



# Addition of stuttering, speech sound disorders, cleft lip and/or palate to the eligible disabilities list

Last updated: 19 February 2026

- From **1 March 2026**, stuttering, speech sound disorders (SSD), and cleft lip and/or palate (cleft conditions) will be added to the list of eligible disabilities for Medicare Benefits Schedule (MBS) item group [M10 - complex neurodevelopmental disorder and disability services](#).
- This change will also apply to telehealth MBS items for complex neurodevelopmental disorder and disability services under item group M18 - Allied Health and other primary health care telehealth services ([Sub Group 15](#) and [Sub Group 16](#)).
- Patients who are suspected of having, or are diagnosed with, these conditions will be able to access allied health assessment, diagnosis, and treatment services under these items.
- These changes are relevant to GPs, specialists or consultant physicians who assess, diagnose and treat patients with these conditions, as well as speech pathologists and other allied health professionals who provide services under the [MBS M10 group](#).

## What are the changes?

Effective 1 March 2026, the list of eligible disabilities will expand to include stuttering, SSD, and cleft conditions. Patients who are suspected of having, or are diagnosed with, these conditions will be able to access to MBS items under the [M10 item group](#), including allied health assessment, diagnosis and treatment services.

Eligible disabilities will include any of the following conditions (new items identified in bold):

- (a) sight impairment that results in vision of less than or equal to 6/18 vision or equivalent field loss in the better eye, with correction;
- (b) hearing impairment that results in:
  - (i) a hearing loss of 40 decibels or greater in the better ear, across 4 frequencies; or
  - (ii) permanent conductive hearing loss and auditory neuropathy;
- (c) deafblindness;
- (d) cerebral palsy;
- (e) Down syndrome;
- (f) fragile X syndrome;
- (g) Prader-Willi syndrome;
- (h) Williams syndrome;
- (i) Angelman syndrome;
- (j) Kabuki syndrome;
- (k) Smith-Magenis syndrome;

- (l) CHARGE syndrome;
- (m) Cri du Chat syndrome;
- (n) Cornelia de Lange syndrome;
- (o) microcephaly, if a child has:
  - (i) a head circumference less than the third percentile for age and sex; and
  - (ii) a functional level at or below 2 standard deviations below the mean for age on a standard development test or an IQ score of less than 70 on a standardised test of intelligence;
- (p) Rett's syndrome
- (q) fetal alcohol spectrum disorder (FASD);
- (r) Lesch-Nyhan syndrome;
- (s) 22q deletion syndrome;
- (t) **Stuttering**;
- (u) **a speech sound disorder, including:**
  - (i) **an articulation disorder; and**
  - (ii) **a phonological disorder; and**
  - (iii) **childhood apraxia of speech (also known as dyspraxia, developmental verbal dyspraxia or speech apraxia); and**
  - (iv) **dysarthria.**
- (v) **cleft lip**;
- (w) **cleft palate**;
- (x) **cleft lip and palate.**

## Why are the changes being made?

The inclusion of stuttering, SSD and cleft conditions on the eligible disability list is a result of the MBS Review Taskforce (Taskforce) recommendation 10 on allied health in the *Taskforce Report on Primary Care*, which recommended that severe speech and language disorders be made eligible to receive M10 assessment and treatment services. This recommendation was informed by the Allied Health Reference Group and stakeholder consultation.

More information about the Taskforce and associated Committees is available on the [MBS Review](#) on the [Department of Health, Disability and Ageing \(department\) website](#).

The [Taskforce Report on Primary Care](#) can be found in the [Taskforce final reports, findings and recommendations](#) section of the [department's website](#).

## What does this mean for providers?

Allied health professionals eligible to provide services under the MBS M10 group (including speech pathologists) may deliver assessment services for referred patients suspected or diagnosed with stuttering, SSD, or cleft conditions. They may also provide treatment services for referred patients diagnosed with these conditions.

## What does this mean for referrers?

Specialists, consultant physicians, and GPs may refer patients suspected of having stuttering, SSD, or cleft conditions to allied health professionals for assistance with diagnosis or development of a treatment and management plan. Information on referral requirements for allied health assessment can be found at [explanatory note MN.10.1](#).

Where the patient has been diagnosed with either stuttering, SSD, or cleft conditions, specialists, consultant physicians, or GPs can refer for allied health treatment services. Information on referral requirements for allied health treatment services can be found at [explanatory note MN.10.2](#)

## How will these changes affect patients?

This change will benefit patients suspected of having, or diagnosed with, stuttering, SSD, or cleft conditions by enabling access to MBS benefits for specialist, consultant physician, and GP diagnosis services as well as allied health assessment and treatment services.

## Who was consulted on the changes?

The Allied Health Reference Group was established in 2018 by the Taskforce, to provide broad clinical and consumer expertise. The MBS Review included a targeted consultation process. Feedback was received from Audiology Australia, Australian Paediatric Society, Australian Physiotherapy Association, Dietitians Association of Australia, Exercise and Sports Science Australia, Indigenous Allied Health Australia, Royal Australian College of General Practitioners, Services for Australian Rural and Remote Allied Health, and considered by the Allied Health Reference Group prior to making its final recommendations to the Taskforce.

Speech Pathology Australia and CleftPALS were consulted in the implementation of the Taskforce's recommendation.

## How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

**Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.**

**This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.**