Plan.</li> </ul>
2712	<b>Review</b> of GP Mental Health Care Plan  <b>Medicare Fee</b> \$104.55	For a patient who has a current GPMHCP (2710) requiring review.  (For patients being referred for additional sessions, this is often an appropriate time to conduct a review.)	At least once – initial review between 4 weeks and 6 months after GPMHCP (2710).	Maximum -Twice in a 12 month period*  Initial review > 4 weeks following GPMHCP claim (2710)  Further reviews > 3 months from last review claim (2712)	The <b>Review</b> must include: <ul style="list-style-type: none"> <li>• a record of the patient's <b>agreement</b> for this service</li> <li>• a review of the patient's progress against the goals</li> <li>• modification of the GP Mental Health Care Plan if required</li> <li>• reinforcing and expanding education</li> <li>• planning for crisis intervention and/or relapse prevention, if appropriate and if not previously provided</li> <li>• re-administration of the outcome measurement tool**.</li> </ul>
2713	GP Mental Health <b>Consultation</b>  <b>Medicare Fee</b> \$69.00		For continuing management of a patient with a mental disorder, including those being managed under a GPMHCP.	No restrictions  <b>Time based</b> – at least 20 minutes  Not being a consultation to which items 2710 or 2712 apply	Professional attendance by a medical practitioner at consulting rooms in relation to a mental disorder: <ul style="list-style-type: none"> <li>• taking relevant history</li> <li>• identifying presenting problem(s)</li> <li>• providing treatment, advice and/or referral for other services or treatments</li> <li>• documenting the outcomes of the consultation.</li> </ul>
<b>Referral to MBS Allied Mental Health providers</b> <b>Do not use EPC form</b>	GPMHCP (2710) must be claimed (or psychiatrist MBS item291)	<b>Eligible providers:</b> Medicare registered <ul style="list-style-type: none"> <li>• Clinical Psychologist</li> <li>• Occupational Therapist</li> <li>• Psychologist</li> <li>• Social Worker</li> </ul>	Patients who have a GP MH Care Plan (2710) are eligible to access the MBS allied mental health items. Maximum 12 allied mental health services <b>per calendar year</b> (18 in exceptional circumstances). Referral for these services in batches of 6 sessions max. Each batch requires a new referral. Unused sessions from previous calendar year remain valid and count in new year.		

<sup>^</sup> Specialist mental health nurse or other allied health practitioner or Aboriginal Health Worker with mental health training may provide general assistance to GPs in the provision of mental health care.

\* GPMHCP and Review services can be provided more frequently in exceptional circumstances – where there has been a significant change in the patient's clinical condition or care circumstances

\*\* Except where it is considered clinically inappropriate

+ **PDD/Autism** diagnosis and treatment including accessing allied health is obtained initially through referral to paediatrician/psychiatrist and subsequently Autism Advisors to access associated early intervention services. GP can additionally use GPMHCP for management of mental health issues arising and also GP Management Plan and Team Care Arrangements as required.