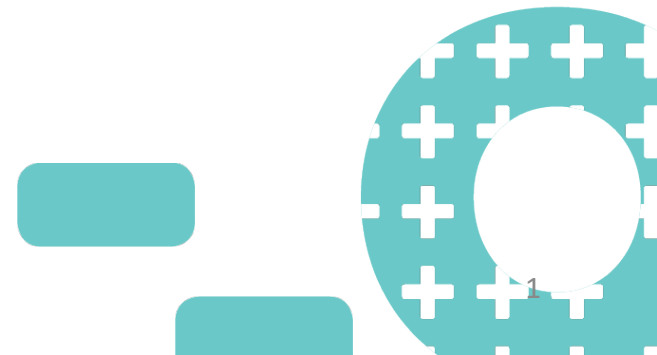


New Medicare Items for Eating Disorders

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Diagnostic and Statistical Manual (DSM V)

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Pica
- Rumination Disorder
- Avoidant Restrictive Food Intake Disorder (ARFID)
- Other Specified Feeding or Eating Disorder (OSFED)
- Unspecified Feeding or Eating Disorder (UFED)

Changes for Eating Disorders Under Medicare

The new items for Eating Disorder services

- On November 1 2019, a suite of 64 new MBS items was introduced to support a model of best practice evidence-based care for eating disorders
- Up to 40 psychological sessions (EDPT) and 20 dietetic sessions in a 12-month period.
- Previously, people with eating disorders (and all other mental health disorders) have had access to just 10 rebated psychological sessions under Better Access, and 5 dietetic sessions.
- **All** evidence based packages prescribe a minimum of 20 and up to 40 sessions (some average 50).
- A higher level of treatment services is correlated with a reduced rate of repeat hospitalisation and improved health outcomes in EDs
- Adequate dose is required to produce remission, reduce hospitalisations, and impact mortality rate
- Multidisciplinary management is built into the new items
- **First mental illness group to receive this sort of MBS enhancement**

Eligibility Criteria

1. Patients with a diagnosis of **anorexia nervosa** OR
2. (a) Patients with a diagnosis of bulimia nervosa or binge-eating disorder which is characterised by frequent binge eating, or inappropriate compensatory behaviours (greater than 3 episodes per week) **AND** meet the eligibility criteria

OR

(b) Patients with a diagnosis of other specified feeding or eating disorder which is characterised by rapid weight loss or frequent binge eating or inappropriate compensatory behaviours (greater than 3 times per week) **AND** meet the eligibility criteria

Eligibility criteria:

The patient must have a global EDE-Q score of 3 or higher **AND at least two (2)** of the following indicators:

- a) Clinically underweight with a body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder.
- b) Current or high risk of medical complications due to eating disorder behaviours and symptoms.
- c) Serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function.
- d) Overnight inpatient admission for an eating disorder in the previous 12 months
- e) Inadequate treatment response to evidence based eating disorder treatment over the past six months despite active and consistent participation

What the items cover

The item structure provides Medicare rebates for:

- 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)
- A review by a psychiatrist or paediatrician (items 90260-90263)

As with Better Access, **eligible** individuals in rural and remote areas with an EDP have access to rebates for telehealth consultations

Geographic eligibility for telehealth services is determined by the Australian Standard Geographical Classification - Remoteness Area (RA) classification. A searchable map is available on the MBS website

Uses the Better Access and existing MBS Structures

- Unless otherwise specified and discussed here these items work according to the existing Better Access/MBS Structures
- Same rebates as Better Access, new medical provider items have a new pricing
- No change to provider who are eligible: all providers under better access eligible (medical, psychological, dietetic)
- Non-admitted services only
- Big difference is these items do not work on calendar year they work on **12 months from EDP care plan**

For a summary of the item numbers and associated fees see **MBS Items Factsheet**
<https://insideoutinstitute.org.au/resource-library/mbs-eating-disorder-items>

Initial Assessment and Eating Disorder Plan (EDP)
Patient assessed to meet eligibility criteria by GP

*if not eligible may be referred under Better Access for MHCP, also any patient can start on Better Access & transition to EDP if eligible

10 Session Review with GP

*or transition to EDP from Better Access

20 Session Review

GP and Psychiatrist/Paediatrician

*Psychiatrist/Paediatrician review can occur at any point from psychologist session 1 to 20

*do not need meet eligibility criteria at this time – if criteria were met at time of development of EDP plan and there is rationale for further sessions then referral can be made

