



Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Chronic Condition Management) Determination 2025

I, Louise Riley, delegate of the Minister for Health and Ageing, make the following determination.

Dated 26 May 2025

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Department of Health, Disability and Ageing

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1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services – Allied Health Services) Amendment (Chronic Condition Management) Determination 2025*.

2 Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	Immediately after commencement of the <i>Health Insurance Legislation Amendment (2025 Measures No. 1) Regulations 2025</i> .	1 July 2025

Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

3 Authority

This instrument is made under subsection 3C(1) of the *Health Insurance Act 1973*.

4 Schedules

Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.

Schedule 1—Amendments

Health Insurance (Section 3C General Medical Services – Allied Health Services) Determination 2024

1 Subsection 4(1) (definition of GP Management Plan)

Repeal the definition, substitute:

GP chronic condition management plan has the meaning given by clause 3.1.1 of the general medical services table.

GP Management Plan, for a patient, means a GP management plan prepared prior to 1 July 2025 to which item 229 or 721 of the general medical services table or item 92024 or 92055 of the Telehealth = Determination applies.

2 Subsection 4(1)

Insert:

provider number has the meaning given by section 4 of the *Health Insurance Regulations 2018*.

3 Subsection 4(1) (definition of Team Care Arrangements)

Repeal the definition, substitute:

Team Care Arrangements, for the patient, means GP coordination of the development of team care arrangements prior to 1 July 2025 to which item 230 or 723 of the general medical services table or item 92025 or 92056 of the Telehealth Determination applies.

4 After section 11

Insert:

12 Referrals requirements for allied health services

- (1) This section applies to a referral prepared on or after 1 July 2025 for a service to which an item in Subgroup 1 of Group M3, Group M8, Group M9, Subgroup 1 of Group M10 or Group M11 applies.

General

- (2) Subject to subsection (5), the following particulars are prescribed for the purposes of a referral mentioned in subsection (1):
- (a) the name of the referring practitioner;
 - (b) the address of the place of practice, or the provider number in respect of the place of practice, of the referring practitioner;
 - (c) the date on which the patient was referred by the referring practitioner to the treating practitioner;
 - (d) the period of validity of the referral under subsection (7), if relevant.
- (3) A referral mentioned in subsection (1) must be:
- (a) in writing;

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- (b) signed by the referring practitioner; and
 - (c) dated.
- (4) A referral mentioned in subsection (1) must explain the reasons for referring the patient, including any information about the patient's condition that the referring practitioner considers necessary to give to the treating practitioner.
- (5) In this section:
- (a) **referring practitioner** means the person making the referral; and
 - (b) **treating practitioner** means the person performing the service to which the patient is referred.

Lost referrals

- (6) If a service mentioned in an item in subsection (1) is rendered on the basis of a lost, stolen or destroyed referral:
- (a) paragraphs (2)(a) to (d) do not apply; and
 - (b) the words "lost referral" are a prescribed particular.

Period of validity for referrals

- (7) For the purposes of a referral for a service to which an item in Subgroup 1 of Group M3 or an item in Group M9 or M11 applies:
- (a) if the referral states it is valid for a fixed period, it is valid until the end of that period after the first service rendered in accordance with the referral;
 - (b) if the referral does not state a time for which it remains valid, it is valid until 18 months after the first service rendered in accordance with the referral.

5 Paragraph 1.1.1(1)(a) of Schedule 2

Repeal the paragraph, substitute:

- (a) the patient is referred to the eligible provider by a medical practitioner;

6 Clause 1.1.2 of Schedule 2 (heading)

Omit "chronic disease management", substitute "chronic condition management".

7 Clause 1.1.3 of Schedule 2 (Group M3 table, Subgroup 1, heading)

Omit "Chronic disease management", substitute "Chronic condition management".

8 Schedule 2 (Group M3 table, Subgroup 1, items 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968 and 10970, column 2, paragraphs (a) and (b))

Repeal the paragraphs, substitute:

- (a) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under:
 - (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or

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- (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- (b) the service is recommended in the patient’s plan or arrangements as part of the management of the patient’s chronic condition and complex care needs; and

9 Clause 1.1.3 of Schedule 2 (Group M3 table, Subgroup 2, heading)

Omit “Chronic disease management”, substitute “Chronic condition management”.

10 Schedule 2 (item 81100, column 2, paragraphs (b) and (c))

Repeal the paragraphs, substitute:

- (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under:
- (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
 - (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- (c) the patient is referred to an eligible diabetes educator by the medical practitioner; and

11 Schedule 2 (item 81110, column 2, paragraphs (b) and (c))

Repeal the paragraphs, substitute:

- (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under:
- (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
 - (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- (c) the patient is referred to an eligible exercise physiologist by the medical practitioner; and

12 Schedule 2 (item 81120, column 2, paragraphs (b) and (c))

Repeal the paragraphs, substitute:

- (b) the patient is being managed by a medical practitioner (other than a specialist or consultant physician) under:
- (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
 - (ii) until the end of 30 June 2027—a GP Management Plan prepared prior to 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- (c) the patient is referred to an eligible dietitian by the medical practitioner; and

13 Paragraph 6.1.1(1)(a) of Schedule 2

Repeal the paragraph, substitute:

- (a) the patient is referred to the eligible provider by a medical practitioner;

14 Schedule 2 (Group M11 table, items 81300 to 81360, column 2, paragraph (b))

Repeal the paragraph, substitute:

- (b) the patient has a chronic condition and complex care needs being managed by a medical practitioner (other than a specialist or consultant physician) under:
- (i) a GP chronic condition management plan that has been prepared or reviewed in the last 18 months; or
 - (ii) until the end of 30 June 2027—a GP Management Plan and Team Care Arrangements prepared prior to 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- the service is recommended in the patient’s plan or arrangements as part of the management of the patient’s chronic condition and complex care needs;