

MBS Changes July 2025

CHRONIC CONDITION MANAGEMENT

From 1 July 2025, Medicare Benefits Schedule (MBS) items will be changing to:

- replace the current GP Management Plan (GPMP) and Team Care Arrangements (TCA) with a single GP Chronic Condition Management Plan (GPCCMP)
- support continuity of care by requiring patients registered for MyMedicare to access management plans through the practice where they are registered. Patients who aren't registered will be able to access management plans through their usual GP
- encourage management plan reviews by:
 - equalising the fees for developing and reviewing plans
 - requiring patients to have their plan established or reviewed in the last 18 months so they can retain access to allied health and other services
- formalise referral processes for allied health services so they are more consistent with other referral arrangements
- ensure patients do not lose access to their current services through transition arrangements for existing patients with GPMP and TCAs

Information source: [Upcoming changes to MBS Chronic Disease Management Arrangements | Australian Government Department of Health, Disability and Ageing](#)

NEW CHRONIC CONDITION MANAGEMENT ITEM NUMBERS		
Type	Prepare a GP chronic condition management plan	Review a GP chronic condition management plan
General practitioner	Item 965	Item 967
Prescribed Medical Practitioners/ Non-VR	Item 392	Item 393
Telehealth (video) General practitioner	Item 92029	Item 92030
Telehealth (video) Prescribed Medical Practitioners/ Non-VR	Item 92060	Item 92061

* Disclaimer: for eligibility, service components and remuneration details of the MBS items, refer to MBS Online.

MBS Explanatory notes

- [Note AN.0.47 | GP Chronic condition management plans \(MBS items 392, 393, 965, 967, 92029, 92030, 92060, 92061\)](#)
- [Note AN.15.3 | Overview of MBS items to support the management of chronic conditions in general practice](#)
- [Note AN.15.4 | Allied health services for chronic condition management – an overview for general practice](#)
- [Note AN.15.5 | GP chronic conditions management plans – transition arrangements for existing patients with a GP Management Plan and/or Team Care Arrangement](#)
- [Note AN.15.6 | Referral requirements for allied health services](#)

Overview

- Items for GPMP (229, 721, 92024, 92055), TCA (230, 723, 92025, 92056) and reviews (233, 732, 92028, 92059) **will cease** and be replaced with a new streamlined GPCCMP
- To encourage reviews and ongoing care, the MBS fees for planning and review items will be equalised. The fee for the preparation or review of a plan will be **\$156.55** for GPs and **\$125.30** for prescribed medical practitioners
- The GPCCMP will be available to patients with at least one medical condition that has been (or is likely to be) present for at least 6 months or is terminal. There is no list of eligible conditions. It is up to the

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Fact Sheet

V1 / June 2025

GP or PMP's clinical judgment to determine whether an individual patient with a chronic condition would benefit from a GPCCMP

- Consistent with current arrangements, unless exceptional circumstances apply,
 - a GPCCMP can be prepared once every 12 months (if necessary)
 - reviews can be conducted once every 3 months.
 - It is not required that a new plan be prepared each year, existing plans can continue to be reviewed
- GPCCMPs can be prepared and reviewed by general practitioners (GPs) and prescribed medical practitioners (PMPs) either face to face, or via video.
- A practice nurse, Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal Health Worker may assist with the development or review of a plan
- Patients registered with MyMedicare must access GPCCMP items through the practice where they are enrolled; patients that are not registered may access the services through their usual GP
- Patients can access the following MBS-supported services where they are consistent with their GPCCMP:
 - Up to 5 individual allied health services per calendar year (10 services for patients of Aboriginal or Torres Strait Islander descent)
 - Up to 5 services provided on behalf of a medical practitioner by a practice nurse or Aboriginal and Torres Strait Islander Health Practitioner
 - For patients with type 2 diabetes, an assessment of their suitability for group dietetics, diabetes education or exercise physiology services and, if they are suitable, up to 8 group services for the management of diabetes per calendar year
- Subject to the patient's consent, GPs and PMPs are encouraged to upload the GPCCMP to My Health Record

Information Source: [Upcoming Changes to Chronic Disease Management Framework - Overview & Upcoming Changes to Chronic Disease Management Framework - GPCCMPs](#)

Transition Arrangements for Existing Patients

- Patients can continue to access services provided through MBS item 10997 (and its telehealth equivalents 93201 and 93203) under existing GPMPs and TCAs until 30 June 2027
- Referrals for allied health services written prior to 1 July 2025 will remain valid until all services under the referral have been provided
- MBS items for reviewing GPMPs and TCAs will cease on 1 July 2025. If a patient requires a review of their GPMP and/or TCA after 1 July 2025 they should be transitioned to a new GPCCMP

Information Source: [Upcoming Changes to Chronic Disease Management MBS Items – Transition Arrangements for Existing Patients](#)

Referral Arrangements for Allied Health Services

- Any referrals for allied health services written prior to 1 July 2025 will remain valid until all services under the referral have been provided (see separate factsheet on transition arrangements)
- The current referral form for allied health services will no longer be required. Referrals will be in the form of referral letters, consistent with the arrangements for referrals to medical specialists
- There is no requirement for allied health providers to confirm acceptance of the referral or otherwise provide input into the preparation of the GP chronic condition management plan (GPCCMP). However, the requirements for allied health providers to provide a written report back to the GP after the provision of certain services (e.g. the first service under a referral) are unchanged

Information Source: [Upcoming Changes to Chronic Disease Management Framework – Referral Arrangements for Allied Health Services](#)

Further information

- [MBS Online - Upcoming changes to the MBS Chronic Disease Management Framework](#)
- [Upcoming changes to MBS Chronic Disease Management Arrangements | Australian Government Department of Health and Aged Care](#)

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