

## **Allied Health Services Under Medicare**

### **Chronic Disease Management Items**

Who is eligible?

Clients who have a chronic condition and complex care needs who are being managed by their GP under a Chronic Disease Management (CDM) plan may be eligible for Medicare rebates.

A chronic condition is one that has been (or is likely to be) present for six months or longer. 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. These may include a Speech Pathologist, Psychologist, Occupational Therapist, Dietician, or other health care professionals. Residents of aged care facilities may also be eligible for this program.

How do I apply for this rebate?

Your GP must determine if you are eligible, and will make the referral using an CDM referral form after completing a GP Management Plan and Team Care Arrangements. You cannot claim the rebate from Medicare until the Speech Pathologist receives the referral form. The Speech Pathologist must be registered with Medicare and have a provider number. The GP nominates the number of services (sessions) up to a maximum of 5 per client per calendar year. The five sessions may be made up of one type of service (e.g. Speech Pathology) or a combination of different types of services (e.g. Speech Pathology and Occupational Therapy). If all sessions are not used during the calendar year in which the patient was referred, the unused sessions can be used in the next calendar year. However, those sessions will be counted as part of the five rebates for allied health services available to the patient during that calendar year.

What is the benefit?

As at April 2012, the Medicare rebate for each 20 minute Speech Pathology session is \$51.95. This is reviewed each year. However the Speech Pathologist may recommend a longer session and charge accordingly. You will be required to pay any "gap" fee.

What does the Speech Pathologist have to do?

The Speech Pathologist will provide a receipt with specific details on it for you to take to Medicare for claiming. The Speech Pathologist is also required to report back to the GP after the first and final visit covered under the referral. The Speech Pathologist does not receive any remuneration from Medicare to participate in this scheme.