Medicare Rebates for Speech Pathology
General information for clients & educators

Medicare assistance for speech pathology is available via two rebate programmes:

1. GP Chronic Condition Management Plan (CCMP)
2. M10 items for Complex Neurodevelopmental Conditions

Both rebates require a referral from a GP. Some families may be eligible for both a CCMP and M10 rebate. They can be used in combination, but not for the same appointment. Below is some information about each rebate and a table summarising the key points of both.

Medicare rebates & Speech Pathology Tasmania

Please be aware that we are not a bulk billing practice and there will be an out-of-pocket expense. The Medicare rebate is applied after the full amount for the services provided has been paid.

Please discuss the Medicare programmes with your GP. They will be able to provide you with more information and decide whether a referral is appropriate. If the GP or specialist believes you are eligible, they will decide how many appointments to include in the referral.

Clients may decide when to use their rebate. Some families may find it beneficial to apply it to sessions later in the calendar year when they have reached the Medicare Safety Net, as the rebate increases once the safety net threshold has been met.

Chronic Condition Management Plans

To qualify for a Chronic Condition Management Plan (CCMP) a person must have a chronic condition and complex care needs of at least six months duration. Most GPs prefer that their patients book a double appointment to discuss a management plan: this allows them to complete the paperwork requirements for setting up the CCMP.

The GP may recommend up to 5 visits to an allied health care professional per calendar year. The total number of visits recommended, and which allied health discipline they are recommended for, are at the professional judgement of the GP. There are many criteria which GPs are required to consider in making these recommendations.

Allied health professionals are required to provide written reports to the referring GP at the completion of the first and final appointments.

Medicare rebates for appointments under a CCMP are approximately $61.80 per session.

More information about CCMPs can be found at www.medicareaustralia.gov.au or the Services Australia website.

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M10 items for Complex Neurodevelopmental Conditions

From 1 March 2026, Medicare's MBS M10 item group allied health services (for complex neurodevelopmental conditions and eligible disabilities) for children and young people aged under 25, will expand to include:

- Stuttering
- speech sound disorders, including:
  - articulation disorder;
  - phonological disorder;
  - childhood apraxia of speech (also known as dyspraxia, developmental verbal dyspraxia or speech apraxia);
  - dysarthria.
- cleft lip and/or palate

Eligible families receive a referral from a GP, consultant physician or specialist for up to 8 assessment sessions and up to 20 treatment sessions. This is the total number of services that can be claimed before the client turns 25. The GP or specialist may refer an eligible person for either assessment, or treatment, or both. Families may choose to use all the rebated sessions immediately or spread them out over the years until the client turns 25.

Allied health professionals are required to provide written reports to the referrer at the completion of the assessment and at the conclusion of treatment.

The rebate for M10 items is $87.25 per session.

For more information about M10 item rebates, discuss with your GP. You may also find helpful, these Frequently Asked Questions about Medicare services for complex neurodevelopmental conditions from the Department of Health, Disability and Ageing.

Summary of Medicare assistance for speech therapy

	M10	CCMP
Client age	Under 25 yrs	Any age
Number of appointments	Up to 8 assessment + up to 20 treatment	Up to 5
Limit on when appointments can be used	Per lifetime up to age 25	Per calendar year
Rebate amount per appointment	$87.25	$61.80

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