



MyMedicare

Chronic Condition Management MBS Changes

Dr Katherine Michelmores, Medical Director
3 July 2025



COORDINARE - South Eastern NSW PHN
acknowledges the Traditional Owners and
Custodians of the lands across which
we live and work.

We pay our respects to Elders past,
present and emerging, and acknowledge
Aboriginal and Torres Strait Islander
peoples' continuing connection - both
physical and spiritual - to land, sea and sky.



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SOUTH EASTERN NSW
An Australian Government Initiative

NAIDOC WEEK 2025

6-13 July

“The Next Generation: Strength, Vision & Legacy”- celebrating not only the achievements of the past but the bright future ahead, empowered by the strength of our young leaders, the vision of our communities and the legacy of our ancestors.



The 2025 National NAIDOC Poster incorporating the Aboriginal Flag and the Torres Strait Islander Flag (licensed by the Torres Strait Island Council).’

Chronic Condition Management Changes



Outline for this presentation:

- What is changing with care plans?
- Replacement item numbers and key points
- What about rebates?
- The link with MyMedicare
- How does it work for the GP, practice and your patients?
- Thoughts about how this might lead to system changes and quality improvement in your practice
- Resources

What's changing: from July 1st



Cessation of item numbers Items for:

GP management plans (229, **721**, 92024, 92055)

team care arrangements (230, **723**, 92025, 92056)

and reviews (233, **732**, 92028, 92059)

New item numbers for CCM 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

Key Points



The requirement to consult with at least two collaborating providers, as described under the prior team care arrangements has been removed.



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



There is no requirement to provide “named” referrals for allied health or to use a particular EPC template or to specify the number of sessions.



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.

Key points



Patients are eligible for CCM plan if they have one medical condition that has been present for 6 months.



Patients are eligible for a CCM whether or not multidisciplinary team care is required.



A CCM plan can be prepared every 12 months

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



A CCM can be reviewed every 3 months

CCM Plan requirements



USE OF THE ITEMS

GP chronic condition management plans are intended for patients that would benefit from a structured approach to managing their chronic condition(s). The MBS items allow GPs and prescribed medical practitioners to work with their patients to set the goals for the patient's treatment/management of their condition, roles and responsibilities, and a structured plan for their care.

Items 392, 965, 92029 and 92060 are for the preparation of a GP chronic condition management plan. The [Health Insurance \(General Medical Services Table\) 2021](#) (the Regulations) defines preparing a GP chronic condition management plan as the process whereby the GP or prescribed medical practitioner:

- "a. prepares a written plan for the patient that describes
 - i. the patient's chronic condition and associated health care needs; and
 - ii. health and lifestyle goals developed by the patient and medical practitioner using a shared decision making approach; and
 - iii. actions to be taken by the patient; and
 - iv. treatment and services the patient is likely to need; and
 - v. if the patient would benefit from multidisciplinary care to manage the chronic condition, the services that the medical practitioner will refer the patient to (including the purposes of those services); and
 - vi. arrangements to review the plan (including the proposed timeframe for review); and
- b. if the patient is to be referred to member of a multidisciplinary team for [management] of the patient's chronic condition:
 - i. obtains the patient's consent to sharing relevant information (including relevant parts of the plan) with the members of the multidisciplinary team; and
 - ii. if the patient so consents—provides relevant parts of the plan to the members of the multidisciplinary team; and
- c. records the patient's consent and agreement to the preparation of the plan; and
- d. offers a copy of the plan to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and
- e. adds a copy of the plan to the patient's medical records."



Australian Government
Department of Health and Aged Care

MBS Online
Medicare Benefits Schedule

[Note AN.0.47 | Medicare Benefits Schedule](#)

Why have the MBS items changed?



To simplify, streamline and modernise chronic condition management

To encourage more reviews of CCM plans

More focus on patient choice

MyMedicare linkage to encourage better continuity of care

Recommendations from the MBS Review Taskforce on Primary Care June 2020



- 77% of GPMPs were co-claimed with TCAs
- 30% of patients who claimed a TCA did not use any allied health services that calendar year
- 55% of patients with GPMPs did not receive a review within a year
- Reviews were reimbursed at around half the fee for the creation of a GPMP
- Statement that the quality of plan preparation and review would be strengthened by ensuring that it is conducted by a GP at the practice where the patient is enrolled
- [Report from the MBS Review Taskforce on Primary Care](#)

MBS Rebates



- | | | |
|--|--|------------------------|
| • GPMP 721+ TCA 723
no reviews \$294.60 | CCM plan (965) + 0 reviews
\$156.55 | minus -\$138.05 |
| • GPMP 721 +TCA 723
1 review 732 \$376.70 | CCM plan (965) + 1 review (967)
\$313.10 | minus -\$63.50 |
| • GPMP 721 +TCA 723
2 reviews 2x732 \$458.80 | CCM plan (965) +2 reviews (967)
\$469.65 | plus +\$10.85 |

When considering the rebate changes- note the reduced administrative time/resources related to producing and sharing TCA documentation.

