

Mental Health Treatment Plan - 1 November 2011

- 2700 Mental Health Treatment Plan (GP who has not undertaken Mental Health training)
20 - 39 minutes Rebate: \$69.00
- 2701 Mental Health Treatment Plan (GP who has not undertaken Mental Health training)
> 40 minutes Rebate: \$101.55
- 2715 Mental Health Treatment Plan (GP who has undertaken Mental Health training)
20 - 39 minutes Rebate: \$87.60
- 2717 Mental Health Treatment Plan (GP who has undertaken Mental Health training)
> 40 minutes Rebate: \$129.00
- 2712 Review of Mental Health Treatment Plan - Rebate: \$69.00
- 2713 Mental Health Consultation - at least 20 minutes - Rebate: \$69.00

What conditions are not eligible

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

Access and Plan

Once plan is completed (2700, 2701, 2715 or 2717) patient is eligible for:

- 10 Medicare rebateable allied mental health services per calendar year, plus
- 10 separate services for the provision of group therapy

Referral

GP to state on ALL first time referrals - max 6 visits. On receipt of letter from service provider, requesting further visits, GP can issue a new referral stating 4 visits and claim item 2712

Number of services required per patient is at the referring doctor's (GP) discretion.

Links to other Medicare Services

Patients should only have one plan for primary care management of their mental disorder. i.e.

If they have a Mental Health Treatment Plan in place they **cannot also have a care plan (GPMP) for depression.**

Example

- 2715 (Plan) Claimed today
- 2712 (Review) should be claimed between 1-6 months from original plan date
- 2712 (Review) claimed 3 monthly after the initial review (i.e. at one month)
- 2713 (Consult) to be claimed in between plan and reviews if required