

Information Sheet for the general public

Speech pathology fees, rebates and funded programs

Below is information about speech pathology fees, rebates available through Medicare and information about programs to support speech pathology programs.

If you have further questions in relation to this document, please do not hesitate to contact Speech Pathology Australia on 03 9642 4899 or 1300 368 835 or office@speechpathologyaustralia.org.au

Fees

Public speech pathology services are generally free, though there may sometimes be a co-payment.

Private speech pathologists can determine their own fee schedule. When determining a fee schedule, speech pathologists may base these fees on factors such as costs to run the business, their experience etc. Speech Pathology Australia does not have a recommended schedule of fees for speech pathologists.

Speech pathologists may charge different fees for a range of services including assessment, therapy (individual or group), attendance at meetings, tele-health consultations, report writing, travel, presentations, non-attendance at a session, provision of materials, additional administrative tasks etc.

Rebates

■ Medicare Items for Complex and Chronic Conditions

Individuals may be eligible for rebates under the Medicare Items for Complex and Chronic Conditions. Clients have complex care needs if they need ongoing care from a multidisciplinary team consisting of their GP and at least two other health care providers, one of which may be a speech pathologist.

Residents of aged care facilities may also be eligible for this program but hospital in-patients are not eligible for the CDM program. If you are unsure as to you (or your child's) eligibility please discuss with your GP.

Referral process

The GP will prepare a GP Management Plan and Team Care Arrangements and make the referral to the speech pathologist using a CDM referral form. The client cannot claim the rebate from Medicare until the speech pathologist receives the referral form.

The client may request to see a particular speech pathologist or the GP may recommend one. The speech pathologist must be registered with Medicare. (If the speech pathologist is registered with Medicare they will have a provider number.)

The GP nominates the number of sessions up to a maximum of 5 per calendar year.

The five sessions are per client, not five sessions per allied health professional, and may be across a number of allied health professionals (e.g., three with a speech pathologist and two with an occupational therapist).



If all sessions are not used during the calendar year in which the client was referred, the unused sessions can be used in the next calendar year. However, those sessions will be counted as part of the five sessions with allied health professionals available to the client during that calendar year.

Clients continue to be eligible for rebates for speech pathology while they are being managed under a CDM plan as long as the need for eligible services continues to be recommended, by their GP, in their plan.

Session

A session is a face to face consultation with an allied health professional. The consultation must be of at least 20 minutes duration and must be provided to an individual client. The speech pathologist named on the referral form should provide the service. If there is a change in the speech pathologist providing the service the GP should be notified of the change.

Medicare rebate

The current rebate is \$53.80. (as of July 2019). Up to date information about the rebate can be found at [MBS online](#).

Please note: the speech pathologist is able to set the level of their fee. In most cases the fee will be more than the rebate and there is generally an out of pocket cost for clients who are seeing a speech pathologist under this program. Speech pathologists rarely bulk bill (i.e. only charge the Medicare rebate) for services that are eligible under Medicare items such as the Chronic Disease Management (CDM) Program. The client pays the full fee and then claims the rebate from Medicare. The out-of-pocket expense will count towards the Medicare safety net. See: [Information regarding Medicare safety net](#)

Claims

Upon payment of the fee the speech pathologist provides the client with a receipt. The receipt must include;

- Client's name
- Date of service
- MBS item number (Speech Pathology item number = 10970)
- Speech pathologist's name and provider number
- Referring GP's name and provider number
- Date of referral
- Amount charged
- Total amount paid
- Any amount outstanding in relation to the service

The rebate will be paid when this receipt is presented to Medicare. If you lose track of how many speech pathology services you have claimed in a calendar year they you contact Medicare on 132 011.

Other allied health professionals can provide services under the CDM program

There are a range of other allied health professionals, in addition to speech pathologists, who can provide services under the CDM program. These include;

Aboriginal Health Worker	Occupational Therapist
Audiologist	Osteopath
Chiropractor	Physiotherapist
Diabetes Educator	Podiatrist
Dietician	Psychologist
Exercise Physiologist	Mental Health Worker

■ Other allied health programs under Medicare

There are a number of other funding programs available under Medicare. They include:

Helping Children with Autism package

Medicare rebates for specialist and allied health services are now available to assist in the diagnosis and treatment of children for autism or Pervasive Developmental Disorders (PDD)

Up to four (4) Medicare rebate services in total will be available for eligible allied health professionals, including speech pathologists, to collaborate with the referring practitioner in the diagnosis of a child (aged under 13 years) and/or the development of a child's PDD treatment and management plan

A further twenty (20) Medicare rebate services in total will also be available for eligible allied health professionals, including speech pathologists, to provide treatment to a child (aged under 15 years and who was under 13 years at the time of receiving their diagnosis from the specialist and the development of the PDD treatment and management plan).

