



# Mental Health Case Conferencing

Last updated: 1 May 2023

- On 1 July 2023, MBS changes to improve access to multidisciplinary, collaborative and coordinated mental health care will commence.

## What are the changes?

From 1 July 2023, there will be 21 new MBS items for eligible providers to organise and coordinate or participate in case conferences to discuss a patient's mental health care, where:

- the patient has been referred for Better Access services or has an active eating disorder treatment and management plan (EDTMP),
- a GP, other medical practitioner (OMP), consultant psychiatrist or consultant paediatrician organises and coordinates the case conference,
- at least two other members of the multidisciplinary case conference team attend the case conference, and
- the patient agrees to the case conference taking place and to the participation of all practitioners in the conference.

The 21 new MBS items include:

- 9 new time-tiered items (930, 933, 935, 969, 971, 972, 946, 948 and 959) for GPs, OMPs, and consultant physicians in their speciality of psychiatry or paediatrics to organise and coordinate a multidisciplinary case conference.
- 9 new time-tiered items (937, 943, 945, 973, 975, 986, 961, 962 and 964) for GPs, OMPs, and consultant physicians in their speciality of psychiatry or paediatrics to participate in a multidisciplinary case conference.
- 3 new time-tiered items (80176, 80177 and 80178) for eligible clinical psychologists, psychologists, social workers, occupational therapists and dietitians to participate in a multidisciplinary case conference.

The criteria to claim MBS items 723 and 732 (GPs), and 230 and 233 (OMPs), has also been expanded to allow GPs and OMPs to develop and review Team Care Arrangements (TCAs) for patients being treated under Better Access or an EDTMP.

Further information, including a list of the new and updated MBS items can be found in [Attachment A](#) at the end of this factsheet, and in explanatory notes AN.0.47, AN.7.17, AN.15.1, AN.15.2, AN.7.32, MN.7.6 on the MBS Online webpage at: [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

## Why are the changes being made?

These changes were informed by recommendation 8 from the Better Access Evaluation.

- More information about the evaluation and a full copy of the Better Access Evaluation final report, is available at: [www.health.gov.au/our-work/better-access-evaluation](http://www.health.gov.au/our-work/better-access-evaluation).

The changes have also been considered alongside the findings of the Productivity Commission in its Inquiry into Mental Health and the House of Representatives Select Committee Inquiry into Mental Health and Suicide Prevention.

- More information about the Productivity Commission's inquiry and a full copy of the inquiry report, is available at: [www.pc.gov.au/inquiries/completed/mental-health/report](http://www.pc.gov.au/inquiries/completed/mental-health/report).
- More information about the Select Committee's inquiry and a full copy of the inquiry report, is available at: [www.aph.gov.au/Parliamentary\\_Business/Committees/House/Former\\_Committees/Mental\\_Health\\_and\\_Suicide\\_Prevention/MHSP/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Former_Committees/Mental_Health_and_Suicide_Prevention/MHSP/Report).

## What does this mean for providers?

The new MBS items aim to:

- improve access to multidisciplinary, collaborative and coordinated mental health care,
- promote good communication and shared care between providers, and
- ensure equal access to case conferences for patients with mental health conditions and patients with a chronic disease.

## Who can a case conference be held for?

Case conferences using these new MBS items can be held for patients who have been referred for treatment under Better Access or have an active eating disorder treatment and management plan.

Patients can be referred for treatment under Better Access by a:

- GP or OMP under a mental health treatment plan or psychiatrist assessment and management plan,
- psychiatrist, or
- paediatrician.

## Who can participate in the case conference?

The case conference must be organised by a medical practitioner (GP, OMP or consultant physician in their specialty of paediatrics or psychiatry) and involve at least two other members of the multidisciplinary case conference team providing different kinds of treatment to the patient. Participating providers must be invited to attend by the organising practitioner.

The patient should be given the option to attend the case conference, however may choose not to do so. Family members or carers, as well as other individuals providing support to the patient (such as a close friend, counsellor, teacher or peer worker) can also attend the case conference if the patient has agreed. However, these individuals do not count towards the minimum number of providers required.

## **Which allied health professionals can claim the MBS items for participating in a case conference?**

Allied health professionals can only claim the MBS items for participating in a case conference if they are eligible to deliver MBS-subsidised:

- psychological therapy health services;
- focussed psychological strategies health services; or
- dietetics health service.

