

Regulation and compliance news – December 2025

Recent developments

- The [Health Legislation Amendment \(Improved Medicare Integrity and Other Measures\) Act 2025](#) came into effect in early September. The RACGP will closely monitor the impact of this legislation on the compliance process.
- The [Health Legislation Amendment \(Miscellaneous Measures No. 1\) Bill 2025](#) received Royal Assent on 4 November 2025. The Bill will delay the commencement of new [assignment of benefit processes](#) for all Medicare bulk billed services from 9 January 2026 to 1 July 2026, providing more time for GPs and patients to prepare.
- Written responses to unanswered questions from the RACGP's compliance webinars with the Department of Health, Disability and Ageing (DoHDA) and the Professional Services Review (PSR) in July are now available.
 - [Q&A – DoHDA webinar](#)
 - [Q&A – PSR webinar](#)
- We've published FAQs on the 1 November changes to Medicare Benefits Schedule (MBS) mental health services. There are two sets of FAQs available for [GPs](#) and [prescribed medical practitioners](#) (non-VR GPs). Additional resources can be found on [MBS Online](#).
- RACGP staff met with Avant Mutual about [mandatory notification laws](#). We discussed the merits of further advocacy aimed at aligning all jurisdictions with the WA model, where treating practitioners are exempt from the requirement to make a notification.
- In 2021, the Australian Health Practitioner Regulation Agency (Ahpra) commissioned an Expert Advisory Group (EAG) to examine the impact of being the subject of a complaint or concern on a practitioner. A new [progress report](#) detailing reforms to date has been released – find out more in [newsGP](#).
- [New guidance](#) from Ahpra and the Medical and Dental Boards outlines expectations for certifying reports for compassionate release of superannuation. It reinforces appropriate assessment, informed consent, and warns against unlicensed financial advice. Read the [Board's update](#) and [joint media release](#).

Geriatrician assessment and management plans – Further information

The information below pertains to MBS items 141–147.

What to include in a referral

As part of your referral, you should:

- confirm the patient is aged 65 years or older (for patients under 65, consider referral for other treatment and management planning items), **and**
- state that the referral is for provision of a comprehensive assessment and management plan, **and**
- include clinical information such as patient history, relevant pathology results, current medications and possible interactions (with a focus on presenting symptoms and current difficulties), and any other health professional documentation, such as health assessments and care plans.

Receiving the report and management plan

Following referral and assessment, the consultant physician or specialist will explain the plan to the patient and/or carer, with a written explanation provided if necessary. The provider will then provide a written report of the assessment, including the management plan, to the referring practitioner within two weeks.

Review of a management plan

Reviews of a management plan previously prepared are initiated by the referring practitioner when the current plan is not achieving the anticipated outcomes. Review items 143 and 147 are normally claimable once in a 12-month period; however, an additional review can be initiated where there is significant change to a patient's clinical condition or care circumstances necessitating further review.

There are no set requirements for how a referring practitioner 'initiates' a review. It can be done verbally, in writing, or any method agreed upon with the geriatrician. A new referral is not required if the review occurs within the validity period of the original referral for the assessment and management plan. This interaction should be clearly documented in the patient's clinical notes. If the referral intent or requirements are unclear, the geriatrician should seek clarification directly from the referring practitioner.

More information

Full MBS item descriptors and requirements can be found on MBS Online at www.mbsonline.gov.au.

DoHDA provides an email advice service for providers seeking interpretation of MBS items and rules, and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the MBS, contact AskMBS on askmbs@health.gov.au.