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# Medicare Resource Guide for Allied Health Professionals

## Understanding GPCCMP and Medicare Service Provision

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# 1. Overview of the GPCCMP Framework

## What is GPCCMP?

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The **GP Chronic Condition Management Plan (GPCCMP)** replaced the former GP Management Plans (GPMPs) and Team Care Arrangements (TCAs) on **1 July 2025**. This simplified framework streamlines chronic disease management and allied health referrals.

## Key Changes from the Old System

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- **Single plan replaces two:** GPCCMP replaces both GPMP and TCA
- **No collaboration requirement:** GPs no longer need to coordinate with allied health before referring
- **Simplified referrals:** Simple referral letter replaces complex EPC forms
- **18-month validity:** Plans must be prepared or reviewed within 18 months for continued access. Unless otherwise specified, referrals are valid for 18 months from the time of first service provided
- **MyMedicare requirements:** Registered patients must access services through their enrolled general practice

## Official MBS Resources

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- [Allied Health Changes Factsheet \(PDF\)](#)
  - [GPCCMP Factsheet \(PDF\)](#)
  - [MBS Online Homepage](#)
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## 2. Allied Health Medicare Item Numbers

### Individual Allied Health Services (Chronic Conditions)

All services require minimum 20 minutes face-to-face and provide **\$61.80 Medicare rebate**

Profession	Item Number	Telehealth Video	Telehealth Phone
Aboriginal & Torres Strait Islander Health Worker/Practitioner	<a href="#">10950</a>	<a href="#">93000</a>	<a href="#">93013</a>
Audiologist	<a href="#">10952</a>	93000	93013
Chiropractor	<a href="#">10964</a>	93000	93013
Diabetes Educator	<a href="#">10951</a>	93000	93013
Dietitian	<a href="#">10954</a>	93000	93013
Exercise Physiologist	<a href="#">10953</a>	93000	93013
Mental Health Worker	<a href="#">10956</a>	93000	93013
Occupational Therapist	<a href="#">10958</a>	93000	93013
Osteopath	<a href="#">10966</a>	93000	93013
Physiotherapist	<a href="#">10960</a>	93000	93013
Podiatrist	<a href="#">10962</a>	93000	93013
Psychologist	<a href="#">10968</a>	93000	93013
Speech Pathologist	<a href="#">10970</a>	93000	93013

**Patient Eligibility:** 5 services per calendar year (combined total across all professions)

### View Full Item Descriptors

Access detailed requirements via hyperlinks above and at [MBS Online Item Search](#)

## 3. Referral Requirements

### New Minimum Requirements (From 1 July 2025)

#### Essential Elements

All referrals must include:

1. Referring practitioner's name
2. Practice address or provider number
3. Date of referral
4. **Written format** (can be electronic)
5. **Practitioner's signature** (electronic acceptable)
6. **Reasons for referral** and relevant clinical information

#### What's NO LONGER Required

- X Named referral to specific practitioner
- X Number of services to be specified
- X EPC referral form
- X Allied health confirmation of participation/'collaboration'

#### Referral Validity

- **Stated timeframe:** Valid for period specified in referral
- **No timeframe stated:** Valid for 18 months from first service
- **Mental health (Better Access):** Valid until recommended sessions completed

#### Lost Referrals

Services can be provided with lost referrals - record "lost referral" in lieu of details. Electronic referrals encouraged to minimise loss.

#### Reporting Requirements

Allied health must provide written reports to referring GP:

- After **first service** under referral
- After **final service** under referral
- When clinically necessary

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## Official Guidance

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- [Referral Requirements Factsheet \(PDF\)](#)
  - [Services Australia - Allied Health Referrals](#)
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## 4. Better Access Mental Health Services

### Service Limits

- 10 individual sessions per calendar year
- **10 group sessions** per calendar year
- 2 family/carer sessions per calendar year

### Clinical Psychologists

Service Type	Duration	Item	Video	Rebate
Individual	30+ min	80000/80005	80002/80006	\$99.75
Individual	50+ min	80010/80015	80012/80016	\$145.25
Group	60+ min	80020	80021	\$52.95

### Registered Psychologists

Service Type	Duration	Item	Video	Rebate
Individual	30+ min	80100/80105	80102/80106	\$68.20
Individual	50+ min	80110/80115	80112/80116	\$99.75
Group	60+ min	80120	80121	\$37.75

### Occupational Therapists (Mental Health)

Service Type	Duration	Item	Video	Rebate
Individual	30+ min	80125/80130	80127/80131	\$68.20
Individual	50+ min	80135/80140	80137/80141	\$99.75
Group	60+ min	80145	80146	\$37.75

