



ITEM NUMBER - 10970 SPEECH PATHOLOGY

Speech pathology health service provided to a person by an eligible speech pathologist if:

- (a) the service is provided to a person who has
 - (i) a chronic condition; and
 - (ii) complex care needs being managed by a medical practitioner (including a general practitioner, but not a specialist or consultant physician) under an EPC plan; and
 - (b) the service is recommended in the person's EPC plan as part of the management of the person's chronic condition and complex care needs; and
 - (c) the person is referred to the eligible speech pathologist by the medical practitioner using a referral form that has been issued by the Department or a referral form that substantially complies with the form issued by the Department; and
 - (d) the person is not an admitted patient of a hospital; and
 - (e) the service is provided to the person individually and in person; and
 - (f) the service is of at least 20 minutes duration; and
 - (g) after the service, the eligible speech pathologist gives a written report to the referring medical practitioner mentioned in paragraph (c):
 - (i) if the service is the only service under the referral – in relation to that service; or
 - (ii) if the service is the first or the last service under the referral – in relation to the service; or
 - (iii) if neither subparagraph (i) nor (ii) applies but the service involves matters that the referring medical practitioner would reasonably be expected to be informed of – in relation to those matters; and
 - (h) for a service for which a private health insurance benefit is payable - the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not the private health insurance benefit;
- to a maximum of 5 services (including any services to which items 10950 to 10970 inclusive apply) in a calendar year
- Benefit: = \$47.85