The 20 services are for a lifetime, and may apply across a speech pathologist, psychologist and occupational therapist, as determined by the treatment and management plan prepared by the referring specialist.

See the [information sheet](#) from the Department of Health about the Medicare items available through this program.

Follow-up Allied Health Services for People of Aboriginal or Torres Strait Islander Descent

Additional assistance for people of Aboriginal and Torres Strait Islander descent who have had a health assessment to receive a Medicare benefit for follow-up allied health services. To access these items patients must be referred to an eligible allied health provider by their GP. Eligible patients can receive a maximum of five services -in addition to the five allied health services available each calendar year for patients who have a chronic medical condition and complex care needs. See: [Follow-up Allied Health Services for People of Aboriginal or Torres Strait Islander Descent](#)

■ Private Health

Rebates for speech pathology services may be available through your private health fund (PHF). You will need to determine the rebates with your health fund provider prior to commencing the service. You will also need to check with your speech pathologist that they are an eligible provider for your health fund.

You may not claim a Medicare rebate and a private health insurance rebate for the same service. You may not claim a private health insurance rebate for a session where you have also used NDIS funds. You must choose which rebate they are going to claim for a service.

Funded Programs

■ National Disability Insurance Scheme (NDIS)

The NDIS is an Australia wide funding scheme for people with a disability. It is replacing many of the other funding schemes for children, including the Helping Children with Autism and Better Start packages. In order to qualify to access the NDIS a person must be:

- 0-65 years old
- A permanent resident or Australian citizen
- Have a permanent/lifelong disability that impacts upon their everyday life

The NDIS is gradually rolling out across Australia and is due to be fully rolled out by July 2020. People with a disability must meet certain criteria as determined on an individual basis to receive a package of funding for a 12 month period. The amount of funding that a person will be able to receive through the NDIS varies, as it is tailored to the individual following a needs based assessment. The NDIS is not means tested, and the package of funding, known as a 'plan' is reviewed annually. NDIS funds cannot be used with Medicare or private health fund rebates to pay for the same session.

Please see the NDIS website <https://www.ndis.gov.au/> for more information

■ Helping Children with Autism (HCWA) under the Department of Social Service (SS)

The Helping Children with Autism package was a package that provided additional funding to ensure that children aged 0 to 6 years diagnosed with ASD have greater access to a range of early intervention services, including packages of individual assistance. This program is gradually being phased out, as the NDIS is fully rolled out in most states. Please see the [Department of Social Services website](#) for further information.

Children with Autism or Autism like symptoms may also have access to PlayConnect Playgroups. For more information see: [Autism Specific Early Learning and Care Centres](#)

For more information see the [Raising Children](#) and [Department of Social Services websites](#)

■ Better Start under DSS

Better Start is a package of funding similar to HCWA. This was available to children aged six and under who have a range of conditions listed on the [Better Start initiative website](#)

You can also find more information on the [Department of Social Services website](#).

■ Other Funding Sources

Carer Payment

This is a supplementary payment for carers who provide additional daily care and attention for someone with a disability or medical condition, or who is frail aged. Some carers may use the payment for speech pathology services. Speech pathologists are included on the list of treating health professionals who can complete the medical assessment for children. See [Carer Allowance - Department of Human Services](#)

National Australian Defence Force Academy Family Health program

See: [Assistance is available to families for allied health services](#)

Workcover (in each state) – Motor vehicle/transport accident insurance

- ACT: various insurers. See ACT Department of Treasury
- NSW: State Insurance Regulatory Authority
- Northern Territory: Motor Accidents Compensation (with the TIA)
- Queensland: Motor Accident Insurance Commission (MAIC)-regulatory authority
- South Australia: Motor Accident Commissions (MAC)
- Tasmania: Motor Accidents Insurance Board (MAIB)
- Victoria: Transport Accident Commission (TAC)
- Western Australia: Insurance Commission of Western Australia (IC)

Department of Veteran Affairs

See: www.dva.gov.au/

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