### Social Workers (Mental Health)

Service Type	Duration	Item	Video	Rebate
Individual	30+ min	80150/80155	80152/80156	\$68.20
Individual	50+ min	80160/80165	80162/80166	\$99.75
Group	60+ min	80170	80171	\$37.75

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## CPD Requirements

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- 10 hours annually of Focussed Psychological Strategies CPD required
- Online modules available through professional associations

## Key Changes from 1 November 2025

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- Mental Health Treatment Plans must come from MyMedicare practice or usual GP
- 12 GP mental health items deleted (replaced with standard attendance items)
- Allied health items remain unchanged

## Better Access Resources

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- [Better Access Initiative](#)
  - [MBS Item 80010 - Clinical Psychology](#)
  - [MBS Item 80110 - Psychology](#)
  - [Services Australia - Mental Health Plans](#)
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## 5. Aboriginal & Torres Strait Islander Services

### Enhanced Access

- **10 individual services** per calendar year (double the standard allocation)
- Item numbers (81300-81360) with \$61.80 rebate
- Can be accessed on completion and referral via health assessment (item 715) OR GPCCMP provided by GP

### Item Numbers by Profession

Profession	Face-to-Face Video		Phone
Aboriginal Health Worker/Practitioner	81300	93048	93061
Audiologist	81305	93048	93061
Chiropractor	81360	93048	93061
Diabetes Educator	81310	93048	93061
Dietitian	81315	93048	93061
Exercise Physiologist	81320	93048	93061
Mental Health Worker	81325	93048	93061
Occupational Therapist	81330	93048	93061
Osteopath	81355	93048	93061
Physiotherapist	81335	93048	93061
Podiatrist	81340	93048	93061
Psychologist	81345	93048	93061
Speech Pathologist	81350	93048	93061

### Service Combination

Can combine up to 10 services total from:

- Up to 5 under GPCCMP (items 10950-10970)
- Up to 10 under Indigenous items (81300-81360)

### Official Resources

- [MBS Item 81310 - Indigenous Allied Health](#)
- [Services Australia - Indigenous Health Services](#)
- [Closing the Gap PBS Co-payment Programme](#)



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## 6. Group Services for Type 2 Diabetes

### Eligible Professions

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- **Diabetes Educators** (Credentialed by ADEA)
- **Exercise Physiologists** (Accredited by ESSA)
- **Dietitians** (Accredited Practising Dietitian - DAA)

### Service Structure

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1. **Assessment** (Individual, 45 minutes)
  - Items: 81100, 81110, 81120
  - Telehealth: 93284
  - Rebate: \$61.80
2. **Group Services** (2-12 participants, 60 minutes)
  - Items: 81105, 81115, 81125
  - Telehealth: 93285 (MMM 4-7 only)
  - Rebate: \$27.85
  - Maximum: 8 sessions per calendar year

### Requirements

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- Patient must have Type 2 Diabetes
- Requires GPCCMP (or pre-existing GPMP/TCA until July 2027)
- Assessment determines suitability
- Written report after program completion

### Provider Registration

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- Must be registered with Services Australia
- Same registration as individual services (10951, 10953, 10954)

### Resources

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- [MBS Item 81100 - Diabetes Group Assessment](#)
  - [Services Australia - Diabetes Group Services](#)
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## 7. Case Conferencing

### Medicare Items and Rebates

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Duration	Item	Medicare Rebate
15-19 minutes	<a href="#">10955</a>	\$55.65
20-39 minutes	<a href="#">10957</a>	\$92.80
40+ minutes	<a href="#">10959</a>	\$129.95

### Key Requirements

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- Organised by referring GP/specialist
- Minimum 2 other health professionals participating
- Can participate via face-to-face, video, or phone
- Maximum once per 3 months per patient
- No referral needed for allied health to participate

### Eligible Participants

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- Allied health professionals treating the patient
- Home/community service providers
- Care coordinators
- Multiple from same profession allowed if different specialisations

### Documentation Requirements

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- Attendance records
- Meeting minutes
- Care plan updates
- Communication to team members

### Resources

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- [Case Conferencing Factsheet \(PDF\)](#)
  - [MBS Item 10955](#)
  - [MBS Explanatory Note MN.3.2](#)
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## 8. Transitional Arrangements

### Key Dates

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- **1 July 2025:** New GPCCMP system commenced
- **30 June 2027:** Final date for services under old GPMP/TCA

### For Existing Patients

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- Patients with GPMP/TCA before July 2025 can continue services until June 2027
- Referrals written before July 2025 remain valid until services completed
- No new GPCCMP needed until July 2027 if services align with existing plan

