Medicare requirements for Better Access to mental health care

medicare

This quick reference guide outlines the general practitioner (GP) services you can provide and the allied health services available to your patients on referral under the Better Access initiative. We recommend you also read the relevant Medicare Benefits Schedule (MBS) item descriptors and explanatory notes available at **mbsonline.gov.au**

About Better Access

The Better Access initiative provides patients with improved access to mental health practitioners through Medicare.

Under this initiative, Medicare benefits are available to patients for selected mental health services provided by GPs, psychiatrists, psychologists (clinical and registered), eligible social workers and occupational therapists.

GP services

GPs can provide the following services under Better Access:

Service	Medicare item(s)
Preparation of a GP Mental Health Treatment Plan	2700, 2701, 2715 or 2717
Review of a Mental Health Treatment Plan	2712
Management of a patient's mental health condition	2713 or normal consultation items
GP focussed psychological strategies (FPS) services†	2721–2727

†**Note:** you can only provide GP FPS services if you're registered with us as having completed the mental health skills training accredited by the General Practice Mental Health Standards Collaboration.

Eligible patients

GP Mental Health Treatment Plan and Review services are available to:

- patients in the community, and
- private in-patients, and private in-patients who are residents of aged care facilities, who are being discharged from hospital.

You need to determine if the patient is eligible.

The patient must:

- have a mental disorder, and
- be likely to benefit from a structured approach to the management of their care needs.

Referrals

Once you have completed a GP Mental Health Treatment Plan for a patient you can refer for a range of mental health services:

Service	Can be performed by
Psychological therapy services	Clinical psychologists
Allied health FPS services	Registered psychologists Occupational therapists Social workers
GP FPS services	GPs with appropriate mental health skills training

Note: you can also refer patients for these services if you're managing a patient under a referred psychiatrist assessment and management plan (Item 291).

Course of treatment

You can include up to six services on one referral (course of treatment). The number of services will depend on your patient's clinical need.

A patient can have two or more courses of treatment within the maximum number of services per calendar year (see 'Calendar year limits' on page 2).

Patients need a new referral for each subsequent course of treatment.

Format and content

There is no standard form for referrals. You can refer patients for allied mental health services with a letter or note that you've signed and dated.

You should include in your referral:

- the patient's diagnosis
- the number of treatment services the patient needs to receive, and
- a statement that a Mental Health Treatment Plan or a psychiatrist assessment and management plan is in place. You can also include a copy of the plan if it's appropriate and the patient agrees.

Validity

Referrals are valid for the stated number of services, not for a calendar year. Unused services don't expire and can be used in following years.

Reports from allied health professionals

Allied health professionals must provide a written report back to you as the referring practitioner after they complete each course of treatment.

The report should allow you to assess the patient's need for more services and must include:

- assessments carried out on the patient and, where relevant, the progress made
- treatments provided, and
- recommendations on future management of the patient's disorder.

Allied health professionals don't need to use an approved form to write their reports.

Claiming

Calendar year limits

In a calendar year patients can receive psychological therapy and/or FPS services up to the limit of:

- 10 individual services, and
- 10 group services.

Note: a calendar year is the period from 1 January to 31 December and not the 12 month period from the date of the referral.

Claiming frequency

Item	Can be claimed
GP Mental Health Treatment Plan 2700, 2701, 2715 or 2717	once every 12 months, and not within three months after a review under Item 2712.
Review—2712	once every three months, and not within four weeks from claiming item 2700, 2701, 2715 or 2717
2713	no restrictions—can be used as often as necessary.

Confirming services

Call **132 150*** to check:

- if a GP Mental Health Treatment Plan has previously been claimed and paid
- how many allied mental health services the patient has already received in the calendar year, and
- which item(s) you can bill a patient if their clinical condition or care circumstances have changed significantly.

If a Mental Health Treatment Plan has already been claimed and paid in the last 12 months what Medicare services can I bill?

As a first step you can:

- ask the patient if they have a copy of the previous Mental Health Treatment plan, or
- if the patient agrees, ask for a copy from their previous GP.

If you get a copy of the previous plan, and it was in place for more than four weeks, you can review it by billing Item 2712.

If there has been a significant change to the patient's clinical condition or care circumstances, you can develop a new plan. Claim documents should be noted accordingly.

Note: you should prepare a Mental Health Treatment Plan only if you are the patient's 'usual GP' and expect to continue to manage their condition.

