REFERRALS THROUGH MEDICARE

MEDICARE M10 PATHWAY

1. **Purpose of the Medicare M10 pathway**

   The Medicare M10 pathway ("Diagnosis and Treatment for Eligible Disabilities") is designed to support children and young people under 25 years who have complex neurodevelopmental conditions or eligible disabilities by providing Medicare rebated allied health assessment and treatment services.

   The pathway:

   - Requires **a medical referral**
   - Is **time-limited and lifetime capped**
   - Is **discipline specific** (each allied health profession requires its own referral)

2. **What has changed - effective 1 March 2026**

   From **1 March 2026**, the list of eligible disabilities under M10 has expanded to include the following **speech specific conditions**:

   Newly included conditions

   Children and young people under 25 years who are suspected of or diagnosed with any of the following can now access M10-funded services:

   - Stuttering
   - Speech Sound Disorders (SSDs), including:
     - Articulation disorder
     - Phonological disorder
     - Childhood apraxia of speech (developmental verbal dyspraxia)
     - Dysarthria
   - Cleft lip and/or palate

   Superyou now accepts referrals under this expanded M10 pathway for all newly included Speech Pathology eligible conditions.

   Please click here for the full list of eligible disabilities.

3. **Who can access Medicare M10 services**

   To be eligible, the client must:

   - Be under 25 years of age
   - Hold a valid Medicare card
   - Be not admitted to hospital
   - Have a suspected or confirmed eligible disability
   - Have a valid referral from:
     - GP, **or**
     - Consultant physician, **or**
     - Specialist (e.g. paediatrician)

   A confirmed diagnosis is not required. Referrals can be made on suspicion, specifically to support diagnostic clarification.

4. **What Medicare funds under M10**

   - Speech Pathology (assessments & treatments)
   - Occupational Therapy (assessments & treatments)
   - Physiotherapy (assessments & treatments)

   With a rebate of: $87.25 per session for eligible services.

   Assessment services

   - Up to 8 allied health **assessment sessions** per lifetime

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- Sessions must be **at least 50 minutes**
- Often delivered in blocks of up to 4, with medical review required to continue
- Used to:
  - Contribute to diagnosis
  - Inform a treatment and management plan
  - Provide formal written feedback to the referrer

Treatment services

- Up to 20 allied health **treatment sessions** per lifetime
- Sessions must be at least 30 minutes
- Provided after diagnosis and plan confirmation
- Referrals are issued in blocks of up to 10 sessions
- A new referral is required for each block

DISCIPLINE-SPECIFIC CONSIDERATIONS

Speech Pathology (SP)

For families seeking to use the new Medicare M10 Speech Pathology items, Superyou takes referrals for all new Speech Pathology additions under M10 (stuttering, speech sound disorders and cleft).

Occupational Therapy (OT) and Physiotherapy (PT)

OT and PT services under Medicare M10 remain unchanged, but may be involved where:

- The child has another eligible disability (e.g. cerebral palsy, Down syndrome)
- OT/PT input is required as part of a multidisciplinary diagnostic or treatment plan

Important!

- Speech Sound Disorders (SSDs) alone **do not** automatically justify OT and/or PT involvement
- Medical referrals must clearly specify the reason for OT and/or PT involvement

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- Must be discipline-specific
- Must be retained by the provider for at least 24 months
- Must specify whether the referrals is for:
  - Assessment, **or**
  - Treatment

IMPORTANT CONSIDERATIONS

- The Medicare M10 pathway is not open-ended therapy – it is targeted, structured and capped
- Referrer relationships are central to sustainability
- Medicare provides a rebate, not full coverage. There will be out-of-pocket costs
- Sessions are lifetime-limited
- Early use should be strategic and purposeful

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GP CHRONIC CONDITION MANAGEMENT PLAN (GPCCMP)

If you have a chronic or long-term health condition, your GP may prepare a GP Chronic Condition Management Plan (GPCCMP).

Changes to the CDMP from 1 July 2025

From 1 July 2025, the GP Chronic Condition Management Plan replaced the older Chronic Disease Management Plans (CDMPs), GP Management Plans (GPMPs) and Team Care Arrangements (TCAs).

The older GP Management Plan (GPMP) and Team Care Arrangement (TCA) are being phased out.

GPs no longer need to collaborate with allied health professionals when preparing or reviewing plans – your GP can now send referrals directly to providers like Superyou.

Referrals must include:

- The referring GP's name
- The practice address or provider number
- The date of referral
- The validity period (if applicable)
- The GP's signature (electronic or handwritten)
- The reason for referral and relevant clinical details

Eligibility

Eligible clients can access up to 5 Medicare-rebated allied health sessions per calendar year.

These can be all one type (e.g. 5 Speech Pathology sessions) or a mix (e.g. 1 Occupational Therapy + 4 Speech Pathology).

Clients who already had a CDMP prepared before 1 July 2025 can continue using it until 30 June 2027, after which they'll need to transition to a GPCCMP.

To remain eligible, a GPCCMP must be prepared or reviewed within the past 18 months.

1. **Can I use my private health insurance to pay the balance?**

   No, this is considered "double dipping" and your private health insurance will not pay a rebate if you have already claimed with Medicare.

2. **Should I use my private health insurance or my GPCCMP plan?**

   This is completely up to you. Check with your private health insurance company to make sure you are covered for Speech Pathology, Occupational Therapy or Physiotherapy (depending on what service you require).

   Often, private health insurance companies do rebate a higher amount for assessment sessions

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so you may choose to use this for your initial assessment, rather than your GPCCMP plan.

3. **How often can I get a new GPCCMP Plan?**

   You are eligible for 5 rebated services each calendar year. This means 5 total, not for each therapy service.

4. **Can I use my GPCCMP rebates for group sessions or telehealth?**

   Yes, we can also offer GPCCMP rebated services via Telehealth.

   Unfortunately, we cannot offer GPCCMP rebates for group sessions.

5. **Can I use my GPCCMP rebates for travel?**

   No. You will be charged for the time it takes your clinician to travel to and from an appointment. You will also be charged for additional costs incurred with travelling to deliver face-to-face services (such as parking fees and the running costs of the vehicle).

   Please refer to our Terms and Conditions for more information about how we charge for travel.

   We do have clinic rooms for you to attend sessions to avoid these travel costs. Please speak to our administration team or your clinician for more information. You may also find more information on the Australian Government Department of Health's "Chronic Disease Management" PDF.

WHO CAN I TALK TO FOR MORE INFORMATION

Our team is available 8.30am - 4.30pm, Monday to Friday. We are always happy to explain fees and answer any qestions you may have. **Please call (08) 6263 8623 or email hello@superyou.org.au.**