Upcoming Changes to Chronic Disease Management MBS Items – Transition Arrangements for Existing Patients

Last updated: 22 May 2025

- From 1 July 2025, there will be a revised structure for items for chronic disease management.
- Patients that had a GP management plan (GPMP) and/or team care arrangement (TCA) in place prior to 1 July 2025 can continue to access services that are consistent with those plans under transition arrangements:
    - 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
    - Individual and group allied health services can be accessed under existing GPMPs and TCAs until 30 June 2027. Medical practitioners can continue to write referrals under these plans
    - 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 GP chronic condition management plan (GPCCMP)
    - From 1 July 2027 only patients with a GP chronic condition management plan (GPCCMP) will be eligible to access domiciliary medication management reviews through the MBS.
- From 1 July 2025:
    - Any new plans put in place will need to meet the requirements of a GPCCMP
    - Any new referrals for allied health services should meet the new referral requirements that come into effect on 1 July 2025, regardless of whether the referral is made under a GPMP, TCA or GPCCMP.

What are the changes?

- The changes taking effect on 1 July 2025 apply to new plans for patients with a chronic condition and new referrals written under existing GPMPs and TCAs, or new GPCCMPs.
- **For patients that have a GPMP and/or TCA in place prior 1 July 2025 there is no immediate action required.**
    - Patients can continue to access allied health and other services under their existing plans until 30 June 2027

    - Referrals written prior to 1 July 2025 will continue to be valid until all services under that referral have been provided.
- Patients that require a review of their GPMP and/or TCA after 1 July 2025 can be transitioned to the new GPCCMP at that time.
- From 1 July 2027 patients will require a GPCCMP to continue to access allied health and other services.

Why are the changes being made?

The changes to the chronic disease management framework are a result of a review by the MBS Review Taskforce, which was informed by the General Practice and Primary Care Clinical Committee. More information about the Taskforce and associated Committees is available in the Medicare Benefits Schedule Review in the consumer section of the Department of Health, Disability and Ageing (the department) website.

A full copy of the General Practice and Primary Care Clinical Committee's final report can be found in the Publications section of the department website.

The transition arrangements have been put in place to ensure continuity of care for existing patients.

What does this mean for providers?

The changes to the MBS framework for managing chronic conditions aim to simplify, streamline, and modernise the arrangements for health professionals. The transition arrangements allow providers to ensure continuity of care for their existing patients.

How will these changes affect patients?

These transition arrangements will ensure that patients that have a GPMP and/or TCA do not lose access to services when transitioning to the new framework.

Who was consulted on the changes?

The General Practice and Primary Care Clinical Committee (GPPCCC) was established in 2016 by the MBS Review Taskforce (the 'Taskforce'), to provide broad clinician and consumer expertise. The MBS Review included a public consultation process on the proposed changes from December 2018 to March 2019. Feedback was received from a broad range of stakeholders and considered by the GPPCCC prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred through an Implementation Liaison Group which included, amongst other stakeholders, the Australian Medical Association, the Royal Australian College of General Practitioners, the Rural Doctors Association, and Allied Health Professionals Australia. A Communications Working Group was also established which included, amongst others, representatives of the affected allied health professions to support communications to allied health professionals.

How will the changes be monitored and reviewed?

Changes to MBS items are subject to post-implementation review. Post-implementation reviews typically occur around two years after implementation of the change.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at Medicare compliance.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website. You can also subscribe to future MBS updates by visiting 'Subscribe to the MBS' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the department's website. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the Federal Register of Legislation. If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to 'News for Health Professionals' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the Downloads page.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.