

**Australian Government  
Department of Health & Ageing**

**GP MENTAL HEALTH CARE  
MEDICARE ITEMS**

**Questions & Answers**

As at 1 November 2006

## Contents

<b>1. GENERAL .....</b>	<b>5</b>
1.1 What information is available about the new GP Mental Health Care Medicare items?.....	5
1.2 What are the new GP Mental Health Care Medicare items?.....	5
1.3 What are the fees and minimum claiming periods? .....	6
1.4 Are the new items eligible for 100% Medicare and bulk billing incentives? .	6
1.5 Should these services be provided by the patient's 'usual doctor'? .....	6
1.6 Can a GP be assisted in using the GP Mental Health Care items? .....	6
1.7 Will the new items be reviewed? .....	7
1.8 What is considered a mental disorder for the purposes of these items? .....	7
<b>2. PATIENT ELIGIBILITY .....</b>	<b>7</b>
2.1 What patients are eligible for these items? .....	7
2.2 How do I find out if a patient already has a GP Mental Health Care Plan? .	8
2.3 Are Commonwealth funded residents of an aged care facility eligible for a GP Mental Health Care Plan? .....	8
2.4 Are privately funded residents of aged care facilities eligible for a GP Mental Health Care Plan? .....	8
2.5 How does a GP establish if someone is a Commonwealth funded resident of an aged care facility? .....	9
2.6 Can a home visit item number and a GP Mental Health Care plan be billed by a GP at the same time?.....	9
<b>3. PREPARATION OF GP MENTAL HEALTH CARE PLAN .....</b>	<b>9</b>
3.1 What are the steps involved in preparing a GP Mental Health Care Plan? .	9
3.2 Is there a template I can follow for the GP Mental Health Care Plan? .....	10
3.3 Which Outcome Measurement Tool should I use? .....	10
3.4 How often should I prepare a GP Mental Health Care Plan for a patient? 10	
3.5 Must the patient be given a copy of the GP Mental Health Care Plan document? .....	11
<b>4. GP MENTAL HEALTH CARE REVIEW .....</b>	<b>11</b>
4.1 When should a review of a GP Mental Health Care be done?.....	11
4.2 What are the steps involved in reviewing a GP Mental Health Care Plan?12	
4.3 Can I use item 2712 to review a GP Management Plan or Team Care Arrangements for a patient with a mental disorder?.....	12
4.4 Can I use item 2712 for a patient who has a referred psychiatrist assessment and management plan (item 291)? .....	12

4.5	For a patient with a referred psychiatrist assessment and management (item 291), should the GP re-administer the outcome measurement tool during the review? .....	13
<b>5.</b>	<b>GP MENTAL HEALTH CARE CONSULTATION.....</b>	<b>13</b>
5.1	When can I use the GP Mental Health Care Consultation item (item 2713)? .....	13
5.2	What are the steps involved in a GP Mental Health Care Consultation? ..	14
<b>6.</b>	<b>REFERRING PATIENTS .....</b>	<b>14</b>
6.1	When can I refer a patient?.....	14
6.2	Does a patient need a GP Mental Health Care Plan or item 291 to be referred to ATAPS under the Better Access initiative? .....	15
6.3	What happens if a patient is referred for allied mental health services by a psychiatrist or paediatrician and the GP is unaware and prepares a GP Mental Health Care Plan and also refers the patient for allied mental health services? .....	15
<b>7.</b>	<b>STEP MENTAL HEALTH PROCESS.....</b>	<b>15</b>
7.1	What happened to the 3 Step Mental Health Care Process items? .....	15
7.2	What about patients already under a 3 Step Mental Health? .....	16
7.3	What should I do if I've started (but not completed) a 3 Step Mental Health Process for a patient? .....	16
7.4	If I'm managing a patient using a 3 Step Mental Health Process can I refer them to the same services available for GP Mental Health Care Plan patients? .....	16
<b>8.</b>	<b>CHRONIC DISEASE MANAGEMENT (CDM) ITEMS .....</b>	<b>17</b>
8.1	The CDM items are still available. Should I still use them?.....	17
8.2	What if I've prepared a GP Management Plan (item 721) for a patient with a mental disorder? .....	17
8.3	What if I've prepared a GP Management Plan (item 721) for a patient with a separate chronic medical condition? .....	18
8.4	If I have a patient with a GP Mental Health Care Plan, and they have complex needs, can I access item 723 (Team Care Arrangements)?.....	18
<b>9.</b>	<b>TRAINING .....</b>	<b>18</b>
9.1	Do I need to have completed training to access the GP Mental Health Care items? .....	18
<b>10.</b>	<b>PSYCHIATRIC ASSESSMENT AND MANAGEMENT PLAN (ITEM 291).....</b>	<b>19</b>
10.1	What if I'm managing a patient under a psychiatric assessment and management plan (item 291)? .....	19

