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Information sheet for SPA members
Chronic Disease Management program

The Chronic Disease Management (CDM) program is one of the Medicare programs which provide access for eligible clients to a Medicare rebate for speech pathology services. The following information sheet provides general advice about the CDM program. Specific advice about the program can be found on the Services Australia (Medicare) website https://www.servicesaustralia.gov.au/individuals/medicare and by calling 132 150.

In summary:

- Formerly known as Enhanced Primary Care plan
- Speech pathologist must be registered with Medicare Australia and have their own Medicare provider number. It is illegal to bill for services using another provider's Medicare Number.
- The GP assesses the client's eligibility for a CDM plan. They are responsible for preparing and lodging a GP Management Plan and Team Care Arrangements and they make the referral to speech pathologist
- Client cannot claim rebate until referral form received by speech pathologist
- Speech pathologist must provide client with a receipt with all required details
- Speech pathologist must report to referring GP at completion of first and last service

Registration with Medicare – Medicare Provider Numbers

For clients to be able to claim a Medicare rebate, the **treating** speech pathologist must be registered with Medicare Australia.

To be eligible to register for a Medicare Provider Number the speech pathologist must be a financial practising member of SPA and be working in private practice.

Upon registration Medicare will issue the speech pathologist with a Medicare Provider Number. A Medicare Provider Number is unique to that individual and it is fraudulent for a speech pathologist to share their or use another speech pathologist's provider number.

The provider number is specific to the location where the service is provided. If a speech pathologist moves premises, thereby changing the location of their work, or commences work at an additional location they must notify Medicare of these changes. They will need to apply for a Medicare provider number- additional location. Please note that the Medicare number associated with the previous location may be closed when a provider moves premises, and so rebates will no longer be able to be processed under the previous number.

Speech pathologists who provide a mobile service would typically use their registered business address as the location of service address for the Medicare Provider Number. If you are unsure about which address to use please contact Medicare, by emailing medicare.prov@servicesaustralia.gov.au

to obtain advice regarding the location you should use. Provider numbers may be closed if no longer required.

For information about your obligations under the Medicare program see: Medicare and You- a workbook for new health professionals

To apply for a provider number or a provider number for an additional location see:

Applying for a Medicare Provider Number

Application for an additional location - Medicare provider/registration number or

create an additional provider number online

For further information refer to SPA's Information Sheet – Medicare Provider Numbers

Eligible Clients

The GP determines the client's eligibility for the program.

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

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 on-going care from a multidisciplinary team consisting of their GP and at least two other health care providers. Residents of aged care facilities may also be eligible for this program. Hospital in-patients are not eligible for the CDM program.

If a client has chronic and complex care needs it is important for the speech pathologist to develop a close relationship with that client's GP. By providing information of a client's speech pathology difficulties and needs the speech pathologist may seek the GP's consideration for that client to be included in the CDM program.

Please note, however, that the speech pathologist may not provide part completed CDM referral forms for the GP to sign or pre-empt the GP's decision about the service required by the client.

See Appendix 1: Template – letter to GP (CDM program) providing information regarding a client's chronic and complex speech pathology needs

See Appendix 2: Template Client record (CDM program)

Referral from GP

The GP will make the referral using a CDM referral form (or a letter containing all of the components of the referral form). See GP referral form (CDM program)

If the referral form contains the name and practice location of an allied health professional they can see any allied health professional at that practice. However, if a patient's referral form contains the name of an allied health professional, but no practice location, they must see the allied health professional who is specified on the form or else obtain a new referral form from their GP services.

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). Speech pathologists can contact Medicare on 132 150 to confirm how many allied health services have been claimed by a client within a calendar year.

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.

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 in their plan.

The referral form must be retained for 24 months.

