

GP Chronic Condition Management Plans (GPCCMP): What are they and am I eligible?

Brief overview

1. Patient sees their GP

The GP determines that the patient has a chronic condition that has lasted, or is likely to last, 6 months or more and would benefit from a structured care plan (Services Australia, 2025).

2. GP develops the GPCCMP

The GP documents:

- Health needs
- Goals
- Planned treatments
- Referrals to allied health providers (Services Australia, 2025).

3. Referral to allied health provider/s

Once the GPCCMP is completed, the GP can refer the patient to eligible allied health professionals (Services Australia, 2025). This can include:

- Occupational Therapist (OT)
- Speech Pathologist
- Psychologist
- Physiotherapist
- Dietitian
- Other eligible allied health practitioners (Services Australia, 2025).

4. Allied health sessions

The patient accesses Medicare-subsidised allied health services.

- Up to 5 allied health sessions per calendar year shared across ALL providers. (Services Australia, 2025).
- For example, the GP may refer for 2 sessions of OT, 2 sessions of speech pathology and 1 session of physiotherapy

5. GP review

Allied health providers update the GP, the GP reviews progress and updates the plan if needed (Services Australia, 2025).



What is a GPCCMP?

- The GP Chronic Condition Management Plan (GPCCMP) is a Medicare supported care plan developed by a General Practitioner (GP) for people living with a **chronic or ongoing health condition** that has lasted, or is expected to last, 6 months or more, or is terminal.
- The plan helps coordinate healthcare, identify goals, and connect patients with health professionals who can support their needs.
- Examples of conditions which may qualify include: Autism Spectrum Disorder; Attention Deficit Hyperactivity Disorder (ADHD); cerebral palsy; diabetes; asthma; chronic pain; developmental delays; mental health conditions with ongoing impacts; arthritis; epilepsy.
- This is not an exhaustive list - eligibility is determined by the patient's GP based on their individual circumstances (Services Australia, 2025).
- A GPCCMP must be prepared and managed by a GP who works with patient and/or their family to identify:
 - Health concerns
 - Treatment goals
 - Support needs
 - Appropriate referrals to allied health professionals.
- A referral is valid for the period stated on the referral. If no timeframe is stated, it is valid for 18 months from the date of the first service provided under that referral
- Referrals to allied health professionals must include the name, practice details and provider number of the referring GP, date of referral, explain the reasons for the referral including any information about the patient's condition considered relevant to the allied health professional, and must be signed (Service Australia, 2025).





Health professionals that can provide services under a GPCCMP

GPs can refer a patient to eligible allied health professionals including:

- Occupational Therapists (OT)
- Speech Pathologists
- Psychologist
- Physiotherapists
- Dietitians
- Exercise Physiologist
- Podiatrists
- Chiropractors
- Osteopaths
- Other Medicare-recognised allied health providers (Services Australia, 2025).

Allied health reporting requirements

- The allied health provider must provide a written report to the referring GP after the first service and after the final service, or more frequently where clinically necessary.
- The report will include a summary of assessments completed, intervention provided, outcomes and recommendations for future management.

Number of sessions

- The GPCCMP provides access up to **5 Medicare-rebated allied health services per calendar year**. These sessions are shared across all allied health providers involved in the patient's care (Service Australia, 2025).
- Sessions must generally be at least 20 minutes in duration and be provided to the individual patient.
- Additional telehealth requirements apply to video and telephone services.

Example

Rebates on 2 OT sessions + 2 Speech Pathology sessions + 1 Physiotherapy session would use all 5 Medicare-rebated sessions available for a single calendar year.



Additional support for Aboriginal and Torres Strait Islander peoples

- Eligible Aboriginal and/or Torres Strait Islander patients with a GPCCMP **may** be able to access up to **10 Medicare-rebated allied health sessions per calendar year**, compared to the standard 5 sessions, under Medicare Group M11 – Health services for Aboriginal and Torres Strait Islander people.
- Speak to your GP to check your eligibility.
- Visit this link to find out more:

<https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=81300>

(Department of Health, Disability and Ageing, 2025, b).

Are allied health sessions bulk billed?

- No, allied health sessions generally won't be bulk-billed – you will need to pay a gap fee
- Medicare currently provides a rebate of **\$63.40**, which is based on a 20 minute session length (Australian Government, 2024).
- Most allied health sessions are much longer, so Medicare rebates do not cover the full appointment fee. There will be out-of-pocket costs.

Examples:

Provider fee	Medicare Rebate	Out-of-pocket cost
\$240	\$63.40	\$176.60
\$200	\$63.40	\$136.60

Can I use a GPCCMP and private health insurance?

- If you also have private health insurance, you can only claim a rebate through Medicare OR Private Health Insurance for a single appointment – you cannot claim a rebate through both (Services Australia, 2025).
- You might use up your sessions under the GPCCMP and then ask your provider to provide receipts for private health claiming for future sessions.



Using a GPCCMP at Believe and Become

- To use a GPCCMP at Believe and Become, we will need to **receive a GP referral prior to your first appointment** to ensure we can include all required information on your invoices to allow you to claim the rebate.
- The referral must specify the request for **occupational therapy** and explain the reasons for referring the patient. It does not need to include a specific therapist's name or details.
- The referral needs to be dated **before the date** of your first occupational therapy appointment.
- You will need to work with a **registered occupational therapist** - therapy assistant sessions are not eligible for Medicare rebates.



References

Australian Government. (2024). *Medicare Benefits Schedule - Item 10960*. MBS Online. <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=10960>

Department of Health, Disability and Ageing. (2025, November 1). *Medicare benefits schedule - Item 965*. Australian Government. Medicare Benefit Schedule. <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&q=965>

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Services Australia. (2025). *GP chronic condition management plan*. Services Australia. <https://www.servicesaustralia.gov.au/gp-chronic-condition-management-plan?context=20>