

MBS care planning options for clients with mental conditions and/or chronic co-morbidities

SERVICE COORDINATION

Does the client have a 'mental disorder', and would they benefit from a structured approach to the management of their care needs?

Is a GP referral necessary?

No
Yes

MBS not relevant in this instance

GP decision - Who is going to lead client's mental health care plan?

Yes
Psychiatrist

GP #2710 (\$153.30)
GP Mental Health Care Plan

Does the patient have another chronic medical condition?

Yes
No - manage through #2710 only

#721 (\$127.70)
GP M' ment Plan

Does the patient have complex care needs & require team-based care?

Yes
No

#723 (\$101.15)
Team Care Arrangements

#23 (\$32.80) Selective history & basic management plan
#36 (\$62.30) Detailed history, examinations, management plan, referrals, > 20 minutes
#44 (\$91.70) Exhaustive history, comprehensive examination & management plan, > 40 minutes

Common GP MBS items for standard type consultation

#291 (\$347.50) Assessment & Management Plan provided to the GP
#293 (\$217.20) Review of Management Plan provided to the GP

Other Psychiatrist Items

#296, #297, #299, #300, #302, #304, #306, #308, #314, #316, #319, #348, #352, #353, #355, #357, #358, #364, #366, #367, #369, #370

Specialists' referral to rebatable services

Private psychiatrists and paediatricians can also refer a client for 12 rebatable mental health services per calendar year, without the need for referral from a GP or completion of a #291.

Management of other chronic conditions

A GP that decides to refer a client to a psychiatrist for the development of a mental health care plan is also able to arrange a care plan for other chronic conditions through an EPC Care Plan - see "Does the client have another chronic medical condition?" above.

Referral to allied health provider/s via EPC referral form for up to 5 MBS services per patient per calendar year, or to a dental health provider for up to \$4250 in Medicare Benefits per patient over two consecutive calendar years.

- #10950 (\$47.85) Aboriginal Health Worker service
- #10951 (\$47.85) Diabetes education service
- #10952 (\$47.85) Audiology
- #10953 (\$47.85) Exercise physiology
- #10954 (\$47.85) Dietetics services
- #10956 (\$47.85) Mental health service
- #10958 (\$47.85) Occupational therapy
- #10960 (\$47.85) Physiotherapy
- #10962 (\$47.85) Chiroprody or podiatry
- #10964 (\$47.85) Chiropractic service
- #10966 (\$47.85) Osteopathy
- #10968 (\$47.85) Psychology
- #10970 (\$47.85) Speech pathology
- #85011-85986 (various) Dentist
- #86012-86986 (various) Dental specialist
- #87011-87777 (various) Dental prosthetist

Refer to GP for FPS
#2721 (\$82.10) 30-40 mins
#2723 (\$82.10 + \$22.95/n¹) 30-40 mins
#2725 (\$117.55) 40+ mins
#2727 (\$117.55 + \$22.95/n¹) 40+ mins

Refer to Clinical Psychologist for psych therapy
#80000 (\$76.65) 30-50 mins
#80010 (\$112.45) 50+ mins

Refer to psychologist for FPS
#80100 (\$54.30) 20-50 mins
#80110 (\$76.65) 50+ mins

Refer to Social Worker or OT for FPS
#80125 (\$47.85) OT 20-50 mins
#80135 (\$67.50) OT 50+ mins
#80150 (\$47.85) SW 20-50 mins
#80160 (\$67.50) SW 50+ mins

Group psych or FPS therapy
#80020 (\$28.60 pp) Clinical Psychologists
#80120 (\$19.55 pp) Psychologists
#80145 (\$17.20 pp) OTs

Patient returns to referring practitioner for review

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 data is current as at 1 November 2007.

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

All information is current as at November 2007. 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)