The link with MyMedicare



- Patients registered through MyMedicare will be required to access their CCM plan and review items through the practice where they are registered.
- Patients not registered with MyMedicare can access the items “through their usual GP”.
- From 1 July 2027 only patients with a CCM plan will be eligible to access domiciliary medication management reviews through the MBS.
- CCM changes are part of a suite of reform as part of Strengthening Medicare reforms.
- [MyMedicare | COORDINARE - South Eastern NSW PHN](#)

MyMedicare Timeline

1 November
2023

MyMedicare –
Telehealth Items



1 July 2024

MyMedicare
General Practice In
Aged Care
Incentive

November 2023
150,000
Patients
? Practices

June 2024
1,200,000
Patients
6,000 Practices

November 2024
2,126,435
Patients
6,329 Practices

February 2025
2,600,000
Patients
6,469 Practices

May 2025
2,988,822 Patients
6,579 Practices

September 2024
62,000 Patients
2,200 Practices

February 2025
92,243 Patients
2,606 Practices

May 2025
110,300 Patients
2,865 Practices

1 July 2025

Chronic
Conditions
Management
Items incorporate
MyMedicare





1 November
2025

Better Access
Mental Health
Treatment Plans
incorporate
MyMedicare



1 November
2025

New MyMedicare
General Practice
Bulk Billing
Incentive

 Existing/confirmed
 Planned changes

Future
MyMedicare
programs
E.g. Frequent
Hospital Users

Registration - MyMedicare

Registration - General Practice in Aged Care Incentive



How does it work for the GP, practice and your patients?



Patients with existing GPMPs (721) and TCAs (723) can continue to access services related to those plans till 30 June 2027

No reviews of existing GPMPs or TCAs from now – if a review is due (ie 3 months since the billing of one of these items) transition to prepare a new CCM 965

How does it work for the GP, practice and your patients?



- A CCM or CCM review is necessary to be prepared or reviewed in the previous 18 months for patients to continue to access allied health services.
- From 1 July 2027 patients will need a CCM plan to continue to access allied health and other services.
- Referrals to allied health to be made by letter. The allied health provider does not need to confirm acceptance.
- Referrals to allied health don't need to specify a number of services.

Transition example



Mrs. Jones has COPD and diabetes and had a 721 & 723 prepared
1 June 2025

Mrs. Jones can still access her allied health referrals through to
30 June 2027

Eligible for a CCM plan 965 from 2 September 2025 and 3 monthly CCM reviews 967s thereafter

Mrs. Jones must have a CCM or CCM review in place from 1 July 27 to continue to get allied health services

Think about workflow



Encourage

Encourage your patients to register for MyMedicare- contact Digital Health Team at COORDINARE for assistance re PRODA etc.

Discuss

Discuss having more regular reviews- utilize Practice nurse billing items 10997 and telephone equivalent 93203 and telehealth 93201

Consider

Consider quality improvement toolkits to identify your patients with existing GPMPs who can transition to CCM plans and patients who don't have a plan but who are eligible

Quality Improvement Activity



**Strengthening
Medicare**

Chronic Condition
Management

General Practice



[QI-Activity_Chronic-Conditions.pdf](#)

Remember HealthPathways



HealthPathways has recently been updated with the **Chronic Condition Management** changes as well as key information about **MyMedicare**.

N.B We are in the process of updating all relevant pathways to reflect the new terminology: General Practice Chronic Condition Management Plan (GPCCMP), which replaces the previous terms Chronic Disease Management Plan (CDMP) and Team Care Arrangement (TCA). We appreciate your patience and understanding as this work is progressively implemented.

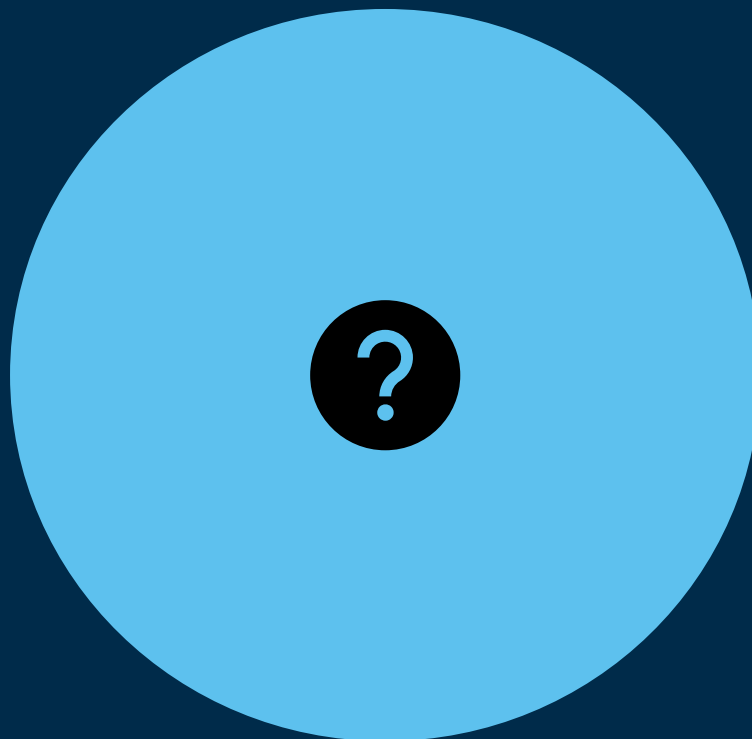


[Chronic Condition Management
MyMedicare](#)



[Chronic Condition Management
MyMedicare](#)

Questions?



Resources



- [Requirements for a chronic condition management plan - Health professionals - Services Australia](#)
- [MBS Online - Upcoming changes to the MBS Chronic Disease Management Framework](#)
- [Item 965 | Medicare Benefits Schedule](#)
- [MyMedicare | COORDINARE - South Eastern NSW PHN](#)
- [QI-Activity_Chronic-Conditions.pdf](#)
- Free CDM to CCM billings forecast tool as an available resource [CDM to GPCCMP Tool](#)



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