

## Speech Pathology and the CDM Program

### Information for GPs

Please find below responses to questions GPs frequently ask about speech pathology and the CDM program. For more information please contact SPA by phone 03 9642 4899 or email [office@speechpathologyaustralia.org.au](mailto:office@speechpathologyaustralia.org.au).

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#### ***What sort of speech and language difficulties may patients have who might be eligible for the CDM program?***

The patient:

- has not met their speech and/or language milestones due to a developmental delay or language delay or disorder.
- has speech, language and/or swallowing difficulties related to a physical and/or intellectual disability,
- is difficult to understand because of a speech delay or disorder.
- finds it difficult to understand people, has a reduced vocabulary, cannot put sentences together or take part in conversations due to a language delay or disorder.
- has speech, language and/or swallowing problems following a stroke.
- loses voice, cannot talk loudly or has poor voice quality due to a voice problem or head and neck surgery or progressive neurological condition such as Parkinson's Disease.
- has social communication difficulties due to a developmental or language delay or disorder.
- has dysfluent speech due to stuttering.
- has speech, language and/or swallowing problems due to a Traumatic Brain Injury.
- has speech, language and/or swallowing problems due to a progressive neurological condition e.g., Motor Neurone Disease or Parkinson's.
- has speech, language and/or swallowing problems due to dementia or ageing.

The patient may also have mental health issues related to their communication difficulties.

#### ***How do I find a speech pathologist?***

If you need to find a speech pathologist go to Speech Pathology Australia's "[Find a Speech Pathologist Search](#)"

#### ***Does the speech pathologist need to be registered with Medicare?***

Yes, the speech pathologist needs a Medicare Provider Number to be able to provide a Medicare rebateable service.

#### ***What do I need to provide to the speech pathologist?***

You need to send the speech pathologist a referral form (see over) as the patient cannot claim a rebate from Medicare until the speech pathologist receives this form.

#### ***How many sessions of speech therapy will the patient require?***

The number of speech therapy sessions recommended will be based on the patient's individual needs and evidence based practice. Patients with chronic and complex needs typically require more than the 5 sessions available through the CDM program. If the patient cannot attend more than the number of sessions allocated the speech pathologists will discuss with the patient how their speech therapy needs may be best managed after the completion of the CDM program sessions.

#### ***What written information will the speech pathologist provide to me?***

The speech pathologist will provide the referring GP with a written report at the completion of the first and last session. The report will include a summary of assessment results, therapy outcomes, goals and ongoing speech pathology needs.

#### ***What are the fees for speech pathology?***

There is no recommended fee schedule. Speech pathologists set their own fees and the majority do not bulk bill. Patients should be informed that they will incur out of pocket expenses.

#### ***Can patients claim through their private health insurance funds for speech therapy?***

Patients with private health insurance cannot claim a rebate from their health fund for the same sessions they receive a Medicare rebate.



**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 ) AND Team Care Arrangements (item 723) OR
- 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.

**GP details**

Provider Number

Name

Address  Postcode

**Patient details**

Medicare Number  Patient's ref no.

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 a maximum of 5 allied health services (total) in a 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/Aboriginal and Torres Strait Islander Health Practitioner	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964	1	Occupational Therapist	10958	4	Speech Pathologist	10970
	Diabetes Educator	10954		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.

This form may be downloaded from the Department of Health and Ageing website at [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems)

**THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**

If you know the SP's name include here or write speech pathologist or the practice name. Please note if you write a speech pathologist's name in here and they cannot see the patient you will need to provide another form to the patient.