<b>11. CLAIMING RESTRICTIONS.....</b>	<b>19</b>
11.1 What are the fees and minimum claiming periods? .....	19
11.2 What are exceptional circumstances? .....	19
11.3 Can a separate consultation be done in conjunction with a GP Mental Health Care service?.....	20

## **1. GENERAL**

### **1.1 What information is available about the new GP Mental Health Care Medicare items?**

Information on the GP Mental Health Care items is available:

- on the Department's web site at [www.health.gov.au](http://www.health.gov.au) (and use the 'A-Z Index' link to go to 'Mental Health Care – GP Medicare Items');
- under paragraph A.32 of the Explanatory Notes of the Medicare Benefits Schedule book, 1 November 2006; and
- by calling Medicare Australia on 132 150 (for GPs) or 132 011 (for patients).

### **1.2 What are the new GP Mental Health Care Medicare items?**

On 1 November 2006, three new GP Mental Health Care Medicare items were introduced on to the Medicare Benefits Schedule. They are:

- Item 2710 Preparation of a GP Mental Health Care Plan
- Item 2712 Review of a GP Mental Health Care Plan
- Item 2713 GP Mental Health Care Consultation

The new 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 psychologist and allied mental health service providers.

These items are based on a similar model of care – assess, plan and review – as the Better Outcomes in Mental Health Care 3 Step Mental Health Process and the existing Chronic Disease Management (CDM) items.

From 1 November 2006, where a patient has a mental disorder only, it is anticipated that they will be managed using the new 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 training recognised through the General Practice Mental Health Standards Collaboration. GP organisations support the value of appropriate mental health training for GPs using these items.

These new Medicare items have been developed in consultation with the GP profession.

### 1.3 What are the fees and minimum claiming periods?

Item	Description	Time	Fee	Rebate	Claiming Restrictions
2710	Preparation of a GP Mental Health Care Plan	Not timed	\$150.00	\$150.00*	Once in a twelve month period, with provision for exceptional circumstances.
2712	Review of a GP Mental Health Care Plan	Not timed	\$100.00	\$100.00*	Twice in a twelve month period, with provision for exceptional circumstances.
2713	GP Mental Health Care Consultation	At least 20 minutes	\$66.00	\$66.00	No restrictions

*\* The new items attract a 100% rebate of the MBS scheduled fee (except where the patient has been admitted to a hospital and the service is provided as an in-hospital service).*

### 1.4 Are the new items eligible for 100% Medicare and bulk billing incentives?

The new items attract a 100% rebate of the MBS scheduled fee (except where the patient has been admitted to a hospital and the service is provided as an in-hospital service).

Where the new GP Mental Health Care Medicare items are bulk-billed for eligible patients (i.e. Commonwealth concession card holders or children under 16), the service attracts the relevant bulk-billing incentive payment.

### 1.5 Should these services be provided by the patient's 'usual doctor'?

It is the profession's expectation, consistent with the EPC and CDM items, that GP Mental Health Care items would generally be provided by the patient's usual doctor.

