

# Speech Pathology Referral

## Medicare M10 pathway or GP Chronic Condition Management Plan (GPCCMP)

To the referring doctor: thank you. This form covers Medicare's referral requirements for both pathways. Please tick one pathway, complete the matching boxes, then sign and date. A referral letter with the same details is also accepted.

☐ **Medicare M10 (eligible disability)**

Patient under 25. Referrer: GP, specialist or consultant physician.

☐ **GP Chronic Condition Management Plan**

Current GPCCMP, prepared or reviewed in the last 18 months.

### 1 Patient details

Patient full name

Date of birth

Medicare no. and IRN

Parent / carer name

Parent / carer phone or email

### 2 Reason for referral

Condition is: ☐ Suspected (assessment) ☐ Confirmed (treatment)

☐ Speech sound disorder

☐ Childhood apraxia of speech

☐ Dysarthria

☐ Stuttering

☐ Cleft lip and/or palate

☐ Other: \_\_\_\_\_

Clinical information and reason for referral (required)

### 3 Services requested

#### M10 pathway

##### Assessment sessions

Up to 4, then referrer review. Max 8 lifetime.

##### Treatment sessions

Up to 10 per course. Max 20 lifetime.

☐ Treatment & Management Plan attached (GP item 139)

Needed for treatment, not assessment. Specialists: item 137.

Treatment goals

##### Previous M10 use (shared lifetime cap):

☐ None ☐ Unknown ☐ Some used (below)

Assessment sessions used \_\_\_\_\_ Treatment used \_\_\_\_\_

#### GPCCMP pathway

Date GPCCMP prepared (item 965) or last reviewed (item 967)

##### Number of sessions (optional)

Up to 5 allied health services per calendar year, shared across all allied health (10 for Aboriginal and Torres Strait Islander patients).

Referral period (optional): if not stated, a GPCCMP referral is valid for 18 months from the first service.

Referral period, if different

### 4 Referring practitioner

Name

Provider number

Phone or email

Practice name and address

Signature (electronic accepted)

Date of referral

We will send you a written report as Medicare requires, and request a new referral when one is needed.

## Quick guide

For GPs, parents and educators

### For doctors: the two Medicare pathways

|                               | Medicare M10 (eligible disability)                                                                                                                                                                                                                                 | GP Chronic Condition Management Plan                                                                                                                               |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Who is eligible</b>        | Under 25 with a suspected or confirmed eligible disability, including speech sound disorder, stuttering, childhood apraxia of speech, dysarthria, and cleft lip and/or palate                                                                                      | Patient with a chronic condition and a GPCCMP prepared or reviewed in the last 18 months                                                                           |
| <b>Who can refer</b>          | GP, specialist or consultant physician                                                                                                                                                                                                                             | The GP managing the GPCCMP                                                                                                                                         |
| <b>Services</b>               | Assessment: up to 8 per lifetime (review with the referrer after 4). Treatment: up to 20 per lifetime, up to 10 per course                                                                                                                                         | Up to 5 allied health services per calendar year, shared across allied health (10 for Aboriginal and Torres Strait Islander patients)                              |
| <b>Before treatment</b>       | GP completes a Treatment & Management Plan (item 139: once per lifetime, at least 45 min, after the diagnosis is confirmed). Specialists and consultant physicians use item 137. The referral states the treatment goals. Assessment referrals don't need item 139 | Current GPCCMP (item 965 to prepare, item 967 to review)                                                                                                           |
| <b>Referral must be</b>       | Written, signed and dated, with referrer name, provider number or practice address, and the reason for referral                                                                                                                                                    | Written, signed and dated, with referrer name, provider number or practice address, and the reason for referral. Number of sessions and provider name are optional |
| <b>Speech pathology items</b> | Assessment 82005; treatment 82020 (telehealth: video 93033 / 93036, phone 93041 / 93044)                                                                                                                                                                           | 10970                                                                                                                                                              |
| <b>We send back</b>           | Written report after the final assessment and at the end of each course of treatment                                                                                                                                                                               | Written report to the GP, as required under the plan                                                                                                               |

### For parents and carers: 4 easy steps

**1 Book a GP appointment**

Print this form or save it to your phone, and ask your GP about a Medicare referral for speech pathology.

**2 Your GP completes page 1**

They tick the pathway, fill in the details, and sign and date the form.

**3 Send it to us**

Email the completed page 1 to us (address below), or bring it to your first appointment.

**4 We'll be in touch**

We'll call to book your child in and explain any out-of-pocket costs.

### Claiming your Medicare rebate

For Medicare to pay a rebate, page 1 must be signed and dated and show the doctor's name and provider number. Bring your child's Medicare card to the first session. We record the referral details on every invoice so you can claim, and we can often process the rebate for you in clinic. Rebates cover part of the fee, so there may be a gap payment.

### For educators and early childhood teachers

Educators can't refer for Medicare, but you can help. Share this form with families, and send a short note of what you've noticed in the classroom (for example, how easily the child is understood, stuttering, or frustration when talking). Families can give this to their GP and to us.

*Based on Medicare Benefits Schedule items 82000–82035, 137, 139, 965, 967 and 10970, explanatory notes MN.10.1 and MN.10.3, and GPCCMP arrangements in place from 1 July 2025. Checked September 2026; Medicare rules can change, so check MBS Online for the latest requirements.*