FOR GENERAL PRACTICE

Eating disorders: the referral, in one page.

Which plan, who qualifies, and the gate that strands patients at session 21.

Screening inside a standard consult

The **SCOFF** is five questions and takes under a minute; **two or more positive answers** warrants fuller assessment. The validated wording is widely published, including by the NEDC and the RACGP. It is a screen, not a diagnosis.

What the SCOFF cannot see

Every SCOFF item is anchored in weight, shape or fear of fatness. Where restriction is driven by sensory aversion, low appetite or fear of choking or vomiting, the patient answers no to all five and screens negative while unwell. That is the ARFID presentation, common in autistic and ADHD patients. Page 2 has the screen that does detect it.

The two Medicare pathways

	Mental Health Treatment Plan	Eating Disorder Plan
Prepared by	The patient's usual or MyMedicare-registered GP	A GP, consultant psychiatrist or consultant paediatrician
Psychological	10 individual sessions per calendar year, in courses with a GP review between	Up to 40 sessions in the 12 months from the plan date
Dietetic	Not included	Up to 20 sessions in the same 12 months
AMHSW items	80160 rooms · 91176 video · $89.50	82379 rooms · 93103 video · $89.50
Best for	Disordered eating not meeting criteria, ARFID, anxiety, depression, general mental health	A diagnosed, eligible eating disorder needing a longer team-based episode

823xx is the in-person set and 931xx the telehealth set; mixing them is the most common cause of a rejected eating disorder claim.

Who is eligible for an Eating Disorder Plan

Anorexia nervosa qualifies on the diagnosis alone. For **bulimia nervosa, binge-eating disorder or OSFED**, the patient must meet *all three* of the following. No other diagnosis is eligible.

1. An **EDE-Q global score of 3 or more**. The full 28-item EDE-Q — the 12-item short form (EDE-QS) is a monitoring aid and is not accepted as eligibility evidence.
2. The condition is characterised by **rapid weight loss**, or **binge eating or inappropriate compensatory behaviour three or more times a week**.
3. **At least two** of: clinically underweight (under 85% of expected weight) · risk of medical complications · significant comorbid conditions · hospital admission in the past 12 months · inadequate response to treatment over six months.

Requires a comprehensive physical and mental assessment first; no eating disorder plan item claimed in the previous 12 months.

Referring here

Lauren Lynch (she/her) — Accredited Mental Health Social Worker, AASW #461419; ANZAED Credentialed Eating Disorder Clinician; CBT-E trained. An eligible provider under *both* Better Access and the Eating Disorder Plan. In person in Nedlands and by telehealth Australia-wide, with a weight-inclusive, neurodiversity-affirming and culturally safe practice. Aboriginal-led. Referrals confirmed within 48 hours; written reports at commencement, at each review and at closure.
bodybelongingclinic.com.au/referrals

THE GATE THAT STRANDS PATIENTS

Reviews, and the neurodivergent overlay.

The three review points

Before	Who reviews	Unlocks
Session 11	The managing practitioner — normally the GP	Sessions 11–20
Session 21	**Two reviews:** the GP **and** a consultant psychiatrist (90266 / 92172) or paediatrician (90267 / 92173). Both must recommend continuing.	Sessions 21–30
Session 31	The managing practitioner	Sessions 31–40

Make the specialist referral at the session-10 review, not at session 20 — the MBS says so too: it should occur at the first practitioner review if it has not been initiated earlier. Public psychiatry and paediatric waits routinely exceed the ten sessions between the two gates, and a patient who reaches session 20 without that review simply stops, mid-treatment, at the point where they are usually doing the hardest work. The specialist review can be done **by video** (92172 / 92173). We write to you before each gate, and flag the session-21 review early enough to arrange it.

When the patient is neurodivergent

The overlap is not marginal. A 2025 meta-analysis of 22 studies (1,172 people with anorexia nervosa) found **29% scored above the ASD cut-off**. In a 2025 survey of 961 adults, self-reported lifetime eating disorder diagnosis was **21.2% in autistic adults, 16.4% in ADHD adults and 25.0% in AuDHD adults — against 7.3% in the comparison group**. Restriction here is more often driven by sensory aversion, insistence on sameness, interoceptive difficulty or stimulant appetite suppression than by body image — so the presentation reads as neither typical nor mild, and gets missed.

ARFID is not eligible for an Eating Disorder Plan

The MBS lists anorexia nervosa, bulimia nervosa, binge-eating disorder and OSFED. **ARFID is not among them**, and the Butterfly Foundation confirms it directly. Nor can these patients usually route in through the OSFED door: the validated way to separate ARFID from another eating disorder is a positive NIAS subscale *together with an EDE-Q global below 2.3*, while the plan requires 3 or more. **The screen that characterises ARFID is the screen that fails the plan.** These patients are unwell, sometimes medically so, and have no eating-disorder-specific Medicare pathway at all.

So fund it this way instead

Need	Pathway	Benefit
Therapy	Mental Health Treatment Plan → Better Access, 10 sessions per calendar year (items 80160 rooms / 91176 video)	$89.50
Dietetics	GP Chronic Condition Management Plan (item 965, review 967) → dietitian item 10954, 5 services per calendar year. For Aboriginal and Torres Strait Islander patients a **health assessment (item 715)** also opens follow-up allied health items 81300–81360, within a combined ceiling of 10 services a year.	$63.40
Screening	The **NIAS** — nine items, three subscales. Positive at picky eating ≥10, appetite ≥9, or fear ≥10. A positive subscale with a low EDE-Q points to ARFID rather than another eating disorder.	—

Sources · MBS Online notes AN.36.1 and AN.0.43, items 715, 965, 10954, 81300–81360 · Butterfly Foundation, eating disorder plan FAQs · Inal-Kaleli et al. (2025) *Int J Eat Disord* · Bayoumi et al. (2025) *Autism* · Burton Murray et al. (2021) *Int J Eat Disord*, NIAS validation.