30 Session Review with GP

Access Psychological Services 1-10
and Dietetic Services 1-20

Access Psychological Services 11-20

Access Psychological Services 21-30

Access Psychological Services 31-40

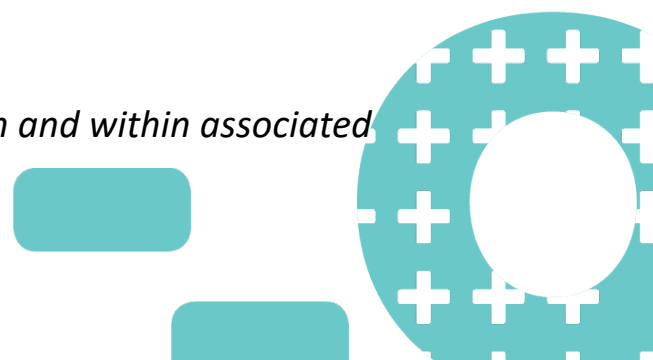
Provider eligibility requirements

It is expected that **all practitioners** who are providing services under these items:

- *Have appropriate training, skills and experience in treatment of patients with eating disorders*
- *Meet the national workforce core competencies for the safe and effective identification of and response to eating disorders*

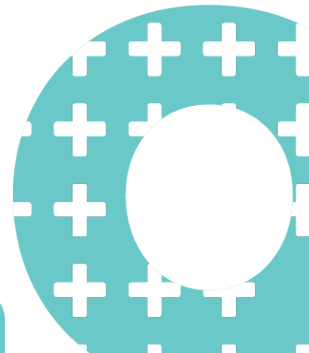
In addition, **psychological providers** must be skilled in the evidence-based psychological therapy they are delivering and must be able to demonstrate this if audited and **dietetic providers** must be an 'Accredited Practising Dietitian' as recognised by the Dietitians Association of Australia (DAA).

Details about provider eligibility are set out in the legislation and within associated explanatory notes



**Workforce core
competencies
for the safe and
effective
identification of and
response to eating
disorders**

Core competency area	Functional group				
	Early identifiers	Initial responders	Shared care professionals	Treatment professionals	Recovery support professionals
1. General knowledge of the clinical features of eating disorders, common treatments and the individual experience of recovery	Required	Required	Required	Required	Required
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role	Required	Required	Required	Required	Required
3. Ability to engage the person with an eating disorder and family in a non-judgemental manner and to motivate engagement with and refer to relevant health services and treatments	Required	Required	Required	Required	Required
4. Ability to support the person and their family to facilitate personal recovery		Required	Required	Required	Required
5. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role			Required	Required	Required
6. Knowledge of current clinical practices and standards in the treatment of eating disorders			Required	Required	Required
7. Ability to deliver an evidence-based treatment for eating disorders				Required	



GP or Medical Practitioner Services

Eating Disorder Treatment Plan (EDP) needs to include:

- an opinion on diagnosis of the patient's eating disorder;
- treatment options and recommendations to manage the patient's condition for the following 12 months;
- an outline of the referral options to allied health professionals for mental health and dietetic services, and specialists, as appropriate;
- the general practitioner offers the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees):
 - i. a copy of the plan; and
 - ii. suitable education about the eating disorder

Eating Disorder Treatment Plan Review (EDR) review services can be provided by medical practitioners working in general practice, psychiatry and paediatrics and needs to involve a review of:

- the efficacy of the EDP and an update of the EDP
- reports from psychological, dietetic and other providers

The patient cannot access next 10 EDPT sessions without review

EDE - Q

Medical professionals should familiarise themselves with EDE-Q:
a Self-report tool which assesses eating disorder pathology

On how many of the past 28 days:

1. Have you been deliberately *trying* to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?

0 days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
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2. Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?

0 days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
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3. Have you *tried* to exclude from your diet any foods which you like in order to influence your shape or weight (whether or not you have succeeded)?

