

REBATES FOR SPEECH THERAPY SERVICES

Some families may be able to obtain a rebate towards the cost of speech therapy, including:

- Private health insurance rebates. The rebate will vary depending on your health fund and level of cover.
- Medicare rebates (see below)

MEDICARE REBATES FOR SPEECH PATHOLOGY SERVICES

Some children and adults may be able to receive assistance with the cost of private speech pathology sessions through Medicare. The Chronic Disease Management (CDM) program is one of the Medicare programs which provides access for eligible clients to a Medicare rebate for speech pathology services. For example, some people may be eligible for a Medicare rebate, for up to five speech pathology services, per calendar year under a CDM. People of Aboriginal or Torres Strait Islander descent may also be eligible for a further five follow-up services through this CDM plan.

Not all people with communication or swallowing difficulties are eligible for Medicare rebates. Your family doctor/GP is the best person to talk to about Medicare and the different plans and options that may be available for your child.

A Chronic Disease Management Plan is sometimes also known as an Enhanced Primary Care Plan (EPC).

Eligible Clients	Referral pathway	Number of Services Per Client	Rebate amount
Clients who have a chronic medical condition and complex care needs	Chronic Disease Management (CDM) plan or Enhanced Primary Care (EPC) plan referral form must be completed by a GP	5 per calendar year for Allied Health Services, including speech pathology	\$56.00 per session
Aboriginal and Torres Strait Islander (ATSI) people who have had a health assessment	A referral form for follow-up allied health services for clients of ATSI descent must be completed by a GP who has conducted a health check consistent with the ATSI Medicare health checks	5 per calendar year in addition to 5 per calendar year under the EPC	\$56.00 per session

MEDICARE REBATE ITEMS

Item Number	Description	Benefit
10970	Speech Pathology - Chronic Disease Management (CDM Plan)	\$56.00
93000	Speech Pathology - Chronic Disease Management (CDM Plan) - Telehealth Session	\$56.00
81360	Speech pathology health service provided to a person who is of Aboriginal or Torres Strait Islander descent (ATSI PLAN)	\$56.00
93048	Speech pathology health service provided to a person who is of Aboriginal or Torres Strait Islander descent (ATSI PLAN) - Telehealth Session	\$56.00
82020	Better Start for Children with Disability - Autism, Pervasive Developmental Disorder And Disability Services- speech pathology health service provided to a child, aged under 15 years, for treatment of a pervasive developmental disorder (PDD) or an eligible disability - at least 30 minutes	\$79.05
93036	Better Start for Children with Disability - Autism, Pervasive Developmental Disorder And Disability Services- speech pathology health service provided to a child, aged under 15 years, for treatment of a pervasive developmental disorder (PDD) or an eligible disability - at least 30 minutes via Telehealth	\$79.05
82005	Helping Children with Autism Package - Autism, Pervasive Developmental Disorder And Disability Services - Speech pathology health service provided to a child, aged under 13 years, At least 50 minutes	\$79.05
93033	Helping Children with Autism Package - Autism, Pervasive Developmental Disorder And Disability Services - Speech pathology health service provided to a child, aged under 13 years, At least 50 minutes via Telehealth	\$79.05

HOW TO PROCESS A MEDICARE REBATE FOR SPEECH PATHOLOGY SERVICES

Process for making a Medicare Claim:

- Step 1. Notify Aspire Speech Pathology if you have a Chronic Disease Management Plan (CDM plan) from your doctor and will be making Medicare Claims for your speech pathology sessions.
- Step 2. Send a copy of your doctor's referral and copy of the CDM plan to Andrea Cooper Speech Pathology. The CDM plan looks like the image below.

The CDM plan must list 'Aspire Speech Pathology or Andrea Cooper Speech Pathology' or your speech pathologist as the name of the Allied Health Professional.

The address must be listed as:

- Lambton
- Kurri Kurri
- Newcastle
- Mobile Service

The number of services listed next to 'Speech Pathologist' is the number of sessions you can claim the Medicare rebate for.

Eligible patients can claim a maximum of five allied health services in the period 1 January to 31 December

- Step 3. Aspire Speech Pathology will send you an invoice.
- Step 4. Pay your invoice to Aspire Speech Pathology.
- Step 5. Aspire Speech Pathology will then email you a copy of your receipt.

