

# **SECTION THREE**



**Australian Government**

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**Department of Veterans' Affairs**

## **NOTES FOR OSTEOPATHS**

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### 3.1 WHO CAN PROVIDE OSTEOPATHIC SERVICES?

Regardless of the entity with whom DVA has contracted, only **eligible claimants** may provide osteopathic services to eligible veterans.

DVA requires that where a State or Territory has enacted requirements for registration of health care providers, the provider of the service must be:

- registered if required by legislation; and
- an eligible claimant at the time of providing the service

‘Eligible claimant’ means an osteopath who is:

- registered by the relevant Board in the State or Territory where the service is provided; and
- a member of, or eligible for membership of, the Australian Osteopathic Association (AOA)

Please note that to ‘be eligible for membership’ in the Australian Osteopathic Association includes meeting any professional and ethical standards set by the AOA. DVA may seek information from you to confirm that you meet these requirements during the life of the Agreement. Details on how to request information about AOA requirements for membership can be found on the Australian Osteopathic Association website at <http://www.osteopathic.com.au/>

As part of your obligation as a DVA contracted provider, you must ensure that all eligible claimants’ registration, membership of AOA, or eligibility for membership of this Association must be maintained for the duration of the Agreement. DVA may seek information to confirm this at any time.

### 3.2 CONTINUING EDUCATION REQUIREMENTS

DVA-contracted providers must ensure that all eligible claimants providing osteopathic services under the Agreement meet any mandatory continuing education requirements set by the AOA or the Chiropractic and Osteopathic College of Australasia (COCA), regardless of membership in either of the associations. Relevant documentation to prove an eligible claimant has met the continuing education requirements of one of the associations should be retained.

### **3.3 WHAT TYPE OF OSTEOPATHIC SERVICES CAN BE PROVIDED?**

The Commission will only accept financial responsibility for osteopathic services involving treatment of the musculo-skeletal system. No other treatment will be accepted.

### **3.4 REFERRALS**

A referral is required for you to deliver osteopathic services to an eligible veteran, and can remain active for up to twelve months. The referral can come from:

- a Local Medical Officer (LMO)
- a general practitioner
- a medical specialist
- another osteopath with a current referral who is transferring the veteran to you
- a treating doctor in a hospital

The referral must be written on either a DVA Request/Referral Form (Form D904) or official practitioner's letterhead or referral pad. All referrals must include:

- the name of the eligible veteran to whom the services will be provided
- the DVA file number of the eligible veteran
- the referrer's provider number (or hospital's provider number if discharge referral)
- the date of referral
- the condition to be treated

The referral remains active for 12 months regardless of the duration specified by the referring practitioner.

The referral must be forwarded to the HIC with your first claim for payment under that referral. Ensure that you also keep a copy for your own records.

**Only one referral for eligible veterans to receive osteopathic services can be active at any one time. When you receive a new referral, ensure that you ask the veteran if they have received services from another osteopath in the last 12 months.**

**If you believe your client has seen another osteopath in this time, you must contact the DVA office for your State or Territory in order to clarify this, before you provide the service and claim for payment. If your client has seen an osteopath in the previous 12 months, the State Office will establish a record that will allow you to service and claim for this eligible veteran in the normal way, including initial consultations.**

**If your client has seen another osteopath in this time and you fail to contact the State Office prior to submitting your claim for payment, your claim may automatically be rejected by the HIC system.**

### **3.5 CLINICAL NOTES AND/OR PATIENT CARE PLAN**

A patient care plan, in accordance with your normal practice for non-veteran patients, is required for each veteran, and can be structured by you. All patient care plans must include, as a minimum, the following information:

- presenting complaint
- objective assessment results and diagnosis of the condition(s)
- the planned treatment regime, including the anticipated:
  - i) type,
  - ii) number and/or
  - iii) frequency
- details of any aids and appliances required
- the expected outcomes or results of the treatment regime for the veteran
- written informed consent of the eligible veteran. See part D(d) of the Agreement for further information regarding this requirement

The patient care plans must be started at the initial (or first) consultation and updated after each treatment is provided to the veteran.

The original patient care plan is to be:

- kept on file at your practice location for the duration of your state or territory's requirements for the retention of information; and
- made available on request to the veteran's LMO, as the care coordinator of the veteran's health.

**Do not forward a copy of the patient care plan to DVA unless you are specifically requested to do so by DVA.** Osteopaths are not required to routinely submit patient care plans to DVA. However, the Department may ask to see any patient care plan and/or request details of treatment information from the practitioner's clinical notes as part of the service monitoring process at any time.

Initial consultation fees are not payable for the ongoing maintenance of patient care plans. This requirement is equivalent to the professional standards of maintaining patients' clinical records. Maintenance of clinical records is an acceptable method of updating patient care plans, but does not replace the requirement to develop a patient care plan during the initial consultation.

### **3.6 PRIOR FINANCIAL AUTHORISATION**

Prior financial authorisation must be obtained from DVA in the following cases:

- treatment to be provided to a resident of a Residential Aged Care Facility (RACF) who is classified as being "high care" (formerly nursing home level of care). For detailed information on DVA's policy for eligibility for providing treatment in RACFs, please refer to Section Two of these Notes
- treatment to be provided to an in-patient of a public hospital
- treatment provided by a subsequent osteopath (second provider) to an eligible veteran who has a current referral to another osteopath

The actual item numbers requiring prior financial authorisation are indicated by shading and an asterisk in the DVA Schedule of Fees for Osteopaths.

For information on how to seek prior financial authorisation, refer to Section Two of these Notes.

### **3.7 TREATMENT THRESHOLDS/LIMITS**

You determine the type, number and frequency of the treatments to be provided to the veteran for all of the item numbers that do not require prior financial authorisation from DVA. This determination **must** be based on the veteran's assessed clinical needs, as set out in, and in accordance with, the patient care plan.

A veteran may sometimes ask you to provide services that are not reasonably necessary. The Commission will not accept financial responsibility for these services.

### **3.8 RESTRICTIONS ON SERVICES**

Whilst all osteopathic services claimed must be in accordance with the patient's clinical need, the following specific restrictions exist:

- only one Initial Consultation can be claimed, per referral
- a Subsequent Consultation cannot be claimed on the same day as an Initial Consultation is claimed for that patient
- only one Subsequent Consultation item per patient can be claimed each day
- concurrent delivery of osteopathic, chiropractic or physiotherapy services for the same condition in any eligible veteran is not permitted

### **3.9 REHABILITATION APPLIANCES PROGRAM (RAP)**

Osteopaths are recognised prescribers of certain appliances under the Department's Rehabilitation Appliances Program (RAP). When utilising the RAP scheme, prescribers must issue the RAP item prescription to the appropriate contracted supplier. You should contact the RAP section of the DVA State Office for your state or territory to obtain full details including which appliances you can prescribe, prescription forms and information on contracted RAP suppliers.

### **3.10 FEES**

DVA indexes the fees it offers for osteopathic services annually, in accordance with the Wages Cost Index (WCI) (5) figure. New fees are applied from 1 January each year, using the WCI (5) of the previous year.

### **3.11 CONTRACT RENEWAL**

The contract period is for a fixed term of three years, and all providers will need to formally recontract with DVA when this contract period expires.

**All contracts for osteopaths will expire on 9 April 2007.**