### Transition Strategy

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1. Continue seeing existing patients under old arrangements
2. Inform GPs about transition requirements
3. Update billing systems for new item numbers
4. Prepare for full transition by July 2027

### Communication Tools

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- Patient information sheets from Services Australia
  - GP liaison about new referral requirements
  - Practice management system updates
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## 9. Billing and Compliance

### Essential Requirements

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- **Provider Number:** Current Medicare provider number required
- **Professional Registration:** Current registration with relevant board/association
- **Service Duration:** Minimum 20 minutes face-to-face
- **Individual Treatment:** No group services can be provided under individual chronic disease items
- **Contemporaneous Records:** Detailed clinical records required

### Claiming Options

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- **Bulk Billing:** Accept Medicare rebate as full payment (cannot charge a gap fee on top of bulk billed service)
- **Private Billing:** Patient pays full account and claims rebate from Medicare
- **Private Health:** Cannot combine with Medicare rebate

### Compliance Monitoring

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- Random and targeted audits by Services Australia
- Requirement to retain records for 2 years
- Possible request for evidence of services provided

### Key Compliance Resources

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- [Medicare Compliance](#)
  - [Services Australia Health Professionals](#)
  - [Professional Services Review](#)
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## 10. Quick Reference Tables

### Service Limits Summary

Service Type	Standard Patients	Indigenous Patients
Chronic Disease (Individual)	5 per year	10 per year
Mental Health (Individual)	10 per year	10 per year
Mental Health (Group)	10 per year	10 per year
Diabetes Group	8 per year	8 per year
Family/Carer Mental Health	2 per year	2 per year

### Medicare Rebates at a Glance

Service Category	Medicare Rebate
Allied Health Chronic Disease	\$61.80
Clinical Psych (50 min)	\$145.25
Other Mental Health (50 min)	\$99.75
Diabetes Group Service	\$27.85
Case Conference (15-19 min)	\$55.65
Case Conference (20-39 min)	\$92.80
Case Conference (40+ min)	\$129.95

### GP GPCCMP Items and Fees

Service	GP Item	GP Fee	PMP Item	PMP Fee
Prepare (F2F)	<a href="#">965</a>	\$156.55	<a href="#">392</a>	\$125.30
Prepare (Video)	<a href="#">92029</a>	\$156.55	<a href="#">92060</a>	\$125.30
Review (F2F)	<a href="#">967</a>	\$156.55	<a href="#">393</a>	\$125.30
Review (Video)	<a href="#">92030</a>	\$156.55	<a href="#">92061</a>	\$125.30

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## 11. Key Resources and Links

### MBS Online Resources

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- **Main Portal:** [MBS Online](#)
- **Item Search:** [MBS Item Search](#)
- **News & Updates:** [MBS News](#)
- **Item 965 - GPCCMP:** [View Item 965](#)

### Services Australia (Medicare)

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- **Health Professionals Portal:** [HPOS](#)
- **Provider Enquiry Line:** 132 150
- **Education Resources:** [Education for Health Professionals](#)
- **GPCCMP Information:** [GP Chronic Condition Management Plans](#)

### Professional Development

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- **MBS eLearning:** [Services Australia eLearning](#)
- **Chronic Disease Module:** [MBSM12 GP Chronic Condition Management Plans](#)
- **Better Access CPD:** Available through respective professional associations

### Forms and Documents

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- **Referral Templates:** Available through practice management software
- **Services Australia Forms:** [Health Professional Forms](#)
- **Patient Resources:** [Health Direct](#)
- **MBS Downloads:** [MBS Online Downloads](#)

### Professional Associations

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- **Allied Health Professions Australia:** [AHPA](#)
- Your specific professional body for updates and CPD

### Contact for Queries

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- **MBS Interpretation:** [askMBS@health.gov.au](mailto:askMBS@health.gov.au)
- **Provider Services:** 132 150
- **Compliance Queries:** [Medicare Compliance](#)

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## Important Notes

### Stay Updated

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- Subscribe to MBS updates at [MBS Online News](#)
- Check for changes before July 2027 transition deadline
- Review professional association communications regularly

### Documentation Best Practice

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- Keep detailed clinical records
- Document consent for information sharing
- Maintain referral and report copies
- Use secure electronic communication where possible

### Quality Care Focus

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- Ensure services meet patient needs
- Coordinate with care team
- Provide timely reports to GPs
- Consider case conferencing for complex patients

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This guide is current as of November 2025. Always verify current requirements at [MBS Online](#). This is general guidance only - practitioners must ensure services meet all legislative requirements.

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### Disclaimer

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This resource guide is provided as educational material to supplement professional knowledge. It does not replace official MBS documentation or professional advice. Practitioners are responsible for ensuring compliance with all current Medicare requirements.