



General Practice Communications – Chronic Conditions Management confirmed 1 July 2025

23 May 2025

Messages for General Practices

New Chronic Conditions Management Rebates and Details Announced

MBS Online has today published the Upcoming Changes to Chronic Disease Management Framework confirming the new framework for chronic disease management from 1 July 2025.

The changes simplify, streamline, and modernise the arrangements for health care professionals and patients.

These changes primarily affect medical practitioners, however, allied health professionals providing MBS services should be aware of the changes to plan and referral requirements.

Transition arrangements will be in place for 2 years to ensure current patients do not lose access to services.

From 1 July 2025:

Items **for GP management plans** (229, 721, 92024, 92055), **team care arrangements** (230, 723, 92025, 92056) and reviews (233, 732, 92028, 92059) **will cease and be replaced with a new streamlined GP chronic condition management plan** (see table below for item numbers)

The updated framework will be known as chronic condition management.

To support continuity of care, **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. Other patients will be able to access the items through their usual GP.

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.

GPs and prescribed medical practitioners 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**.

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**.



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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.** Patients will also need to have their GP chronic condition management plan prepared or reviewed in the previous 18 months to continue to access allied health services.

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 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. From 1 July 2027, a GP chronic condition management plan will be required for ongoing access to allied health services.

These changes do not affect multidisciplinary care plan items (231, 232, 729, 731, 92026, 92027, 92057, 92058).

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

For more information, MBS Online has released a selection of Factsheets here:

[MBS Online - Upcoming changes to the MBS Chronic Disease Management Framework](#)

For support on MyMedicare and upcoming CCM Changes, please contact your Program Delivery Officer or email info@gphn.org.au.