

Changes to Chronic Disease Management (CDM)

From 1 July 2025, there will be a new framework for **Medicare chronic disease management (CDM)** items.

Summary of changes to (CDM) Framework

Existing items for preparation of a GP management plans (GPMPs), team care arrangements (TCAs) and reviews will cease and be replaced with a new streamlined GP chronic condition management plan (GPCCMP).

Previous plans

GPMP	TCA	Reviews
All cease July 01 2025		
229, 721, 92024, 92055	230, 723, 92025, 92056	233, 732, 92028, 92059


New GPCCMP plan

	General Practitioner item numbers	Prescribed medical practitioner item numbers (non-VR)
New Items (from 1 July 2025)		
Develop a GP chronic condition management plan (GPCCMP)	Face to Face - 965	Face to Face - 392
	Telehealth (Video) - 92029	Telehealth (Video) - 92060
Review a GP chronic condition management plan	Face to Face - 967	Face to Face - 393
	Telehealth (Video) - 92030	Telehealth (Video) - 92061

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.

 **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.

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Transition arrangements	<ul style="list-style-type: none">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	<ul style="list-style-type: none">A GPCCMP will be required for ongoing access to allied health services.A GPCCMP 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	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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.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.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.	
Relevant Resources	<p>For more information, all MBS Fact Sheets are available Here. This includes:</p> <ul style="list-style-type: none">Overview Fact SheetTransition Arrangements for Existing PatientsReferral Arrangements for Allied Health ServicesMBS Items for GP Chronic Condition Management Plans	