A referral is not valid for a specific time frame, a referral for speech pathology services is valid for the stated number of services. The need for allied health services must be directly related to a patient's chronic condition and identified in their care plan. Where a patient does not provide a speech pathologist with a recently dated referral from their general practitioner, the speech pathologist should request the general practitioner to confirm the services are still clinically relevant under their care plan.

It is recommended that you advise the GP who made the referral if a referral form is received for a client who does not attend your service. For further information refer to SPA's Information Sheet – CDM program referral forms

Session requirements

Each session must be of at least 20 minutes duration and be provided face to face to an individual patient. Group sessions provided by a speech pathologist are not eligible for a Medicare rebate.

Telehealth

Telehealth sessions are currently able to be provided under CDM plans until 30 September 2020. There are different item numbers for telehealth sessions, although a referral under the 10970 number can still be accepted for telehealth sessions, the telehealth item numbers should be used on invoices and receipts.

93000 should be used for telehealth sessions using videoconferencing
93013 for telehealth sessions provided over the phone when videoconferencing is not available
Members can read more on the MBS telehealth items as result of COVID 19 Information Sheet.

Reporting to GP

Acknowledgement of the referral is recommended.

If the client is referred for a single service the treating speech pathologist is required to provide a written report to the referring GP at completion of the service.

Where a speech pathologist is providing multiple services to the same client under the one referral, they must provide a written report at completion of the first and last service, or more often if deemed clinically necessary.

The report should provide a summary of any assessment results, therapy outcomes and on-going speech pathology needs of the patient. See APPENDIX 3 Template – Report to GP re CDM program

Speech Pathology Australia has also prepared a letter that provides information about Speech Pathology and the CDM program- Information for GPs. This provides responses to questions that GPs might ask about speech pathology and the CDM program and can be used by all members.

Rebate

Information about the current Medicare rebate for Item 10970 can be obtained from the: Medicare Benefits Schedule Item 10970

The speech pathologist may choose to:

- Bulk bill - where the client isn't charged anything for the service and the speech pathologist claims the rebate directly from Medicare, or
- Set their own fee - where the client is charged more than the rebate thus incurring out-of-pocket expenses. The client then pays the full amount and can take their receipt to Medicare to obtain the rebate. Alternatively members can process Medicare rebates themselves through Medicare Easyclaim

Billing requirements

At completion of each service the speech pathologist provides the patient with an invoice.

The invoice (receipt) must include:

- patient's name
- date of service
- MBS item number (10970 or relevant telehealth item)
- speech pathologist's name and provider number
- referring GP's name and provider number

- date of referral
- amount charged, total amount paid, and any amount outstanding in relation to the service
  See APPENDIX 4: Template – CDM program Invoice

Private Health Insurance

Patients with private health insurance cannot claim a rebate from their health fund in addition to the rebate from Medicare for a service.

Original and Extended Medicare Safety Net

Out-of-pocket expenses for these services count towards the Original and Extended Medicare Safety Net. See: Information regarding Medicare safety net here

Other eligible allied health professionals

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

Other information

www.mbsonline.gov.au Search using item number to see explanatory notes and item descriptors.

Medicare's Education Guide - Chronic disease individual allied health services Medicare items 10950-10970

Department of Health's: Chronic Disease Management – Fact Sheet
Chronic Disease Management- questions and answers

Other Medicare programs

There are a number of other Medicare programs where eligible clients can claim a Medicare rebate for speech pathology services. They include;

- Follow up Allied Health Services for people of Aboriginal and Torres Strait Islander descent
- Better Start for Children with Disability
- Helping Children with Autism package

More information about these programs can be found on the Speech Pathology Australia website under Member Resources.

Contact Details for Medicare
Phone: 132 150
Email: askmbs@health.gov.au
Website: https://www.servicesaustralia.gov.au/individuals/medicare

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Original November 2012

Latest update: August 2020

The following documents are also available in a separate Word Document

APPENDIX 1

Template: Letter to GP providing information regarding a client's chronic and complex speech pathology needs

Example only. Please feel free to adapt.