## **Can two providers from the same profession participate in case conference?**

In some instances, two providers from the same profession may both participate in the case conference if they each provide different aspects of care to the patient. For example, if the providers have different specialisations which are both clinically relevant to the patient.

## **What if a patient only engages with one other provider apart from their usual GP?**

To claim these new MBS items, the case conference must involve at least three providers.

## **Do all members of the case conference team need to be present at the same time?**

Yes, at least three members of the multidisciplinary case conference team (including a medical practitioner and at least two other members) must be present at the same time for the case conference to take place.

A GP or OMP may be required to contact members of the multidisciplinary care individually for the purposes of developing a TCA.

## **Can I participate in the case conference by video conferencing or phone?**

Yes. All participants must be in communication throughout the conference, either face to face, by telephone or by video link, or a combination of these.

## **Do I need to have a pre-existing relationship with the patient?**

Consistent with long-standing MBS arrangements for the preparation and review of TCAs, the patient's usual medical practitioner (GP or OMP) should develop and review the patient's TCAs.

The patient's 'usual' medical practitioner is the medical practitioner that:

- has provided the majority of services to the patient in the past 12 months, or

- is likely to provide the majority of services in the following 12 months.

Allied health providers or other members of the multidisciplinary care team do not need to have an existing relationship with the patient, however must have agreed to and must be able to provide advice on the treatment and care they can or will provide the patient for the management of their condition.

## Does the patient need to attend the case conference?

There is no requirement for the patient to attend the case conference. The patient should be invited to attend. However should they choose not to attend, the case conference can still take place with their consent. Following the case conference, the practitioner organising and coordinating must offer the patient and each other member of the team a summary of the conference.

However, the personal attendance of the provider on the patient is a requirement to claim TCA items 723, 732, 230 and 233.

## How do I obtain agreement from the patient?

Prior to the case conference taking place, each of the participating health providers must:

- explain the case conference and what it will involve to the patient;
- obtain the patient's agreement for the case conference to take place and for each of the medical practitioners or allied health providers to be present;
- ask the patient if they would like any other persons to be present (for example, parents, carers, peer support workers or counsellors) and obtain the patient's agreement for their participation, if applicable;
- make a written record of the patient's agreement.

Consistent with other case conferencing arrangements in the MBS, providers should offer the patient the option to attend the case conference themselves and provide them with the details of when it will occur. The patient may withdraw their agreement at any time.

## What needs to be discussed at the case conference?

During the case conference, the mental health case conference team must:

- discuss the patient's history;
- identify the patient's multidisciplinary care needs;
- identify outcomes to be achieved by members of the mental health case conference team giving care and service to the patient;
- identify tasks that need to be undertaken to achieve these outcomes, and allocate those tasks to members of the mental health case conference team;
- assess whether previously identified outcomes (if any) have been achieved.

Practitioners should be mindful of the patient's goals and preferences for their treatment in carrying out these activities.

Additional requirements for providers participating in mental health case conferences can be found at: AN.15.1, AN.15.2, AN.7.32, MN.7.6. The requirements for TCAs are outlined in MBS explanatory note AN.0.47 and AN.7.17.

## Can the existing MBS items for TCAs be claimed for both mental health and chronic disease management?

Yes, the MBS item numbers for TCAs can now be claimed for both mental health and chronic conditions for the same patient, if they meet the eligibility criteria for each. However, the GP or OMP should consider whether it would be more appropriate to review any existing TCA rather than develop a new one for this purpose.

For example, a patient has received one service under item 723 in the last 12 months to create a TCA for their medical condition that is likely to last more than six months. However, the patient also has an EDTMP, and their GP would like to create a TCA in relation to this using item 723. In this circumstance, item 723 can be claimed twice in a 12-month period.

## Within the same 3-month period, can I claim the new items for mental health case conferencing and the existing items for chronic disease case conferencing?

Yes, if the patient's condition and care arrangements meet the criteria for both chronic disease and mental health conditions, the relevant case conferencing MBS item numbers can be claimed within the same 3-month period.

It is recommended when submitting claims for the preparation or review of TCAs, the claim is annotated with the reason for the additional TCA. This will assist Services Australia to correctly process the claim. Examples include "TCA related to mental health condition" or "TCA related to chronic disease".

## How often can the new MBS items be claimed?

Medical practitioners and eligible allied health providers can claim the relevant MBS items for organising and coordinating, or participating in, mental health case conferences **once every 3 months\*** for the same patient where clinically relevant.

