

General Practitioner Chronic Condition Management Plan (GPCCMP)

Effective 1 July 2025, the Medicare Benefits Schedule (MBS) has streamlined the management of chronic conditions by replacing the old General Practitioner Management Plans (GPMPs) and Team Care Arrangements (TCAs). These have been consolidated into a single General Practitioner Chronic Condition Management Plan (GPCCMP).

1. What Has Changed?

The new GPCCMP framework simplifies processes for both practitioners and patients.

- The GPCCMP is now the sole plan for managing chronic conditions, replacing the need for separate GPMP and TCA documents.
- There is no longer a requirement to collaborate with at least two other providers to create or bill for a plan.
- Standard referral letters are now used for allied health services, replacing the old, structured EPC forms.
- Reviews are encouraged every 3 months instead of the previous 6-month cycle.
- The fee for preparing a plan and for a review is now the same, promoting regular patient check-ins.
- Existing GPMPs and TCAs created before 1 July 2025 will remain valid for accessing allied health services until 30 June 2027.

Date Issued:

September 2025

To Be Reviewed:

September 2026 (subject to MBS updates)

Approved by:

General Manager, Innovation, Evidence and Reform

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2. Patient and MyMedicare Eligibility

- The GPCCMP is available for patients with one or more chronic medical conditions that are expected to last for at least six months or are terminal. This includes community patients and, with some restrictions, permanent residents of Residential Aged Care Facilities (RACFs).
- Patients registered with MyMedicare **MUST** receive their GPCCMP services from their registered practice. Patients not registered with MyMedicare can continue to access these services from their usual GP.

3. New Item Numbers & Rebates

The following new item numbers are effective as of 1 July 2025. Note that the rebate for preparing a plan and reviewing a plan is now the same.

Service	GP Item	PMP Item	Rebate
Prepare GPCCMP — Face-to-face	965	392	\$156.55 (GP) / \$125.30 (PMP)
Prepare GPCCMP — Video	92029	92060	\$156.55 (GP) / \$125.30 (PMP)
Review GPCCMP — Face-to-face	967	393	\$156.55 (GP) / \$125.30 (PMP)
Review GPCCMP — Video	92030	92061	\$156.55 (GP) / \$125.30 (PMP)

These items cannot be claimed on the same day as a general attendance item.

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4. Key Practice & Referral Changes

Clinical Practice

- The GPCCMP must document the patient's conditions, collaboratively set health goals, list required treatments, and outline review arrangements.
- You must record the patient's consent and offer them a copy of the plan.
- Practice Nurses, Aboriginal and Torres Strait Islander Health Practitioners, and Aboriginal Health Workers can assist GPs in preparing and reviewing plans.
- To maintain eligibility for allied health services, a patient's GPCCMP must be reviewed at least once every 18 months.

Allied Health Referrals

- Use a standard referral letter instead of the old EPC forms.
- The letter must include patient details, referring practitioner information, date, relevant clinical details, and the type of service required. You no longer need to specify the provider's name or the number of services.
- Patient access to allied health services remains unchanged (e.g., 10 services for Aboriginal or Torres Strait Islander patients per calendar year).

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5. Financial & Transition Guidance

Revenue Impact

The new structure, with its emphasis on quarterly reviews, presents an opportunity to increase practice revenue while providing more proactive patient care.

- Previous System (Annual Potential): ~ \$528.05 (GPMP + TCA + 3 reviews)
- Current System (Annual Potential): ~ \$782.75 (GPCCMP + 4 reviews)

This represents a potential revenue increase of approximately 48% per patient.

Transitioning Your Patients

- Plans created before 1 July 2025 are valid until 30 June 2027. Old referrals can be used until all services are complete.
- When a patient with an old plan is due for a review, you must prepare a new GPCCMP (item 965). The review items (967, 92030) cannot be used until a new GPCCMP is in place.
- From 1 July 2027, a GPCCMP is mandatory for all patients to access these chronic care and allied health services.

6. More Information

- **Online:** www.mbsonline.gov.au **Email:** askMBS@health.gov.au
- **Provider Line:** 13 21 50

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