0 days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
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4. Have you

<https://insideoutinstitute.org.au/assessment?started=true>

InsideOut's online Eating Disorder Examination Questionnaire (EDE-Q), is automatically scored, graphed and normed online

GP EATING DISORDERS PLAN REVIEW (EDR)

Item No: 90264

GP DETAILS					
GP Name Provider No.		Practice Name & address			
Practice postcode		Practice phone		Practice fax	
GP or practice email					
GP preferred method/s of multidisciplinary team communication	<input type="checkbox"/> Letter <input type="checkbox"/> Email. _____ <input type="checkbox"/> SMS _____ <input type="checkbox"/> Phone call _____ <input type="checkbox"/> Other _____				
PATIENT DETAILS					
First Name		Last Name			
Date of Birth		Date of Review			
Family/ support person details Consider involving support person in session if appropriate					
GP REVIEW TIME POINT					
<input type="checkbox"/> Following 10 sessions EDPT <input type="checkbox"/> Following 20 sessions EDPT (specialist report required) <input type="checkbox"/> Following 30 sessions EDPT <input type="checkbox"/> End of EDP					

InsideOut has developed templates for medical practitioners to both develop and review the Eating Disorder Plan at sessions 10, 20 and 30

Imports directly into practice software such as Best Practice and Medical Director!

<https://insideoutinstitute.org.au/resource-library/eating-disorder-care-plan>

<https://insideoutinstitute.org.au/resource-library/gp-care-plan-review-template>

Specialist Review

- Specialist review by the **consultant psychiatrist or paediatrician** can occur at *any point* before 20 EDPT sessions
- The medical practitioner should refer the patient for specialist review as early in the treatment process as appropriate
- Specialist review can be provided via telehealth (90268 and 90269)
- Where appropriate, provision has been made for practitioner participation on the patient-end of the telehealth consultation
- The report following the review must include a recommendation that the patient needs additional treatment
- Copy of report needs to go to managing GP/Practitioner

Specialist review is required to determine that the patient has not responded to treatment at the lower intensity levels.

For more information see the **Specialist Review Factsheet**

<https://insideoutinstitute.org.au/resource-library/the-specialist-review>

Dietetic Services

- 20 dietetic sessions over 12-month period are available through the EDP
- Face to face or can be telehealth if meet current MBS requirements
- In order to provide eating disorder dietetic services, Dietitians must be an 'Accredited Practising Dietitian' as recognised by the Dietitians Association of Australia (DAA)

Written requirements for dietitians:

- Report after first and last session
- Copy to patient and carer strongly recommended where appropriate

Dear Dr GP,

RE: Client Name

D.O.B: Click or tap to enter a date.

Date of Eating Disorder Treatment and Management Plan: Date

Number of dietetic consultations utilised on the plan: Choose an item.

Thank you for referring Client Name for management of Diagnosis. They attended an initial assessment with me on Click or tap to enter a date.

Presenting Problem

Diagnosis: Diagnosis

Eating disorder behaviours (*Specify behaviour and frequency. This may include but is not limited to the following; restricting intake, binge eating, overeating, self-induced vomiting, exercise, rumination, chewing and spitting, laxative/diuretic use, night eating*)

Click or tap here to enter text.

Nutrition intake (*Assessment of nutrition intake. This may include but is not limited to the following; diet history, current nutrition intake, time course of beliefs around food, food and taste preferences, food rituals, food rules and feared foods, hunger and fullness cues*)

Click or tap here to enter text.

Weight History (*This may include but is not limited to the following; premorbid weight, highest and lowest weight, current weight, current height and BMI, treatment goal weight*)

Click or tap here to enter text.

Effects of disordered eating (*This may include but is not limited to the following; physical symptoms, psychological symptoms, effects on quality of life*)

Click or tap here to enter text.

Additional information:

Click or tap here to enter text.

Treatment Plan

Mental health care management strategy being provided: Dietetic treatment

The primary goals of dietetic treatment will be:

Click or tap here to enter text.

Additional information:

Click or tap here to enter text.

InsideOut has developed templates for dietitians to report back to the medical practitioner following both the initial and final session of treatment

<https://insideoutinstitute.org.au/resource-library/dietetic-treatment-initial-report-template>
<https://insideoutinstitute.org.au/resource-library/dietetic-end-of-treatment-report-template>

Psychological Treatment Services

- An eating disorders psychological treatment service includes mental health treatment services which are provided by an allied health professional (clinical psychologist, psychologist or eligible social worker, or occupational therapist) or a medical practitioner in general practice with appropriate mental health training
- 40 sessions over 12 month period (inclusive of any Better Access Sessions)
- Requires GP review every 10 sessions AND Psychiatrist/Paediatrician review at or before 20 sessions
- Face to face and telehealth

Written requirements

- Letter every 10 sessions and at completion of treatment
- Initial report is not required however is encouraged as best practice to write after session 1 or 2
- Copy to patient and carer strongly recommended where appropriate

www.insideoutinstitute.org.au for templates

Dear Dr GP,

RE: Client Name

D.O.B: Click or tap to enter a date.

