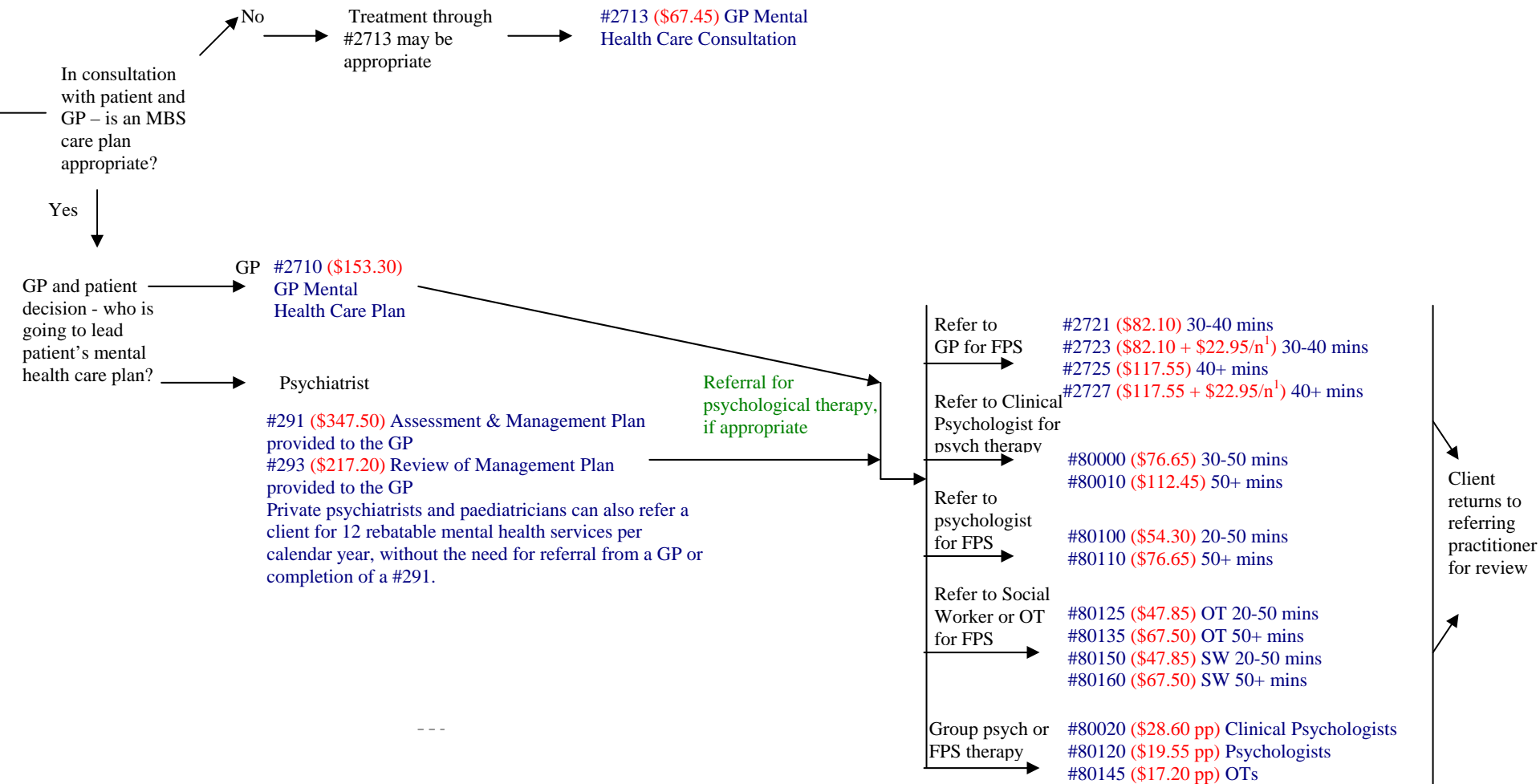


MBS care planning options for patients requiring mental health care

Following assessment, the practitioner has decided that the patient has a 'mental disorder' and may benefit from treatment by a GP



All remuneration shown is the benefit that the provider can claim from Medicare if the service is bulk-billed, or the rebate that the patient can claim from Medicare if the service is privately billed. Note that privately billed consultations may entail a 'gap' payment for the client. Note also that MBS rebates are indexed annually on 1 November. This remuneration data is current as at 1 November 2007.

¹ n = number of patients seen (provision of FPS out-of-surgery)

Flowchart is current as at September 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book or to the Allied Health and Dental Services MBS booklet for more comprehensive information, including the MBS requirements for each item. Alternatively, they can search for specific items at www9.health.gov.au/mbs or telephone Medicare Australia on 03 9605 7964 or contact the local Division of General Practice.

Referral to allied mental health provider for up to 12 services per client per calendar year, comprising of

- Up to 6 sessions then a review by the original referring practitioner, and
- Up to another 6 sessions if necessary followed by another review by the original referring practitioner, and

In exceptional circumstances, the client may be referred for up to an additional 6 services in the calendar year (for a total of 18 services)