



Allied Health Communications – CCM changes

8 October 2025

What do changes to Chronic Conditions Management mean for allied health providers, Aboriginal health workers, and Aboriginal and Torres Strait Islander health practitioners?

From 1 July 2025, Chronic Disease Management referrals and care requirements were replaced by new [GP Chronic Conditions Management Plans](#) (GPCCMPs). Allied health providers and Aboriginal Health Workers, and Aboriginal and Torres Strait Islander health practitioners may notice some changes to referrals from general practices.

These [changes](#) provide greater flexibility for patients to choose which services they access. There are no changes to [individual allied health items for treating chronic conditions](#), but [referral requirements](#) have been simplified:

- The number of allied health services under a GPCCMP does not need to be specified by the referring GP (GPs may still specify this on referral letters).
- The allied health provider does not need to be named.
- Team care arrangements are no longer needed.

Allied health tips to plan service delivery with patients referred for Chronic Conditions Management:

- ✓ If the patient has private health cover, explore options to claim through their private health insurer rather than Medicare. This will allow the patient to use their Medicare GPCCMP referrals with other allied health services if they wish to do so.
- ✓ Discuss the patients' priorities and explore how many of their 5 MBS allied health services a patient would like to use with your allied health service.
- ✓ Contact their general practice to confirm which [individual allied health services for chronic conditions](#) are included in the patient's management plan. Explore how your service can coordinate with the primary care team, including:
 - [Case conferencing](#), and
 - [Group allied health services](#) for people with type 2 diabetes.
- ✓ Have the patient use their [MyGov app](#) to review and confirm their claims history for allied health MBS services to check the number of allied health MBS items claimed in the calendar year.
- ✓ [Check MBS item eligibility and history for your patient](#) using Health Professional Online Services (HPOS) and Medicare Benefits Schedule (MBS) Online.
- ✓ Use [My Health Record](#) to view the patient's medical history, services, and identify other members of their care team to coordinate with. You can access My Health Record through the National Provider Portal or using your practice software if it is a Conformant Clinical Information System (CIS).



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If you need support to navigate these changes, using My Health Record or Provider Connect Australia, please contact the Primary Care Engagement team at pce@nqphn.com.au

More detailed information about allied health referrals and care requirements related to Chronic Conditions Management is available using the links below.

Helpful links

MBS Online notes and information:

- [AN.15.3](#) – Overview of MBS items to support management of chronic conditions in primary care
- [AN.15.4](#) – Allied health services for chronic condition management
- [AN.15.5](#) – GP chronic condition management plans – transition arrangements for existing patients with a GP management plan and/or team care arrangement
- [AN.15.6](#) – Referral requirements for allied health services
- [AN.0.47](#) – GP chronic condition management plans
- [MN.3.1](#) – Individual allied health services for treating chronic conditions
- [MN.11.1](#) – Individual allied health services for people of Aboriginal and Torres Strait Islander descent with a chronic condition or identified through a health assessment
- [MN.9.1](#) – Assessing suitability for group allied health services for patients with type 2 diabetes
- [MN.9.2](#) – Group allied health services for patients with type 2 diabetes

Department of Health, Disability and Ageing information:

- [Upcoming changes to MBS Chronic Disease Management Arrangements | Australian Government Department of Health, Disability and Ageing](#)