



Better Access Initiative

A Guide to the GP Mental Health MBS Items

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Better Access to Mental Health Care Initiative



On 1 November 2006, 3 new GP Mental Health Care items were introduced to the MBS.

2710 - GP Mental Health Care Plan

2712 - GP Mental Health Care Plan Review

2713 - GP Mental Health Care Consultation

GP Mental Health Care Items



- These items are based on a similar model of care as the BOiMHC Program 3-Step Mental Health Process (ie, assess, plan and review), and the existing Chronic Disease Management (CDM) items.
- These items provide a structured framework for GPs to undertake **early intervention, assessment and management** of patients with mental disorders, as well as **providing new referral pathways** to clinical psychologists and other allied health service providers.

Education and Training Requirements



- **All GPs, not just those registered with the Better Outcomes in Mental Health Care (BOiMHC) Program, are able to use the GP Mental Health Care items.**
- **Although it is not mandatory**, it is strongly recommended that GPs providing mental health care using these items have appropriate mental health training – such as that recognised through the GPMHSC – the same as was the case for the BOiMHC Program.
- Level 1 training through the BOiMHC Program is still required for GPs to use the 3-Step Mental Health Process items. Level 2 training is still required for GPs to use the GP Focussed Psychological Strategy items.

Fees and Minimum Claiming Periods



Item	Description	Time	Fee	Rebate	Claiming Restrictions
2710	GP Mental Health Care Plan	Not timed	\$150.00	100%	Once in a 12-month period, with provision for exceptional circumstances
2712	GP Mental Health Care Plan Review	Not timed	\$100.00	100%	Twice in a 12-month period, with provision for exceptional circumstances
2713	GP Mental Health Care Consultation	At least 20 mins	\$66.00	100%	No restrictions

Can the GP be assisted?



- **All consultations conducted as part of the GP Mental Health Care items must be rendered by the GP.**
- A specialist mental health nurse, other allied health practitioner or Aboriginal Health Worker with appropriate mental health qualifications and training may provide general assistance to GPs in provision of mental health care where the GP considers that they have skills appropriate to the assistance required.

Patient Eligibility



- The new items are available to patients with a mental disorder who present in the general practice setting, who would benefit from a structured approach to the management of their care needs.
- Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities.

Eligible Disorders



This includes patients with mental disorders arising from:

- Chronic psychotic disorders
- Acute psychotic disorders
- Schizophrenia
- Bipolar disorder
- Phobic disorders
- Generalised anxiety disorder
- Adjustment disorder
- Unexplained somatic complaints
- Depression
- Sexual disorders
- Conduct disorder
- Bereavement disorders
- Post Traumatic Stress Disorder
- Eating disorders
- Panic disorder
- Alcohol use disorders
- Drug use disorders
- Mixed anxiety and depression
- Dissociative (conversion) disorder
- Neurasthenia
- Sleep problems
- Hyperkinetic (attention deficit) disorder
- Enuresis (non-organic)
- Obsessive Compulsive Disorder
- Mental disorder, not otherwise specified

This list of mental disorders is informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version.

Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Care items.

In-Patient Eligibility



- GP Mental Health Care Plan and Review services can also be provided to private in-patients (including private in-patients who are residents of aged care facilities) being discharged from hospital - *In this case the item is claimed as an in-hospital service (at 75% MBS rebate).*

Commonwealth funded residents of a RACF



- GPs are able to contribute to care plans for Commonwealth-funded residents of RACFs using the EPC Chronic Disease Management Medicare item 731.
- The resident is eligible for referral to allied health and dental care services, including services by psychologists, mental health workers and occupational therapists.
- If a resident of an aged care facility is a private in-patient being discharged from hospital the resident may be eligible for a 'discharge' GP Mental Health Care Plan, if clinically appropriate.

Privately funded residents of a RACF



- A privately funded resident (a person who is living independently in a RACF where the facility is not receiving a subsidy for their care) is eligible for a GP Mental Health Care Plan.
- However, the GP should not provide a GP Mental Health Care Plan or Review service to a resident where they have already contributed to a care plan prepared by the facility (item 731) for treatment of the same condition.