This is not a mandatory or regulatory provision for the EPC or CDM items but is set out as guidance in the relevant MBS explanatory notes.

The MBS explanatory notes for the EPC items define 'usual doctor' as the doctor (or practice) that has provided the majority of services to the patient over the previous 12 months, and/or that will provide the majority of services over the coming 12 months. This is not designed to be an enforceable provision and takes account of the patient's right to choose their own doctor.

### 1.6 Can a GP be assisted in using the GP Mental Health Care items?

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.

## 1.7 Will the new items be reviewed?

Yes. It is anticipated that there will be a post-implementation review of the items after an initial period of operation (around 2 years after introduction), and a full evaluation after around 4 years.

## 1.8 What is considered a mental disorder for the purposes of these items?

The new items are for patients with a mental disorder 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.

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.

## 2. PATIENT ELIGIBILITY

### 2.1 What patients are eligible for these items?

The new items are available to eligible patients in the community. 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, where the GP who provides the GP Mental Health Care item is providing in-patient care: in this case the item is claimed as an in-hospital service (at 75% MBS rebate).

GPs are able to contribute to care plans for patients (including public patients being discharged from hospital) using item 729, Contribution to a Multidisciplinary Care Plan, and to care plans for residents of aged care facilities using item 731.

## **2.2 How do I find out if a patient already has a GP Mental Health Care Plan?**

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 (or their representative\*) can, whilst at the practice, ring the Medicare Enquiry Line on 132 011 to verify the date of the previous GP Mental Health Care Plan or 3 Step Mental Health Process item (if any). 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.

\* The patient's representative must have Power of Attorney and must have previously lodged this with Medicare Australia.

## **2.3 Are Commonwealth funded residents of an aged care facility eligible for a GP Mental Health Care Plan?**

The GP Mental Health Care items are available for eligible patients living in the community. GPs are able to contribute to care plans for residents of aged care facilities using the EPC Chronic Disease Management Medicare item 731.

In this case the resident's GP can contribute to the care plan prepared by the facility and the resident is eligible for referral to allied health and dental care services, including for 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.

## **2.4 Are privately funded residents of aged care facilities eligible for a GP Mental Health Care Plan?**

Yes. A privately funded resident means a person who is living independently in an aged care facility where the facility is not receiving a subsidy for their care from the Australian Government under the Aged Care Act.

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, i.e. where they have already provided a service to the resident as a resident of the aged care facility for treatment of the resident's mental disorder.

## **2.5 How does a GP establish if someone is a Commonwealth funded resident of an aged care facility?**

The GP or practice staff should ask the patient and, if unsure, ask the aged care facility whether the patient is a privately funded resident. The advice of the patient and/or aged care facility should be accepted and a note made in the patient record indicating by whom and when the advice was provided.

## **2.6 Can a home visit item number and a GP Mental Health Care plan be billed by a GP at the same time?**

This would not be expected to be a common or routine occurrence, as in general a separate consultation should not be undertaken in conjunction with a GP Mental Health Care Plan or Review item unless it is clinically indicated that a problem must be treated immediately. If both services must be provided at the same time, the MBS requirements for both services must be met.

## **3. PREPARATION OF GP MENTAL HEALTH CARE PLAN**

### **3.1 What are the steps involved in preparing a 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.

#### ***Assessment***

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.

#### ***Plan***

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 this (results of assessment, patient needs, goals and actions, referrals and required treatment/services, and review date) in the patient's GP Mental Health Care Plan.

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 (see A.32.9 to A.32.17 of the Explanatory Notes of the MBS Book).

Where the patient has a carer, the practitioner may find it useful to consider having the carer present for the assessment and preparation of the GP Mental Health Care Plan or components thereof (subject to patient agreement).

