



New Eating Disorders MBS items FAQs

Last updated: 20 October 2019

- Effective from 1 November 2019, are 64 new Eating Disorder items
- A factsheet summarising what the items are, why the changes have been made, how they will affect stakeholders and what they need to do is available on [MBS Online](#).
- More information about the change is provided below, in response to frequently asked questions. If you cannot find the information you need, please contact the Department of Health at askMBS@health.gov.au.
- To subscribe to future MBS Online updates, visit www.mbsonline.gov.au and click 'Subscribe'.

Why are the changes being made?

The listing of these new items is a result of the Australian Government's response to recommendations made in 2018 by the independent clinician led Medical Benefits Schedule (MBS) Review Taskforce. The changes were recommended by the MBS Review Taskforce following an extensive period of consultation with key stakeholders.

The Taskforce is conducting a clinical-led review, and makes recommendations to the Government on how the MBS can be modernised to improve patient safety, support equity of access and reduce low-value care. More information about the Taskforce and associated Committees is available at [Medicare Benefits Schedule Review](#) in the consumer section of the Department of Health website (www.health.gov.au).

A full copy of the Taskforce Eating Disorders report can be found at [Medicare Benefits Schedule \(MBS\) Review Taskforce reports](#) section of the Department of Health website (www.health.gov.au).

How have these changes been communicated to stakeholders?

Prior to the 1 November 2019 listing, the Department circulated communication materials (including factsheets about the changes) to relevant professional groups in September 2019 and encouraged dissemination of these materials to other members and fellows. Information was also made available through the [MBS website](#).

Claiming eating disorder services from 1 November 2019

Who is eligible for the new eating disorder services?

The new eating disorder items are being introduced to support a model of best practice evidence based care for patients with anorexia nervosa and other eligible patients with eating disorders.

An eligible patient is a patient who, as diagnosed by their doctor, has a clinical diagnosis of anorexia nervosa; or a patient meeting the eligibility criteria, and has a clinical diagnosis of any of the following conditions:

- (i) bulimia nervosa;
- (ii) binge-eating disorder;
- (iii) other specified feeding or eating disorder.



Eligibility criteria, for a patient, is:

- a) the patient has been assessed as having an eating disorder examination questionnaire score of 3 or more; and
- b) the patient's condition is characterised by rapid weight loss, or frequent binge eating or inappropriate compensatory behaviour as manifested by 3 or more occurrences per week; and
- c) the patient has at least two of the following indicators:
 - clinically underweight with a body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder
 - current or high risk of medical complications due to eating disorder behaviours and symptoms
 - serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function
 - the person has been admitted to a hospital for an eating disorder in the previous 12 months
 - inadequate treatment response to evidence based eating disorder treatment over the past six months despite active and consistent participation

What items should be claimed for Eating Disorders?

- Preparation of eating disorders treatment and management plans (90250-90257 and 90260-90263).
- Review of eating disorders treatment and management plans (90264-90269).
- Provision of eating disorders psychological treatment services (90271-90282) (82352-82383).
- Eating disorders dietitian health services (82350-82351).

What are the Provider eligibility requirements?

Provider eligibility requirements are set out in the legislation and explanatory notes for each of the services available.

It is expected that practitioners who are providing services under these items have appropriate training, skills and experience in treatment of patients with eating disorders and meet the national workforce core competencies for the safe and effective identification of and response to eating disorders. More information can be found [National Eating Disorders Collaboration Eating Disorders: a professional resources for general practitioners](#) available at www.nedc.com.au

In order to provide eating disorder dietetic services, Dietitians must be an 'Accredited Practising Dietitian' as recognised by the Dietitians Association of Australia (DAA).

An eating disorders psychological treatment service includes mental health treatment services which are provided by an allied health professional or a medical practitioner in general practice with appropriate mental health training.

