

Consultant Psychiatrist, Referred Patient Assessment and Management

Medicare Benefits Schedule (MBS) Item Descriptors, 1 November 2005

CONSULTANT PSYCHIATRIST	CONSULTANT PSYCHIATRIST
GROUP A8 – CONSULTANT PSYCHIATRIST ATTENDANCES TO WHICH NO OTHER ITEM APPLIES	
<p>291</p>	<p>CONSULTANT PSYCHIATRIST, REFERRED PATIENT ASSESSMENT AND MANAGEMENT</p> <p>Professional attendance by a consultant physician in the practice of his or her speciality of PSYCHIATRY where the patient is referred for the provision of an assessment and management plan by a medical practitioner practising in general practice (including a general practitioner, but not including a specialist or consultant physician) where the attendance is initiated by that medical practitioner and where the consultant psychiatrist provides the referring medical practitioner with an assessment and management plan to be undertaken by that medical practitioner in general practice for the patient, where clinically appropriate.</p> <p>An attendance of more than 45 minutes duration at consulting rooms during which:</p> <ul style="list-style-type: none"> - An outcome tool is used where clinically appropriate - A mental state examination is conducted - A psychiatric diagnosis is made - The consultant psychiatrist decides that the patient can be appropriately managed by the referring medical practitioner without the need for ongoing treatment by the psychiatrist - A 12 month management plan, appropriate to the diagnosis, is provided to the referring medical practitioner which must: <ul style="list-style-type: none"> a) comprehensively evaluate biological, psychological and social issues; b) address diagnostic psychiatric issues; c) make management recommendations addressing biological, psychological and social issues; and d) be provided to the medical practitioner within two weeks of completing the assessment of the patient. - The diagnosis and management plan is explained and provided, unless clinically inappropriate, to the patient and/or the carer (with the patient's agreement) - The diagnosis and management plan is communicated in writing to the referring medical practitioner <p>Not being an attendance on a patient in respect of whom, in the preceeding 12 months, payment has been made under this item (See <i>para A.15 of explanatory notes to this Category</i>)</p> <p>Fee: \$222.50 Benefit: 85% = \$189.15</p>
<p>293</p>	<p>CONSULTANT PSYCHIATRIST, REVIEW OF REFERRED PATIENT ASSESSMENT AND MANAGEMENT</p> <p>Professional attendance by a consultant physician in the practice of his or her speciality of PSYCHIATRY to review a management plan previously prepared by that consultant psychiatrist for a patient and claimed under item 291, where the review is initiated by the referring medical practitioner practising in general practice.</p> <p>An attendance of more than 30 minutes but not more than 45 minutes duration at consulting rooms where that attendance follows item 291 and during which:</p> <ul style="list-style-type: none"> - An outcome tool is used where clinically appropriate - A mental state examination is conducted - A psychiatric diagnosis is made - A management plan provided under item 291 is reviewed and revised - The reviewed management plan is explained and provided, unless clinically inappropriate, to the patient and/or the carer (with the patient's agreement) - The reviewed management plan is communicated in writing to the referring medical practitioner <p>Being an attendance on a patient in respect of whom, in the preceeding 12 months, payment has been made under item 291, payable no more than once in any 12 month period (See <i>para A.15 of explanatory notes to this Category</i>)</p> <p>Fee: \$139.70 Benefit: 85% = \$118.75</p>

Explanatory Notes

Referred Patient Assessment and Management Plan (Items 291 to 293)

A.15.1	Referral for items 291 to 293 should be through the general practitioner for the management of patients with mental illness. In the event that a specialist of another discipline wishes to refer a patient for this item the referral should take place through the GP.
A.15.2	In order to facilitate ongoing patient focussed management, an outcome tool will be utilised during the assessment and review stage of treatment, where clinically appropriate. The choice of outcome tools to be used is at the clinical discretion of the practitioner, however the following outcome tools are recommended: <ul style="list-style-type: none">- Kessler Psychological Distress Scale (K10)- Short Form Health Survey (SF12)- Health of the Nation Outcome Scales (HoNOS)
A.15.3	Preparation of the management plan should be in consultation with the patient. If appropriate, a written copy of the management plan should be provided to the patient. A written copy of the management plan should be provided to the general practitioner within a maximum of two weeks of the assessment. It should be noted that two weeks is the outer limit and in more serious cases more prompt provision of the plan and verbal communication with the GP may be appropriate. A guide to the content of the report which should be provided to the GP under this item is included within this Schedule.
A.15.4	It is expected that item 291 will be a single attendance. In some circumstances a consultation with the patient may be required before undertaking item 291. In these circumstances a claim would be made under items 300-308.
A.15.5	Item 293 is available in instances where the GP initiates a review of the plan provided under item 291, usually where the current plan is not achieving the anticipated outcome. It is expected that when a plan is reviewed, any modifications necessary will be made.