Checking if a patient has a GPMHCP

- Where it is unclear whether the patient has had a GP Mental Health Care Plan or a 3-Step Mental Health Process completed within the previous 12 months, the patient can, whilst at the practice, ring the Medicare Enquiry Line on 132 011 to query.
- The patient (or their representative) will need to quote their Medicare Number and ask whether an item 2710, 2574 to 2578, or 2704 to 2708 has previously been paid and if so, when.

Preparation – GP Mental Health Care Plan



- Preparation of a GP Mental Health Care Plan involves both assessing the patient and preparing the GP Mental Health Care Plan document.

GPMHCP – Assessment Requirements



An assessment of a patient must include:

- Recording the patient's agreement for the GP Mental Health Care Plan service;
- Taking relevant history (biological, psychological, social) including the presenting complaint;
- Conducting a mental state examination;
- Assessing associated risk and any co-morbidity;
- Making a diagnosis and/or formulation; and
- Administering an outcome measurement tool, except where it is considered clinically inappropriate.

GPMHCP – Plan Requirements



Preparation of a GP Mental Health Care Plan must include:

- Discussing the assessment with the patient, including the mental health formulation and/or diagnosis;
- Identifying and discussing referral and treatment options with the patient, including appropriate support services;
- Agreeing goals with the patient – what should be achieved by the treatment - and any actions the patient will take;
- Provision of psycho-education;
- A plan for crisis intervention and/or for relapse prevention, if appropriate at this stage;
- Making arrangements for required referrals, treatment, appropriate support services, review and follow-up; and
- Documenting the results of assessment, patient needs, goals and actions, referrals and required treatment , and review date in the patient's GP Mental Health Care Plan.

GP Mental Health Care Plan (ctd)



- The assessment can be part of the same consultation in which the GP Mental Health Care Plan is developed, or they can be undertaken in different visits.
- Where separate visits are undertaken for the purpose of assessing the patient and developing the GP Mental Health Care Plan, they are part of the GP Mental Health Care Plan service and are included in item 2710, that is, for separate visits that are undertaken to assess the patient and develop the plan, no MBS item would be claimed for the first visit and item 2710 would be claimed for the second visit.

Template for the GPMHCP



- It is not mandatory to use any particular form when preparing and claiming for a GP Mental Health Care Plan, but it is mandatory to document the GP Mental Health Care Plan in a way which addresses the Medicare requirements (see A.32.12 of the Explanatory Notes of the MBS Book).
- A sample is provided on the Department's website at www.health.gov.au as an optional tool to assist GPs in the patient assessment and preparation of the GP Mental Health Care Plan.

Outcome Tools



- The choice of outcome measurement tools to be used is at the clinical discretion of the practitioner.
- GPs using such tools should be familiar with their appropriate clinical use, and if not, should seek appropriate education and training.
- Some examples of Outcome Measurement Tools include:
 - Kessler Psychological Distress Scale (K10)
 - Short Form Health Survey (SF12)
 - Health of the Nation Outcome Scales (HoNOS)
 - Depression Anxiety Stress Scales (DASS)
- These are all available electronically from your Division.

GP Mental Health Care Plan Review



- Patients with a GP Mental Health Care Plan should have at least one review.
- An initial review should occur four weeks to six months after the completion of a GP Mental Health Care Plan. If a further review is required, this can occur three months after the first review. Most patients should not need more than two reviews in a 12 month period.
- GPs are able to provide ongoing management through either the GP Mental Health Care Consultation item or standard consultation items as required.
- The review of a GP Mental Health Care Plan item can also be used for a patient where a psychiatrist has prepared a referred assessment and management plan (item 291), as if that patient had a GP Mental Health Care Plan.

GPMHCP – Review Requirements



A Review of a GP Mental Health Care Plan should be a systematic review of the patient's progress against their GP Mental Health Care Plan and must include:

- Recording the patient's agreement for the service;
- Reviewing the patient's progress against the goals outlined in the GP Mental Health Care Plan;
- Health Care Plan;
- Modifying the Plan, if required;
- Checking, reinforcing and expanding education;
- A plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided;
- Re-administration of the outcome measurement tool used in the assessment stage, except where considered clinically inappropriate; and
- A personal attendance by the GP with the patient.

GPMHCP – Review Requirements (ctd)



GPs should also ensure that:

- The steps involved have been explained to the patient (and their carer, if appropriate and the patient agrees);
- A copy of the Plan or reviewed Plan is offered to the patient (or carer, if appropriate); and
- A copy of the Plan or reviewed Plan is added to the patient's records.