### **3.2 Is there a template I can follow for the GP Mental Health Care Plan?**

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 form will be provided on the Department's website at [www.health.gov.au](http://www.health.gov.au) (and use the 'A-Z Index' link to go to 'Mental Health Care – GP Medicare Items') as an optional tool to assist GPs in the patient assessment and preparation of the GP Mental Health Care Plan.

### **3.3 Which Outcome Measurement Tool should I use?**

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)

### **3.4 How often should I prepare a GP Mental Health Care Plan for a patient?**

Many patients will not require a new GP Mental Health Care Plan after their initial plan has been prepared. A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan.

A rebate for preparation of a GP Mental Health Care Plan will not be paid within 12 months of a previous claim for the patient for the same item or within 12 months of a claim for a 3 Step Mental Health Process (items 2574, 2575, 2577, 2578 and 2704, 2705, 2707, 2708) or within three months following a claim for a review (item 2712), other than in exceptional circumstances.

### **3.5 Must the patient be given a copy of the GP Mental Health Care Plan document?**

Before completing any GP Mental Health Care Plan or Review service and claiming a benefit for that service, the GP must offer the patient a copy of the care plan or reviewed care plan and add the document to the patient's records. This should include, subject to the patient's agreement, offering a copy to their carer, where appropriate. The GP may, with the permission of the patient, provide a copy of the GP Mental Health Care Plan, or relevant parts of the plan, to other providers involved in the patient's care.

It can also be useful to have the patient sign the GP Mental Health Care Plan - this can help ensure that the patient understands and agrees with the plan, with benefits for patient compliance. It is not mandatory, however, for the patient to sign the GP Mental Health Care Plan.

## **4. GP MENTAL HEALTH CARE REVIEW**

### **4.1 When should a review of a GP Mental Health Care be done?**

Patients with a GP Mental Health Care Plan should have at least one review. As a general rule, 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.

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.

It is also expected that item 2712 would generally not be claimed within four weeks of a claim for a referred psychiatrist assessment and management plan (item 291).

#### **4.2 What are the steps involved in reviewing a GP Mental Health Care Plan?**

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;
- 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.

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.

#### **4.3 Can I use item 2712 to review a GP Management Plan or Team Care Arrangements for a patient with a mental disorder?**

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).

#### **4.4 Can I use item 2712 for a patient who has a referred psychiatrist assessment and management plan (item 291)?**

Review of a GP Mental Health Care Plan (item 2712) can also be used where a GP is managing a patient under a referred psychiatrist assessment and management plan (item 291), as if that patient had a GP Mental Health Care Plan.

It is also expected that item 2712 would generally not be claimed within four weeks of a claim for a referred psychiatrist assessment and management plan (item 291).

#### **4.5 For a patient with a referred psychiatrist assessment and management (item 291), should the GP re-administer the outcome measurement tool during the review?**

Yes, if clinically appropriate in the circumstances.

Where a GP is using item 2712 to review a patient's referred psychiatrist assessment and management plan (item 291), the GP must ensure they meet the MBS requirements for this item. **If a GP is unable to meet these requirements they should consider using another MBS item to review the patient's referred psychiatrist assessment and management plan.**

The Explanatory Notes for the review of a GP Mental Health Care Plan item provide that the outcome measurement tool used in the assessment stage should be re-administered during the review, except where considered clinically inappropriate.

For patients with a referred psychiatrist assessment and management plan (item 291) the same outcome measurement tool that was used during the assessment should be re-administered during the review if this is clinically appropriate in the circumstances.

Where a GP is unsure what outcome measurement tool was used during a patient's initial assessment under item 291, or is unsure whether it would be appropriate to re-administer the outcome measurement tool, it is recommended that the patient's GP contact the referring psychiatrist to discuss the matter.

GPs using outcome measurement tools should be familiar with their appropriate clinical use, and if not, should seek appropriate education and training.

