



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

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

Dated 26 May 2025

Louise Riley
Assistant Secretary
MBS Policy and Reviews Branch
Medicare Benefits and Digital Health Division
Health Resourcing Group
Department of Health, Disability and Ageing

Contents

1 Name	1
2 Commencement.....	1
3 Authority	1
4 Schedules.....	1
Schedule 1—Amendments	2
<i>Health Insurance (Section 3C General Medical Services – Telehealth and Telephone Attendances) Determination 2021</i>	2

1 Name

This instrument is the *Health Insurance (Section 3C General Medical Services – Telehealth Attendances) 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Note: This table relates only to the provisions of this instrument as originally made.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Each instrument that is specified in a Schedule to this instrument is amended or repealed as set out in the applicable items in the Schedule concerned, and any other item in a Schedule to this instrument has effect according to its terms.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 – Telehealth Attendances) Determination 2021

1 Subsection 5(1) (definitions of *coordinating a review of team care arrangements* and *coordinating the development of team care arrangements*)

Repeal the definitions.

2 Subsection 5(1)

Insert:

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 92025 applies.

prescribed medical practitioner has the meaning given by clause 7.1.1 of the general medical services table.

3 Subsection 5(1) (definition of *preparing a GP management plan*)

Repeal the definition.

4 Subsection 5(1)

Insert:

preparing a GP chronic condition management plan has the meaning given by clause 2.16.7 of the general medical services table.

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

reviewing a GP chronic condition management plan has the meaning given by clause 2.16.8 of the general medical services table.

5 Subsection 5(1) (definition of *reviewing a GP management plan*)

Repeal the definition.

6 Subsection 5(1)

Insert:

Team Care Arrangements, for a patient, means GP coordination of the development of team care arrangements prior to 1 July 2025 to which item 230 or 729 of the general medical services table or item 92025 or 92056 applies.

7 Subsection 7(4)

Before “items”, insert “items 92029, 92030, 92060 and 92061 and”.

8 Subparagraph 7(6)(d)(iii)

Omit “in person.”, substitute “in person; or”.

9 After paragraph 7(6)(d)

Insert:

- (e) a service to which item 92029, 92030, 92060 or 92061 applies.

10 After section 8

Insert:

9 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 11, 12, 13, 14, 15, 17, 18, 25 or 26 of Group M18 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;
 - (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 11, 12, 17, 18, 25 or 26 of Group M18 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.

11 Clause 1.1.04 of Schedule 1

Repeal the clause, substitute:

1.1.04 Application of items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061

- (1) Items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061 apply only to a service for a patient who:
- (a) suffers from at least one chronic condition; and
 - (b) for items 92026, 92027, 92057 and 92058 requires ongoing care from at least 3 collaborating providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner.
- (2) For the purposes of this clause, a **collaborating provider** is a person who:
- (a) provides treatment or a service to a patient; and
 - (b) is not an unpaid carer of the patient.
- (3) For the purposes of subclause (1), **chronic condition** has the meaning given by clause 7.1.1 of the general medical services table.
- (4) Items 92029, 92030, 92060 and 92061 apply only to a service if the patient:
- (a) is not a care recipient in a residential aged care facility; and
 - (b) is provided with the service:
 - (i) if the patient is enrolled in MyMedicare—at the general practice at which the patient is so enrolled; or
 - (ii) if the patient is not enrolled in My Medicare—by the patient’s usual medical practitioner.
- (5) For the purposes of subclause (3), **usual medical practitioner** has the meaning given by clause 7.1.1 of the general medical services table.

12 Clause 1.1.05 of Schedule 1

Repeal the clause, substitute:

1.1.05 Application of items in relation to items 92029, 92030, 92060 and 92061

- (1) An item specified in paragraph 2.16.11(a), (b), (c), (d), (e) or (f) of the general medical services table does not apply to a service mentioned in the item that is provided by a general practitioner or prescribed medical practitioner, if the service is provided on the same day for the same patient for whom the practitioner provides a service mentioned in item 92029, 92030, 92060 or 92061.

13 Clause 1.1.06 of Schedule 1

Repeal the clause, substitute:

1.1.06 Limitation on items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061

- (1) This clause applies to the performances of services for a patient for whom exceptional circumstances do not exist.
- (2) Items 92026, 92027, 92029, 92030, 92057, 92058, 92060 and 92061 apply in the circumstances mentioned in table below.
- (3) In this clause, *exceptional circumstances*, for a patient, means there has been a significant change in the patient's clinical condition or care circumstances that necessitates the performance of the service for the patient.

Limitation on items 92026 to 92061		
Item	Column 1 Items of this Schedule	Column 2 Circumstances
1	92026 and 92057	The circumstances are that: (a) in the preceding 3 months, a service to which item 231, 232, 393, 729, 731, 967, 92027, 92058, 92030 or 92061 applies has not been provided to the patient; or (b) in the preceding 12 months, a service to which both of the following subparagraphs apply has not been provided to the patient: (i) the service is a service to which item 231, 392, 729, 965, 92026, 92029, or 92060 applies; (ii) the service is performed by the medical practitioner who performs the service to which item 92026 or 92057 would, but for this item, apply
2	92027 and 92058	The circumstances are that in the preceding 3 months a service to which item 231, 232, 392, 393, 729, 731, 965, 967, 92027, 92029, 92030, 92057, 92058, 92060 or 92061 applies has not been provided to the patient
3	92029 and 92060	The circumstances are that: (a) the service: (i) is not performed by a medical practitioner who is a recognised specialist in palliative medicine; and (ii) is not performed by a medical practitioner who is treating a palliative patient who has been referred to the medical practitioner; and (iii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner; and (b) in the preceding 3 months, a service to which item 231, 232, 393, 729, 731, 967, 92026, 92027, 92030, 92057, 92059 or 92061 applies has not been provided to the patient; and (c) in the preceding 12 months, a service to which item 392, 965, 92029 or 92060 applies has not been provided to the patient