YOU USE THE RECEIPT TO MAKE THE CLAIM. NOT YOUR ORIGINAL INVOICE.

Your receipt must include the following details in order to be successful when submitting the claim to Medicare:

- List the service as a 'CDM session'
- Use the item code '10970'
- List the provider number of your GP
- List the date the referral was made
- List the Medicare provider number of the speech pathologist

Step 6. Make your claim to Medicare. Below is a link to the Australian Government – Services Australia Website which lists the ways you can make your claim to Medicare.

<https://www.servicesaustralia.gov.au/individuals/subjects/how-claim-medicare-benefit/medicare-claims>

For further information about Chronic Disease Management – Individual Allied Health Services under Medicare – Patient Information, click on the link below:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-allied-health-brochure.htm>

Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health and Ageing or one that contains all of the components of this form.

To be completed by referring GP:

Please tick:
 Patient has GP Management Plan (item 721 or review item 732) AND Team Care Arrangements (item 723 or review item 732)
 GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)
Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other.

GP details
 Provider Name: _____
 Address: _____

Patient details
 Medicare: _____ Patient's ref:
 First Name: _____ Surname: _____
 Address: _____ Postcode: _____

Allied Health Professional (AHP) patient referred to (Please specify name or type of AHP)
 Name: _____
 Address: _____ Postcode: _____

Referral details – Please use a separate copy of the referral form for each type of service
 Eligible patients may access Medicare rebates for up to 5 allied health services (total) per calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950		Exercise Physiologist	10953		Podiatrist	10952
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954		Physiotherapist	10960			

Referring General Practitioner's signature: _____ Date signed: _____

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.
 Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.
 Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS [MH version 4/2017] CDAH1 0510

PRIVATE HEALTH INSURANCE CLAIMS FOR SPEECH PATHOLOGY SERVICES

The rebate will vary depending on your health fund and level of cover.

Most private health insurance companies now have an app that you can use to make health insurance claims.

Item Number	Full Description	Abbreviated Description
310	Initial individual consultation/assessment up to 45 minutes	INITIAL TO 45 MINS
320	Initial individual consultation/assessment 46 - 90 minutes	INITIAL 46 - 90 MINS
330	Initial individual consultation/assessment over 90 minutes	INITIAL OVER 90 MINS
340	Subsequent individual consultation/assessment/treatment up to 45 minutes	SUBS TO 45 MINS
350	Subsequent individual consultation/assessment/treatment 46 - 90 minutes	SUBS 46 - 90 MINS
360	Subsequent individual consultation/assessment/treatment over 90 minutes	SUBS OVER 90 MINS
370	Group treatment up to 45 minutes	GROUP TO 45 MINS
380	Group treatment 46 - 90 minutes	GROUP 46 - 90 MINS
390	Group treatment over 90 minutes	GROUP OVER 90 MINS

HCF: <https://www.hcf.com.au/insurance/health/how-to-make-a-claim>

Medibank: <https://www.medibank.com.au/health-insurance/using-your-cover/claim/>

NIB: <https://www.nib.com.au/health-information/extras/how-to-make-a-claim>

BUPA: <https://www.bupa.com.au/health-insurance/oshc/members-help-guide/make-a-claim>

NDIS FUNDING

Aspire Speech Pathology is a registered NDIS Service Provider and can cater to NDIS funded clients under a variety of plans including transdisciplinary packages and self-managed packages. Our service is registered to provide services for Early Childhood Supports, Therapeutic supports and Assistive/Communication Technology support.

We can see NDIS clients that have agency managed, plan managed or self-managed plans.

Children in the early intervention age range with language and/or speech disorders may be eligible for NDIS funding depending upon the severity of the disorder. Early Intervention support is available to children who meet the early intervention requirements. The intention of early intervention is to alleviate the impact of a person's impairment upon their functional capacity by providing support at the earliest possible stage. Early intervention support is also intended to benefit a person by reducing their future needs for supports.

We can provide assessment and reports that can be used in the application of NDIS funding for eligible clients.

Further information about NDIS funding is available from www.ndis.gov.au

If you are unsure about your child's eligibility for funding please contact us, and we can discuss the available options with you in more detail.