(*From 1 November 2011*) GP Mental Health Treatment MBS Item Numbers – *all consultations must be rendered by the GP*

	MBS Item	Patient eligibility	Recommended frequency	Claiming restrictions	Tasks
GP has met MHST requirements	**PREPARATION of GP Mental Health Treatment Plan** (GPMHTP): **ITEM 2715 > 20 mins** Medicare fee **$87.60** **ITEM 2717 > 40 mins** Medicare fee **$129.00**	All patients with a **mental disorder**, including those with co-morbidity, who present in the general practice setting 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.' **Note – Exclusions:** 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 **consultation** and **review** services (see below). (An existing GPMHTP 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 * Or within 3 months following a claim for 2712* (**Except** where there has been a significant change in a patient's clinical condition or care circumstances that requires the preparation of a new GPMHTP.)	**Mental Health Assessment and Plan Preparation** An **assessment** of a patient must include: • a record of the patient's agreement to service • relevant **history** (biological, psychological, social) including the presenting complaint • a mental state **examination** • an assessment of associated risk and any co-morbidity • a **diagnosis** and/or formulation • use of an outcome measurement tool (eg K10) ** The **preparation of a plan** must include: • discussing the assessment, including the mental health formulation and /or diagnosis, with the patient • identifying and discussing referral and treatment options with the patient, including appropriate support services • patient's agreed treatment goals, and actions to be taken • provision of psycho-education • a plan for crisis intervention and/or relapse prevention • arrangements for referrals, treatment, appropriate support services, review and follow-up • documenting the above in the patient's GP Mental Health Treatment Plan.
GP has not met MHST requirements	**PREPARATION of GP Mental Health Treatment Plan** (GPMHTP): **ITEM 2700 > 20 mins** Medicare fee **$69.00** **ITEM 2701 > 40 mins** Medicare fee **$101.55**				
All GPs	**REVIEW of GP Mental Health Treatment Plan**: **ITEM 2712** Medicare fee **$69.00**	For a patient who has a current GPMHTP (2700, 2701, 2715, 2717) requiring review. (For patients being referred for additional sessions, this may be an appropriate time to conduct a review.)	At least once – initial review between 4 weeks and 6 months after GPMHTP (2700, 2701, 2715, 2717).	Maximum -Twice in a 12 month period * Initial review > 4 weeks following GPMHTP claim * Further reviews > 3 months from last review claim (2712)	The **Review** must include: • a record of the patient's agreement for this service • a review of the patient's progress against the goals • modification of the GP Mental Health Treatment Plan if required • reinforcing and expanding education • planning for crisis intervention and/or relapse prevention, if appropriate and if not previously provided • re-administration of the outcome measurement tool**.
All GPs	**GP Mental Health CONSULTATION:** **ITEM 2713 > 20 mins** Medicare fee **$69.00**	For a patient with a **mental disorder.**	For continuing management of a patient with a mental disorder, with or without a GPMHTP.	No restrictions **Time based – at least 20 minutes** Not being a consultation to which items 2700, 2701, 2715, 2717 or 2712 apply	Professional attendance by a medical practitioner at consulting rooms in relation to a mental disorder: • taking relevant history • identifying presenting problem(s) • providing treatment, advice and/or referral for other services or treatments • documenting the outcomes of the consultation.

Referral: Patients referred under the *Better Access* program for allied mental health (psychological) services will be eligible for up to 6 sessions per referral and **a maximum of 10 per calendar year**.

* GPMHTP and Review services can be provided more frequently in exceptional circumstances – where there has been significant change in the pt's clinical condition or care circumstances.

** - except where it is considered clinically inappropriate.

+ GP should initially refer to paediatrician / psychiatrist for assessment, preparation of PDD Plan and treatment services, if required. GPMHTP can subsequently be used to manage any mental health issues.

Adapted from Monash DGP. Shire GPs October 2011.