
MEDICARE EATING DISORDER TREATMENT AND MANAGEMENT PLAN: A GUIDE FOR DIETITIANS

The Eating Disorder treatment and management Plan has two components:

- 1) Eating Disorder Psychological Treatment Services
- 2) Eating Disorder Dietetic Treatment Service

Eligibility Criteria for the Eating Disorders Treatment and Management Plan (EDTMP)

“Eligible patient” means someone who:

- a. has a clinical diagnosis of anorexia nervosa; or
- b. meets 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 (characterised by rapid weight loss or frequent binge eating or inappropriate compensatory behaviors (greater than 3 times per week)

“Eligibility criteria”, for an individual, is:

- a. the patient has been assessed as having an eating disorder examination questionnaire (EDEQ-6) score of 3 or more; **AND**
- b. the patient’s condition is characterised by rapid weight loss, or frequent binge eating or other compensatory behaviour as manifested by 3 or more occurrences per week;
AND

- c. the patient has at least two of the following indicators:
 - i. clinically underweight with a body weight less than 85% of expected weight where weight loss is directly attributable to the eating disorder;
 - ii. current or high risk of medical complications due to eating disorder behaviours and symptoms;
 - iii. serious comorbid medical or psychological conditions significantly impacting on medical or psychological health status with impacts on function;
 - iv. the person has been admitted to a hospital for an eating disorder in the previous 12 months;
 - v. inadequate treatment response to evidence based eating disorder treatment over the past six months despite active and consistent participation.

Eligible people will be able to access 20 x services of a Dietitian (community, private) over 12 months.

FAQ's

Who can write the plan?

The Eating disorder treatment and management plan can be created by a GP, Pediatrician or Psychiatrist. These are the people who can step the person through the plan, including reviews

***Please note when booking to see a GPs they will generally require a double session to create or review a treatment plan.

What are the reporting requirements?

Dietitian to report back to the GP after the 1st or 2nd session and the 20th session.

What is the rebate for the client?

Medicare provides a rebate of \$53.80 per service, regardless of length of time. Please note if seeing a private practice dietitian there will usually be a Gap Payment, which will vary between Dietitians

Who assesses someone for eligibility?

A **GP, Psychologist, or Psychiatrist** who will conduct a clinical assessment as well as the EDEQ-6 (Eating Disorders Examination Questionnaire V6). A score of 3 (maximum) will meet eligibility requirements.

What if someone does not meet eligibility requirements?

It is important that we try to find appropriate care for someone who may not meet requirements. It is highly likely that they may still meet requirements for the (existing) Mental Health Care Plan (MHCP) plus the

Enhanced Primary Care (EPC) plan to see a Dietitian. Advise to see GP (double session) to assess eligibility. Otherwise local, community or sliding scale community services may be available.

What if someone has already used EPC sessions with a Dietitian (me, or someone else)?

These 5 sessions are included in the 20 eligible sessions for a Dietitian over a 12 month period. If your client already has an EPC and is eligible for the Eating Disorders Plan, this will count towards the 20 annual Dietetic sessions.

What if I am seeing someone with an Eating Disorder diagnosis – do they need to be re-assessed?

Yes. They can be re-assessed by their GP, Psychologist or Psychiatrist who can enact the Eating Disorders Management Plan. If do not meet criteria for the plan, they will discuss options for them which may include a renewal of a Mental Health Care Plan (1 per 12 months) and EPC (1 per 12 months).

What are the item numbers that Dietitians need to use?

Item 82350- for services performed in person

Item 82351- for services performed by video-conferencing. To meet the requirements for this item, the patient be more than 15km by road from the location of the consulting dietitian.

Resources:

For all:

<http://www.anzaed.org.au/mbs/>

<http://www.anzaed.org.au/newmbsitems/>

<http://www.anzaed.org.au/faq/>

<https://www.eatingdisorders.org.au/find-support/eating-disorder-medicare-changes/>

<https://www.nedc.com.au/professional-development/new-medicare-benefits-scheme-mbs/>

For GP's:

<https://www.nedc.com.au/assets/Fact-Sheets/Cheat-sheet-for-GPs.pdf>

For consumers/carers:

https://www.eatingdisorders.org.au/find-support/eating-disorder-medicare-changes/?fbclid=IwAR1_iEdhHvzUbVumPqR6QqdgW8iE29hqtAs01RS41XSfYXFmswW8_L6VUIg

Created by Jo Money, Eat Love Live www.eatlovelive.com.au

Fiona Sutherland, The Mindful Dietitian www.themindfuldietitian.com.au

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