Case study: Calculating calendar year limits to find out a patient's entitlement to Medicare benefits under the Better Access initiative

You refer a patient for a course of treatment of five individual allied health services under the Better Access initiative.

Calendar year one—the patient receives two services.

In calendar year two—the patient receives the remaining three services. The course of treatment is now complete as five individual services have been provided. The allied health professional who treated the patient will write a report back to you.

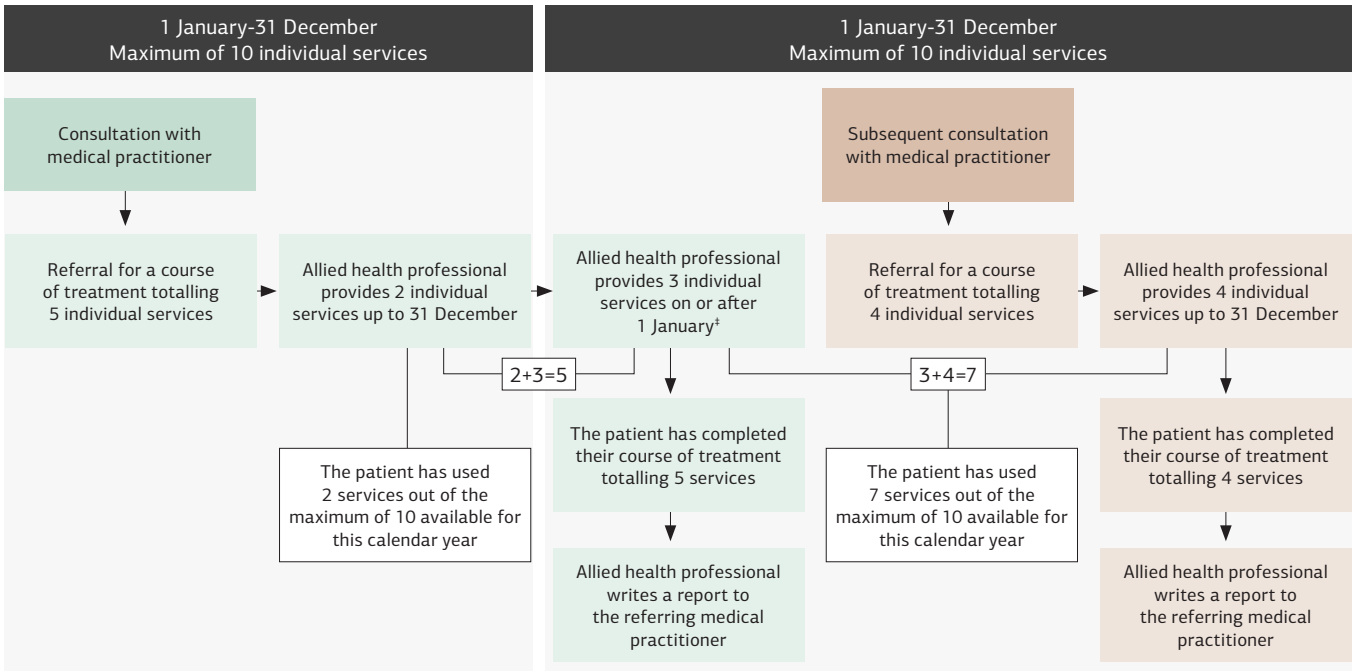
The total number of individual services the patient has received during calendar year two is three.

You decide to refer the patient for a subsequent course of treatment of four individual allied mental health services.

The patient receives all four services for this course of treatment during calendar year two. The course of treatment is now complete as four individual services have been provided. The allied health professional who treated the patient will write a report back to you.

The total number of individual services the patient has received during calendar year two is now seven.

If you decide that a third course of treatment is necessary, the patient is entitled to three more individual services under Better Access in calendar year two.



‡There is no need to provide a new referral where an existing course of treatment is provided over multiple calendar years.

For more information

Call **132 150***

Online **humanservices.gov.au/hpeducation**

mbsonline.gov.au

health.gov.au/mentalhealth-betteraccess

Email **askMBS@humanservices.gov.au**

*Call charges apply.

Disclaimer: This Quick Reference Guide is provided for guidance only. The Department of Human Services (Human Services) recommends health professionals exercise their own skill and care with respect to its contents.

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