Medical practitioners in general practice who meet the training and skills requirements as determined by the *General Practice Mental Health Standards Collaboration*, and are entered on the Register as being eligible to render a focussed psychological strategy service, can render an eating disorders psychological treatment service. More information can be found in the explanatory notes for these items (AN.36.4).

Note: The General Practice Mental Health Standards Collaboration operates under the auspices of the Royal Australian College of General Practitioners.



The allied mental health professional must be recognised by the Department of Human Services as eligible to provide focussed psychological strategies (FPS) services under the Better Access to Mental Health items more information can be found in the explanatory notes for these items (MN.16.3).

What training and education is in place for practitioners using these items?

Practitioners should contact their professional organisation to identify education and training which may assist practitioners to gain skills and knowledge in providing services under these items.

The following organisations provide training which may assist practitioners to meet eating disorder workforce competency standards:

- The Australia and New Zealand Academy of eating disorders (ANZAED) - National
- InsideOut Institute - National
- The Victorian Centre of Excellence in Eating Disorders (CEED) - VIC
- Queensland Eating Disorder Service (QuEDS) - QLD
- Statewide Eating Disorder Service (SEDS) - SA
- WA Eating Disorders Outreach & Consultation Service (WAEDOCS) – WA

This list is not exhaustive, but has been included to provide examples on the types of training available which may assist practitioners to upskill in this area.

Are the new ED items per calendar year or 12 months?

For any particular patient, an eating disorder treatment and management plan expires at the end of a 12 month period following provision of that service. After that period, a patient will require a new eating disorder treatment and management plan to continue receiving medicare rebates for eating disorder treatment services.

What if a patient is already receiving mental health treatment?

Once an eligible patient has an eating disorder treatment and management plan in place, the 12 month period commences, and the patient is eligible for up to 20 dietetic services and 40 eating disorder psychological treatment services.

For the purpose of the 40 eating disorder psychological treatment services these will include services provided under the following items: 90271, 90272, 90273, 90274, 90275, 90276, 90277, 90278, 90279, 90280, 90281, 90282, 2721, 2723, 2725, 2727, 283, 285, 286, 287, 371, 372 and items in Groups M6, M7 and M16 (excluding items 82350 and 82351) within the eating disorder treatment and management plans 12 month period.

For any particular patient, an eating disorder treatment and management plan expires at the end of a 12 month period following provision of that service. After that period, a patient will require a new eating disorder treatment and management plan to continue receiving rebates for eating disorder psychological treatment services.



How do the new items assist with multi-disciplinary care to ensure patients get the support they need for other related mental health disorders?

The new suite of Medicare items are designed to support a model of best practice, evidence based care for patients with eating disorders.

The model of care underpinning these items provides a multidisciplinary approach to patient management to address all aspects of complex eating disorders. This enables practitioners through the treatment plan to make available a range of therapists, who can access these items, support the patient during the psychological and dietetic services. It also, includes requirements for specialist paediatrician and psychiatrist management.

Reviews throughout the courses of treatment are required, which evidence indicates has a significant positive impact upon the patient's likelihood for recovery.

How often should the eating disorder plan be reviewed?

It is expected that the managing practitioner will be reviewing the patient on a regular, ongoing and as required basis. However, a patient must have a review of the eating disorder treatment and management plan to assess the patient's progress against the plan or update the plan, as the patient is approaching the end of each course of treatment before they can access the next course of treatment.

The eating disorder items incorporate a 'stepped model' for best practice care for eligible patients with eating disorders. Under the Eating Disorders Items Stepped Model of Care a course of treatment is defined as 10 eating disorder psychological treatment services. It is required that a patient must have a review after each course of treatment. More information can be found at AN.36.1 and MN.16.1.

After each course of treatment, relevant practitioners are required to provide the referring medical practitioner with a written report on assessments carried out, treatment provided and recommendations for future management of the patient's condition.

This reporting will inform the managing practitioner's reviews of the plan and enable the practitioner to assess the patient's progress, response to treatment and future needs.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.