Limitation on items 92026 to 92061		
Item	Column 1 Items of this Schedule	Column 2 Circumstances
4	92030 and 92061	<p>The circumstances are that:</p> <p>(a) the service:</p> <p>(i) is not performed by a medical practitioner who is a recognised specialist in palliative medicine; and</p> <p>(ii) is not performed by a medical practitioner who is treating a palliative patient who has been referred to the medical practitioner; and</p> <p>(iii) is not a service to which an item in Subgroup 3 or 4 of Group A24 applies because of the treatment of the palliative patient by the medical practitioner; and</p> <p>(b) in the preceding 3 months, a service to which item 393, 967, 92030 or 92061 applies has not been performed for the patient</p>

14 Clause 1.1.07 of Schedule 1

Repeal the clause, substitute:

1.1.07 Restrictions on items 92029, 92030, 92060 and 92061 (GP chronic condition management plans)

Items 92029 and 92030

- (1) Items 92029 and 92030 apply only to a service provided in the course of personal attendance by a single general practitioner on a single patient.

Items 92060 and 92061

- (2) Items 92060 and 92061 apply only to a service provided in the course of personal attendance by a single prescribed medical practitioner on a single patient.

Items 92029, 92030, 92060 and 92061

- (3) Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners may assist general practitioners or prescribed medical practitioners in preparing or reviewing a GP chronic condition management plan, in accordance with accepted medical practice, and under the supervision of the general practitioner or the prescribed medical practitioner, as the case may be.
- (4) For the purposes of subclause (3), assistance may include activities associated with:
 - (a) information collection; and
 - (b) supporting collaboration with a multidisciplinary team (if any) to which the patient is or is to be referred in accordance with the plan; and
 - (c) at the direction of the general practitioner or prescribed medical practitioner—providing further information to the patient on any treatments, services or interventions considered or discussed during preparation or review of the plan.

15 Clause 1.1.08 of Schedule 1

Repeal the clause.

16 Clause 1.1.09 of Schedule 1

Repeal the clause.

17 Schedule 1 (items 92024 and 92025)

Repeal the items.

18 Schedule 1 (after 92027)

Insert:

92029	Video attendance by a general practitioner to prepare a GP chronic condition management plan for a patient	156.55
92030	Video attendance by a general practitioner to review a GP chronic condition management plan prepared by the general practitioner or an associated medical practitioner	156.55

19 Schedule 1 (items 92028, 92055 and 92056)

Repeal the items.

20 Schedule 1 (after 92058)

Insert:

92060	Video attendance by a prescribed medical practitioner to prepare a GP chronic condition management plan for a patient	125.30
92061	Video attendance by a prescribed medical practitioner to review a GP chronic condition management plan prepared by the prescribed medical practitioner or an associated medical practitioner	125.30

21 Schedule 1 (item 92059)

Repeal the item.

22 Schedule 3 (item 93000 and 93013, 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
 - (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

23 Schedule 3 (item 93048 and 93061, 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;

24 Subclause 4.1.1(1) of Schedule 4

Repeal the subclause, substitute:

- (1) In items 93201, 93203, 93284, and 93286:

GP management plan means a plan prepared prior to 1 July 2025 under:

- (a) item 721 or 732 of the general medical services table (for coordination of a review of a GP management plan under item 721); or
- (b) item 229 or 233 of the general medical services table (for coordination of a review of a GP management plan under item 229); or
- (c) item 92024, 92028, 92055, 92059, 92068, 92072, 92099 or 92103 (for coordination of a review of a GP management plan under item 92024, 92055, 92068 or 92099).

multidisciplinary care plan means a plan prepared under:

- (a) item 231, 232, 729 or 731 of the general medical services table; or
- (b) item 92026, 92027, 92057 or 92058.

person with a chronic condition means:

- (a) a person who has a plan under item 231, 232, 392, 729, 731, 965, 92026, 92027, 92029, 92030, 92057, 92058, 92060 or 92061; or
- (b) until the end of 30 June 2027—a person who has a plan under item 229, 230, 721, 723, 92024, 92025, 92028, 92055, 92056 or 92059 that was prepared before 1 July 2025.

25 Schedule 4 (item 93201, column 2)

Repeal the cell, substitute:

Video attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if:

- (a) the service is provided on behalf of and under the supervision of a medical practitioner; and
- (b) the person has in place:
 - (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 before 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- (c) the service is consistent with the plan or arrangements

26 Schedule 4 (item 93203, column 2)

Repeal the cell, substitute:

Phone attendance provided by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner to a person with a chronic condition, if:

- (a) the service is provided on behalf of and under the supervision of a medical practitioner; and
- (b) the person has in place:
 - (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 before 1 July 2025; or
 - (iii) a multidisciplinary care plan; and
- (c) the service is consistent with the plan or arrangements

27 Schedule 3 (item 93284 and 93286, column 2, paragraph (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