GPMHCP – Review Requirements (ctd)



- Review of a GP Mental Health Care Plan (item 2712) is only available where a patient is being managed under either a GP Mental Health Care Plan (item 2710) or a referred psychiatrist assessment and management plan (item 291).
- Patient's with a mental disorder who are being managed under either a GP Management Plan or Team Care Arrangements should have their care plan reviewed using the relevant CDM item, either item 725 (Review of a GP Management Plan) or item 727 (Coordination of Review of Team Care Arrangements).

GPMHCP – Review Requirements (ctd)



- If a mental health plan using the 3 Step Mental Health Process was commenced before 1 November 2006 but not completed, reviewed and claimed by that date, the service should be completed and claimed for using the 3 Step Mental Health Process trigger items.
- Note that this process should be completed and claimed for before 30 April 2007.
- Ongoing management can be provided, as required, through the GP Mental Health Care Consultation item (item 2713) or standard consultation items.

GP Mental Health Care Consultation



- The GP Mental Health Care Consultation item applies to surgery consultations which are of at least 20 minutes duration and where the primary treating problem is related to a mental disorder.
- This item is for the ongoing management of patients with a mental disorder, including patients being managed under a GP Mental Health Care Plan. However, it can be used whether or not a patient has a mental health care plan.
- There are no restrictions on how often this item can be used.

GPMH Care Consultation - Requirements



A GP Mental Health Care Consultation must include:

- Taking relevant history and identifying the patient's presenting problem(s) (if not previously documented);
- Providing treatment, advice and/or referral for other services or treatment; and
- Documenting the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable).

Referring for Allied Health Services



- Once a GP Mental Health Care Plan (item 2710) or a referred psychiatrist assessment and management plan (item 291) has been completed and claimed on Medicare, patients are eligible for up to two groups of six sessions (with the need for the second group of sessions to be reviewed by the GP after the initial six sessions) for services by:
 - Clinical psychologists providing psychological therapies; or
 - Appropriately trained GPs or other allied mental health professionals (**Psychologists, Social Workers and Occupational Therapists**) providing Focussed Psychological Strategy (FPS) services.
- *Patients can also be referred for FPS under ATAPS projects available through your Division – please note that Divisions may still restrict access to their ATAPS projects to BOiMHC registered GPs as a demand management strategy (refer to your Division for advice)*

Referring Patients – (ctd)



- In addition to the 12 individual sessions, patients will also be eligible to claim up to 12 sessions for the provision of group psychotherapy.
- Referrals can be made at the time the GP Mental Health Care Plan is completed or at a later stage, such as when a Review of a GP Mental Health Care Plan or a GP Mental Health Care Consultation is undertaken.
- In addition to the 12 individual &/or 12 group Medicare rebateable services, patients may access a further six sessions in a 12-month period in **exceptional circumstances** (for a total of 18 individual sessions &/or 12 group sessions in a 12-month period). In these cases, both the patient's mental health care plan and referral should be annotated to briefly indicate the reason why the service involved was required.

Referring Patients – (ctd)



- GPs **must** be managing a patient under a GP Mental Health Care Plan (2710) or a referred psychiatrist assessment and management plan (item 291) to refer patients for allied health services.
- GPs managing patients using a 3-Step Mental Health Process plan will continue to be able to refer patients for services through ATAPS until 30 April 2007 when the 3-step process will be phased out.
- GPs using the 3-Step Mental Health Process SIP trigger items will still be required to have completed Level 1 training and be registered with the BOiMHC Program with Medicare Australia.

Exceptional Circumstances



- There are minimum time intervals for payment of rebates for GP Mental Health Care items, with provision for claims to be made earlier than these minimum intervals in exceptional circumstances.
- ‘Exceptional circumstances’ apply where there has been a **significant change in the patient’s clinical condition or care circumstances** that requires a new GP Mental Health Care Plan or a new Review, rather than, for example, amending the existing GP Mental Health Care Plan.
- Where a service is provided in exceptional circumstances, the patient’s invoice or Medicare voucher (assignment of benefit form) should be annotated to briefly indicate the reason why the service involved was required earlier than the minimum time interval for the relevant item (eg annotated as clinically indicated, discharge, exceptional circumstances, significant change etc).