Date of Eating Disorder Treatment and Management Plan: Date

Number of psychological consultations under EDP to date: Choose an item.

Thank you for reviewing Client Name for ongoing management of their Diagnosis. They attended an initial assessment with me on date of initial assessment as well as number subsequent sessions for psychological treatment.

Evidence Based Therapy Delivered

Name the evidence based therapy being provided (see eligible list of therapies) and provide rationale

Summary of Progress

Details of the client's progress

Details of any completed assessments:

Click or tap here to enter text.

Further Management

I believe that this client would benefit from continued sessions under the eating disorder treatment and management plan to continue to work on the following treatment goals:

Click or tap here to enter text.

Additional information:

e.g. Given there is likely to be a wait time for individuals to be reviewed by a Psychiatrist/Paediatrician if at (or preferably before) Session 19 you, as the mental health provider,

InsideOut has developed templates for psychological providers to report back to the medical practitioner following the initial session, 10th, 20th & 30th sessions, and final session of treatment

<https://insideoutinstitute.org.au/resource-library/psychological-treatment-review-template>

<https://insideoutinstitute.org.au/resource-library/psychological-treatment-end-of-treatment-report-template>

The Essentials online training program



For Professionals > eLearning

The Essentials: Training Clinicians in Eating Disorders

The only online program meeting the NEDC competency framework specified by Medicare.

<https://insideoutinstitute.org.au/resource-library/the-essentials-training-clinicians-in-eating-disorders>

Summary of competencies covered in this training

Core competency	For early identifiers	For initial responders	For shared care professionals	For treatment professionals	For recovery support professionals
1. General knowledge of the clinical features of eating disorders, common treatments and the individual experience of recovery	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered
3. Ability to engage the person with an eating disorder and family in a non-judgemental manner and to motivate engagement with and refer to relevant health services and treatments	Fully covered	Fully covered	Fully covered	Fully covered	Fully covered
4. Ability to work with the person and their family to support personal recovery	Not required	Fully covered	Fully covered	Fully covered	Fully covered
5. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role		Not required	Fully covered	Fully covered	Fully covered
6. Knowledge of current clinical practices and standards in the treatment of eating disorders		Fully covered	Fully covered	Fully covered	
7. Ability to deliver an evidence-based treatment for eating disorders		Not required	Partially covered	Not required	

The Approved Psychological Treatments to be Delivered Under Medicare

- Family Based Treatment for Eating Disorders (EDs) (including whole family, Parent Based Therapy, parent only or separated therapy)
- Adolescent Focused Therapy for EDs
- Cognitive Behavioural Therapy (CBT) for EDs (CBT-ED)
- CBT-Anorexia Nervosa (AN) (CBT-AN)
- CBT for Bulimia Nervosa (BN) and Binge-eating Disorder (BED) (CBT-BN and CBT BED)
- Specialist Supportive Clinical Management (SSCM) for EDs
- Maudsley Model of Anorexia Treatment in Adults (MANTRA)
- Interpersonal Therapy (IPT) for BN, BED
- Dialectical Behavioural Therapy (DBT) for BN, BED

The Multidisciplinary Team

- Medical Practitioner
 - General Practitioner (GP)
 - Psychiatrist/Paediatrician
- Mental Health Professional (where appropriately trained)
 - Clinical Psychologist/Psychologist
 - Social Worker
 - Occupational Therapist
 - Psychiatrist/Medical Professional
- Dietitian (depending on the type of treatment)

Upcoming Professional Development

CBT for BN and BED 2-Day Workshop

<https://insideoutinstitute.org.au/events/save-the-date-cognitive-behavioural-therapy-for-bulimia-nervosa-and-binge-eating-disorder>

Online comprehensive training for Dietitians in the treatment of eating disorders in the community

<https://insideoutinstitute.org.au/resource-library/coming-soon-nutrition-management-of-eating-disorders-in-the-community>

InsideOut's eLearning catalogue includes innovative training for health professionals in the identification, assessment and treatment of people with eating disorders. Check out the introductory training for **Cognitive Behavioural Therapy** and **Family Based Treatment (FBT) for Children and Adolescents!**

<https://insideoutinstitute.org.au/e-learning>



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Institute for Eating Disorders

Rethinking eating disorders
from the inside out