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Summary of changes to Chronic Disease Management (CDM) Framework

- **From 1 July 2025, there will be a new framework for Medicare chronic disease management (CDM) items.**
- Existing items for preparation of a GP management plans (GPMPs) (229, 721, 92024, 92055), team care arrangements (TCAs) (230, 723, 92025, 92056) and reviews (233, 732, 92028, 92059) will cease and be replaced with a new streamlined GP chronic condition management plan (GPCCMP).
- Previously, the rebate for preparation of a GPMP (MBS Items 721, 92024) was $164.35, preparation of TCAs (MBS Items 723, 92025) was $130.25 and a review (MBS Item 732, 92028) was $82.10.
- **The Medicare items will be simplified to have a single item for plan preparation and second item for plan review.**
- **The new Medicare fee will be the same for the preparation and the review of a plan – $156.55 for GPs and $125.30 for prescribed medical practitioners.**
- The impact of the changes on annual funding for chronic disease management will depend on the billing approach for each patient.

Eligibility/access

- Consistent with previous arrangements, the GP chronic condition management plan 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 GP or PMP's clinical judgment to determine whether an individual patient with a chronic condition would benefit from a GPCCMP.
- Where multidisciplinary care is required, patients will be able to access the same range of services currently available through GP management plans and team care arrangements.
- Practice nurses, Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers will be able to assist the GP or prescribed medical practitioner to prepare or review a GP chronic condition management plan.

Intersection with MyMedicare

- Patients registered through MyMedicare will be required to access the GP chronic condition management plan and review items through the practice where they are registered.
- Patients not registered with MyMedicare will be able to access the items through their usual GP.

Transition arrangements

- Patients with a GPMP and/or TCA in place prior to 1 July 2025 can continue to access services related to those plans:
    - 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 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.

From 1 July 2027:

- a GP chronic condition management plan will be required for ongoing access to allied health services.
- a GP chronic condition management plan will be required to access domiciliary medication management reviews (items 245 and 900). These changes do not affect multidisciplinary care plan items (231, 232, 729, 731, 92026, 92027, 92057, 92058).

Timing

- Consistent with current arrangements, unless exceptional circumstances apply, a GP chronic condition management plan can be prepared once every 12 months (if necessary) and 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.
- Patients will need to have their GP chronic condition management plan prepared or reviewed in the previous 18 months to continue to access allied health services.

Referrals/allied health

- GPs and prescribed medical practitioners[1] will refer patients with a GP chronic condition management plan to allied health services directly. The requirement to consult with at least two collaborating providers, as described under the current team care arrangements, will be removed.
- The current referral form for allied health services will no longer be required. Referrals will be in the form of standard referral letters, consistent with r referrals to other medical specialists.
- Patients that had a GP management plan and/or team care arrangement in place prior to 1 July 2025 will be able to continue to access services consistent with those plans for two years.

For more information, all MBS Fact Sheets are available here. This includes:

- Overview Fact Sheet
- Transition Arrangements for Existing Patients
- Referral Arrangements for Allied Health Services
- MBS Items for GP Chronic Condition Management Plans

Table 1: Chronic Condition Management Items commencing 1 July 2025*

Name of Item	GP item number	Prescribed medical practitioner item number
Prepare a GP chronic condition management plan – face to face	965	392
Prepare a GP chronic condition management plan - video	92029	92060
Review a GP chronic condition management plan – face to face	967	393
Review a GP chronic condition management plan – video	92030	92061

[1] *A prescribed medical practitioner is a medical practitioner:*
(a) who is not a general practitioner (see GN.4.13), specialist or consultant physician, and
(b) who:
a. is registered under section 3GA of the Act and is practising during the period, and in the location in respect of which the medical practitioner is registered, and insofar as the circumstances specified for paragraph 19AA(3)(b) of the Act apply; or
b. is covered by an exemption under subsection 19AB(3) of the Act; or
c. first became a medical practitioner before 1 November 1996.