(Speech pathologist's name/Practice name)
(ABN)
(Speech Pathologist/Speech Pathology)

(Speech pathologist/Practice contact details)
(Date)
(GP's name)
(GP's address)

Dear (GP's name)

RE: (Client's name) D.O.B: (XX/XX/XX)

I am writing to inform you of my involvement with (client's name) and his/her current speech pathology needs. I also wish to seek your consideration for (client's name) to participate in the Chronic Disease Management program.

(Discuss when formal assessments were completed and outcome supporting chronic condition)

e.g., In 2020, XX was diagnosed with a *severe delay* in both her receptive and expressive language skills according to the Clinical Evaluation of Language Fundamentals – 5th Edition (CELF 5). In reviewing her language skills in 2020 (CELF 5), XX continued to present with a s*evere delay* in her expressive language skills but made considerable gains in her receptive language skills. XX has received speech pathology support since February 2020.

(Discuss current difficulties and provide information supporting complex needs.)

e.g., XX presents with both receptive and expressive language difficulties together with literacy based learning difficulties. Such difficulties are significantly impacting on her academic progress and require continued intervention. (Discuss other areas of need supporting complex needs in more than one allied health service). XX has also attended a cognitive assessment and auditory processing assessment.

I would welcome the opportunity to discuss XX's speech pathology needs with you.

Yours sincerely,

(Speech Pathologist's name)
Certified Practising Speech Pathologist

cc: (Parents/Paediatrician/Teacher etc.)

APPENDIX 2

Template: Client Record of Chronic Disease Management Plan

Example only. Please feel free to adapt.

Client name _____

D.O.B _____

Name of referring doctor _____

Provider number _____

Date of referral _____

Number of speech pathology sessions the client referred for _____

Confirmed GPMP and TCAs lodged with Medicare YES

Session number	Session date	Receipt given to client	Session notes completed
1			
Report sent to GP via email / post / fax Date sent:			
2			
3			
4			
5			
Report sent to GP via email / post / fax Date sent:			

Records in file (tick):

Original referral form	
Copy of report (first session)	
Copy of report (last session)	
Copy of session notes	

APPENDIX 3

Template: Report to GP re CDM program (Initial/Final session)

Example only. Please feel free to adapt.

GENERAL PRACTITIONER DETAILS:

GPs Name: **Practice Fax:** **GP Email:**

Practice Name/Address:

PATIENT DETAILS:
Patient Name: **Date of Birth:**

Referred Date: **GPMP/TCA Review Due Date:**

REFERRAL FEEDBACK:

1. ASSESSMENT FINDINGS (including investigations and test results)

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2. TREATMENT AIMS

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3. TREATMENT PROVIDED

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4. FUTURE MANAGEMENT

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5. REQUEST FOR FURTHER INFORMATION/INVESTIGATIONS FROM GP

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6. OTHER COMMENTS:

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ALLIED HEALTH PROFESSIONAL DETAILS

Name:

Address:

Phone: Fax: Email:

Signature:……..**Date**…../…../…..

Please fill in form & return to GP one week before the above review date. Medicare require feedback to be provided after the initial assessment and at the completion of the referral, and more often if needed.

This form has been recreated and adapted from a form developed by the Ballarat Division of General Practice inc.

APPENDIX 4

Template: Medicare (CDM Program) Invoice for client

Example only- please feel free to adapt

Speech Pathologist's name/ Practice name

ABN:

Speech Pathologist/Speech Pathology Contact details

INVOICE

This invoice is eligible for a Medicare rebate.

Client's name: D.O.B:

Client's address: Phone number:

Service provided: Medicare Item No.: 10970

Speech pathologist: Provider number:

Referring doctor: Provider number:

Date of referral: Date of service:

Amount due: $000.00

GST: $000.00

TOTAL: $000.00

PAID IN FULL

(Speech Pathologist's signature / date)