## **5. GP MENTAL HEALTH CARE CONSULTATION**

### **5.1 When can I use the GP Mental Health Care Consultation item (item 2713)?**

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.

This item should not be used for the patient assessment or preparation of a GP Mental Health Care Plan.

There are no restrictions on how often this item can be used.

## **5.2 What are the steps involved in a GP Mental Health Care Consultation?**

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).

## **6. REFERRING PATIENTS**

### **6.1 When can I refer a patient?**

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 to be referred by their GP 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 allied mental health professionals providing focussed psychological strategy (FPS) services.

Patients can also be referred for Focussed Psychological Strategy services under Access to Allied Psychological Services (ATAPS), available through Divisions of General Practice.

Patients will also be eligible to claim up to 12 separate services 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 per calendar year, patients may access a further six sessions in the calendar year in exceptional circumstances. 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 (also see paragraph A.32.27 – A.32.29 of the MBS Book Explanatory Notes).

Patients may be referred for treatment and services under normal GP referral arrangements at any time.

## **6.2 Does a patient need a GP Mental Health Care Plan or item 291 to be referred to ATAPS under the Better Access initiative?**

GPs must be managing a patient under a GP Mental Health Care Plan or a referred psychiatrist assessment and management plan (item 291) to refer patients for services through ATAPS under the Better Access initiative.

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 (i.e. to complete and claim for work not finalised by 1 November 2006) will still be required to have completed Level 1 training and be registered with Medicare Australia.

Until 30 April 2007 patients can be referred through either pathway to access services within the limit of 12 individual and/or 12 group sessions per calendar year. The requirement for a GP review after the first set of sessions of psychological therapies remains in place.

## **6.3 What happens if a patient is referred for allied mental health services by a psychiatrist or paediatrician and the GP is unaware and prepares a GP Mental Health Care Plan and also refers the patient for allied mental health services?**

A patient is eligible to access Medicare rebates for up to 12 individual and/or 12 group services from a clinical psychologist or other allied mental health professional in a calendar year, regardless of whether they have been referred from one provider or many (i.e. a psychiatrist, paediatrician or another GP). Referral from another provider (eg psychiatrist, paediatrician or another GP) does not generate a new entitlement for additional clinical psychology or other allied mental health services.

## **7. STEP MENTAL HEALTH PROCESS**

### **7.1 What happened to the 3 Step Mental Health Care Process items?**

The 3 Step Mental Health Process (incentive payment 'trigger') items, available through the Practice Incentive Program (PIP), 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 incentive payment and associated MBS trigger 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). However, it is not necessary to prepare a GP Mental Health Care Plan using the new item until required by the patient's circumstances. 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.

## **7.2 What about patients already under a 3 Step Mental Health?**

GPs managing a patient using the 3 Step Mental Health Process can continue to refer these patients, as required, for Focussed Psychological Strategy services under Access to Allied Psychological Services (ATAPS), available through Divisions of General Practice (up to 12 per calendar year). These patients are also able to be referred for GP Focussed Psychological Strategy 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, as required, 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. These items will be available until 30 April 2007.

A new mental health care plan should not be prepared for a patient unless clinically required.

## **7.3 What should I do if I've started (but not completed) a 3 Step Mental Health Process for a patient?**

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.

## **7.4 If I'm managing a patient using a 3 Step Mental Health Process can I refer them to the same services available for GP Mental Health Care Plan patients?**

No. 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, as required, for Focussed Psychological Strategy services under Access to Allied Psychological Services (ATAPS), available through Divisions of General Practice. Patients are also able to be referred for GP Focussed Psychological Strategy services.

Patients may be referred for normal treatment and services under normal GP referral arrangements at any time.

## **8. CHRONIC DISEASE MANAGEMENT (CDM) ITEMS**

### **8.1 The CDM items are still available. Should I still use them?**

The Chronic Disease Management (CDM) Medicare items will continue to be available for patients with chronic medical conditions, including patients needing multidisciplinary care. The 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 (items 2710, 2712 and 2713).