3-Step Mental Health Process



- The 3 Step Mental Health Process (items 2574-2578 and 2704-2708) will run in parallel to the new GP Mental Health Care items from 1 November 2006 to 30 April 2007.
- The 3 Step Mental Health Process items will be withdrawn from 30 April 2007.
- From 1 November 2006, it is anticipated that patients with a mental disorder will be managed under the new GP Mental Health Care items (items 2710, 2712 and 2713).
- The 3 Step Mental Health Process items cannot be used in addition to the new GP Mental Health Care Plan and Review items for treatment of the same patient.

3-Step Mental Health Process – (ctd)



- GPs managing a patient using the 3 Step Mental Health Process can continue to refer these patients for FPS through Divisions' ATAPS projects, or to GP FPS services.
- Patients with mental health plans completed and reviewed prior to 1 November 2006 using the 3 Step Mental Health Process can receive ongoing management from their GP through the new **GP Mental Health Care Consultation item** or standard consultation items.
- If a mental health care plan using the 3-Step Mental Health Process was commenced before 1 November 2006, but not completed and claimed by that date, **the service should be completed and claimed for using the 3-Step Mental Health Process** trigger items.
- A new mental health care plan should not be prepared for a patient unless clinically required.

3-Step Mental Health Process – (ctd)



- Patients being managed using a 3-Step Mental Health Process are NOT eligible to the same services available for GP Mental Health Care Plan patients.
- To be eligible for referral to the Medicare rebateable services associated with the GP Mental Health Care Plan, a patient must be managed under either a GP Mental Health Care Plan (item 2710) or a referred psychiatrist assessment and management plan (item 291).
- GPs managing patients under a 3 Step Mental Health Process can still refer patients for FPS services under Division's ATAPS Projects, or for GP FPS services.
- Patients may be referred for normal treatment and services under normal GP referral arrangements as any time.

Chronic Disease Management Items



- The Chronic Disease Management (CDM) items have not changed.
- From 1 November 2006, it is anticipated that patients with a mental disorder only, who require a care plan to be prepared, will be managed under the new GP Mental Health Care items.
- GPs can determine which type of care plan (GP Mental Health Care Plan (item 2710) or GP Management Plan (item 721)) is most appropriate for each patient.
- It would not be appropriate for a patient with only a mental health disorder to have both a GP Mental Health Care Plan and a GP Management Plan.
- Where a patient has a mental disorder as well as significant co-morbidities and complex needs requiring team-based care, the GP is able to use both the CDM items (for team-based care) and the GP Mental Health Care items.
- *As a general principle the creation of multiple plans should be avoided, unless the patient clearly requires an additional plan for the management of a separate medical condition.*

Psychiatric Assessment and Management Plan

- Where a GP is managing a patient with a mental disorder under a referred psychiatric assessment and management plan (item 291), GPs are able to use, as necessary, the GP Mental Health Care Review item (item 2712) and the GP Mental Health Care Consultation item (item 2713) for the ongoing management of the patient, as if the patient had a GP Mental Health Care Plan.
- If a GP determines that the patient requires a GP Mental Health Care Plan in addition to the management plan prepared by the referring psychiatrist, the GP is able to prepare a GP Mental Health Care Plan using item 2710. Note that this is expected to be an infrequent occurrence.
- As a general principle the creation of multiple plans should be avoided, unless the patient clearly requires an additional plan. In these cases, the GP should be satisfied that the GP's peers would regard the provision of an additional plan as appropriate for that patient, given the patient's needs and circumstances.

Billing Procedures



- After completing all requirements for a **GP Mental Health Care Plan** – bill the item number for the GPMHCP (item 2710)
- *GP then has the option of providing ongoing management of the patient for their mental health condition using the GP Mental Health Care Consultation item number (item 2713)*
- After completing all requirements for a **Review of the GP Mental Health Care Plan** – bill the item number for the Review (item 2712)
- *GP still has the option of providing ongoing management of the patient for their mental health condition using the GP Mental Health Care Consultation item number (item 2713)*
- A review of a GP Mental Health Care Plan should not be done within three months of a previous claim for the same item (item 2712) or within four weeks following a claim for a GP Mental Health Care Plan item (item 2710) other than in exceptional circumstances.

Fees and Minimum Claiming Periods



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Questions



- For further information contact:
- Your Division
- AGHDA website: www.health.gov.au
- Medicare Australia
 - 132 150 (for GPs)
 - 132 011 (for patients)