For each eligible patient, GPs and OMPs can also claim the relevant items for:

- coordinating the development of a TCA **once every 12 months\***.
- coordinating the review of a TCA **once every 3 months\***.

\*These services may be provided more frequently in exceptional circumstances, defined as 'a significant change in the patient's clinical condition or care requirements that necessitates the performance of the service for the patient.'

## Is the preparation of TCAs for mental health conditions sufficient to refer a patient for allied health services?

No. Patients must have a referral to access allied mental health services under Better Access or under their EDTMP.

## How will these changes affect patients?

The introduction of mental health case conferencing MBS items aims to improve patient outcomes by promoting good communication and shared care between multiple providers. It aims to ensure that patients with a mental health condition can also receive a holistic and coordinated approach to their treatment in line with arrangements in place for people with a chronic disease.

## Who was consulted on the changes?

The new MBS items were announced in the 2022-23 March Budget under the *Prioritising Mental Health* measure. The changes were considered alongside the findings of the Productivity Commission in its Inquiry into Mental Health and the House of Representatives Select Committee Inquiry into Mental Health and Suicide Prevention. Public consultation was a key component of both these reform processes.

The changes also align with the recommendations of the independent Better Access evaluation completed by the University of Melbourne in late 2022. A Clinical Advisory Group consisting of key mental health academics and clinicians, and a Stakeholder Engagement Group representing mental health professionals and people with lived experience of mental ill-health, provided input, advice and consultation during the evaluation process.

Mental health organisations and professional bodies as well as consumer and carer representatives were also given the opportunity to provide feedback on the new MBS items.

## How will the new items be monitored and reviewed?

The Department of Health and Aged Care will closely monitor the uptake and impact of these MBS changes to identify areas that can be refined or may need adjustment post-implementation.

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

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

## Attachment A – Mental Health Case Conferencing MBS Items

The full item descriptors and further information on claiming requirements for these items can be found on the MBS Online webpage at: [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

Practitioner	Item No.	Service	Case Conference Length
GP	930	Organise and coordinate a case conference	At least 15 minutes but less than 20 minutes
GP	933	Organise and coordinate a case conference	At least 20 minutes but less than 40 minutes
GP	935	Organise and coordinate a case conference	40+ minutes
GP	937	Participate in a case conference organised and coordinated by another medical practitioner	At least 15 minutes but less than 20 minutes
GP	943	Participate in a case conference organised and coordinated by another medical practitioner	At least 20 minutes but less than 40 minutes
GP	945	Participate in a case conference organised and coordinated by another medical practitioner	40+ minutes
OMP	969	Organise and coordinate a case conference	At least 15 minutes but less than 20 minutes
OMP	971	Organise and coordinate a case conference	At least 20 minutes but less than 40 minutes
OMP	972	Organise and coordinate a case conference	40+ minutes
OMP	973	Participate in a case conference organised and coordinated by another medical practitioner	At least 15 minutes but less than 20 minutes
OMP	975	Participate in a case conference organised and coordinated by another medical practitioner	At least 20 minutes but less than 40 minutes



<b>Practitioner</b>	<b>Item No.</b>	<b>Service</b>	<b>Case Conference Length</b>
OMP	986	Participate in a case conference organised and coordinated by another medical practitioner	40+ minutes
Psychiatrist or Paediatrician	946	Organise and coordinate a case conference	At least 15 minutes but less than 30 minutes
Psychiatrist or Paediatrician	948	Organise and coordinate a case conference	At least 30 minutes but less than 45 minutes
Psychiatrist or Paediatrician	959	Organise and coordinate a case conference	45+ minutes
Psychiatrist or Paediatrician	961	Participate in a case conference organised and coordinated by another medical practitioner	At least 15 minutes but less than 30 minutes
Psychiatrist or Paediatrician	962	Participate in a case conference organised and coordinated by another medical practitioner	At least 30 minutes but less than 45 minutes
Psychiatrist or Paediatrician	964	Participate in a case conference organised and coordinated by another medical practitioner	45+ minutes
Allied Health Professional	80176	Participate in a case conference	At least 15 minutes but less than 20 minutes
Allied Health Professional	80177	Participate in a case conference	At least 20 minutes but less than 40 minutes
Allied Health Professional	80178	Participate in a case conference	40+ minutes