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.

The GP should determine whether it is necessary to develop two separate care plans. 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.

### **8.2 What if I've prepared a GP Management Plan (item 721) for a patient with a mental disorder?**

For patients with a mental disorder who have a GP Management Plan (item 721), GPs can continue to manage the patient using the CDM items and standard consultation items.

GPs will now also have the option of using the GP Mental Health Care Consultation item (item 2713) for the ongoing management of the patient.

### **8.3 What if I've prepared a GP Management Plan (item 721) for a patient with a separate chronic medical condition?**

Where a patient has a separate chronic medical condition, it may be appropriate to manage the patient's medical condition through a GP Management Plan, and to manage the patient's mental disorder through a GP Mental Health Care Plan (item 2710). In this case, both items can be used.

The GP should determine whether it is necessary to develop two separate care plans. 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.

### **8.4 If I have a patient with a GP Mental Health Care Plan, and they have complex needs, can I access item 723 (Team Care Arrangements)?**

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.

The GP should determine whether it is necessary to develop two separate care plans. 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.

## **9. TRAINING**

### **9.1 Do I need to have completed training to access the GP Mental Health Care items?**

All GPs 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 the GP Mental Health Care items have completed appropriate mental health training (in addition to normal medical training), such as training recognised through the General Practice Mental Health Standards Collaboration.

GP organisations support the value of appropriate training for GPs using these items.

Level 1 training through the Better Outcomes in Mental Health Care initiative 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.

## **10. PSYCHIATRIC ASSESSMENT AND MANAGEMENT PLAN (ITEM 291)**

### **10.1 What if I'm managing a patient under a psychiatric assessment and management plan (item 291)?**

Where a GP is managing a patient with a mental disorder under a referred psychiatric assessment and management plan, the GP can continue to manage the patient using standard consultation items.

For patients with a referred psychiatric assessment and management plan, 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 and that in this case the GP is still required to undertake an assessment of the patient as well as preparing the plan.

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.

## **11. CLAIMING RESTRICTIONS**

### **11.1 What are the fees and minimum claiming periods?**

<b>Item</b>	<b>Description</b>	<b>Time</b>	<b>Fee</b>	<b>Rebate</b>	<b>Claiming Restrictions</b>
2710	Preparation of a GP Mental Health Care Plan	Not timed	\$150.00	\$150.00 *	Once in a twelve month period, with provision for exceptional circumstances.
2712	Review of a GP Mental Health Care Plan	Not timed	\$100.00	\$100.00 *	Twice in a twelve month period, with provision for exceptional circumstances.
2713	GP Mental Health Care Consultation	At least 20 minutes	\$66.00	\$66.00	No restrictions

*\* The new items attract a 100% rebate of the MBS scheduled fee (except where the patient has been admitted to a hospital and the service is provided as an in-hospital service).*

### **11.2 What are 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).

### **11.3 Can a separate consultation be done in conjunction with a GP Mental Health Care service?**

The GP Mental Health Care Plan, Review and Consultation items cover the consultations at which the relevant items are undertaken, noting that:

- if a GP Mental Health Care item is undertaken or initiated during the course of a consultation for another purpose, the GP Mental Health Care Plan, Review or Consultation item and the relevant item for the other consultation may both be claimed;
- if a GP Mental Health Care Plan is developed over more than one consultation, and those consultations are for the purposes of developing the plan, only the GP Mental Health Care Plan item should be claimed; and
- if a consultation is for the purpose of a GP Mental Health Care Plan, Review or Consultation item, a separate and additional consultation should not be undertaken in conjunction with the mental health consultation, unless it is clinically indicated that a separate problem must be treated immediately.

Where separate consultations are undertaken in conjunction with mental health consultations, the patient's invoice or Medicare voucher (assignment of benefit form) for the separate consultation should be annotated (eg separate consultation clinically required/indicated).