



Australian Government

Department of Veterans' Affairs

**NOTES FOR
ALLIED HEALTH PROVIDERS
SECTION 2(g)
OCCUPATIONAL THERAPISTS**

This section of the Notes for Allied Health Providers must be read in conjunction with Section 1 – General Information

Table of Contents

Providing occupational therapy services	2
Prior financial authorisation	2
Treatment thresholds/limits	2
Extended consultations (items OT30-OT35)	2
Restrictions on services.....	2
Remote area allowance.....	3
Lymphoedema treatment.....	5
<i>Rehabilitation Appliances Program (RAP)</i>	6
Restrictions on RAP items.....	6

Providing occupational therapy services

1. Only an occupational therapist who is registered with the Department of Human Services at the time of service is eligible to provide services to entitled persons.

Prior financial authorisation

2. The specific item numbers requiring prior financial authorisation are indicated by shading and an asterisk (*) in the DVA *Occupational Therapists Schedule of Fees*. Please refer to this document to identify items requiring prior financial authorisation. Fee schedules are available at:

www.dva.gov.au/SERVICE_PROVIDERS/FEE_SCHEDULES/Pages/Dental_and_Allied_Health.aspx

3. For information on how to seek prior financial authorisation, refer to Section One of these Notes [see clauses 37-42].

Treatment thresholds/limits

4. For information on treatment thresholds and limits refer to Section One of these Notes [see clauses 19-22].

Extended consultations (items OT30-OT34)

5. The extended consultation items should be used when treating an entitled person who presents with difficult or complex clinical needs. The circumstances under which you are able to claim an extended consultation are as follows:
 - for treatment of an acute condition when a chronic condition needs ongoing treatment; or
 - for treatment of a complex condition which takes in excess of 60 minutes for an initial consultation, or 30 minutes for a subsequent consultation.
6. A condition is defined as “complex” when management of the condition is compounded by the presence of one or more of the following:
 - unstable or deteriorating condition;
 - development of complications; or
 - co-morbidities are present.

Restrictions on services

7. While all occupational therapy 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. Should a patient continue to require treatment after the 12 month referral period, a new referral may be issued however an additional initial consultation can not be claimed;
 - a subsequent consultation/assessment item cannot be claimed on the same day as an initial consultation/assessment item is claimed for that patient;

- only one subsequent consultation/assessment item per patient can be claimed each day; and
 - only one special consultation/assessment item per patient can be claimed each day and cannot be claimed on same day as an initial or standard consultation.
8. For treatment purposes, occupational therapists are able to claim up to two initial consultations for the same entitled person in the referral period for treatment for which the entitled person has been referred.
 9. Each initial consultation must be for a new and unrelated condition and for which a new referral has been issued.
 10. For each condition claimed as an initial consultation, an entitled person must first be assessed by their Medical Practitioner as requiring the treatment and have been issued a referral.

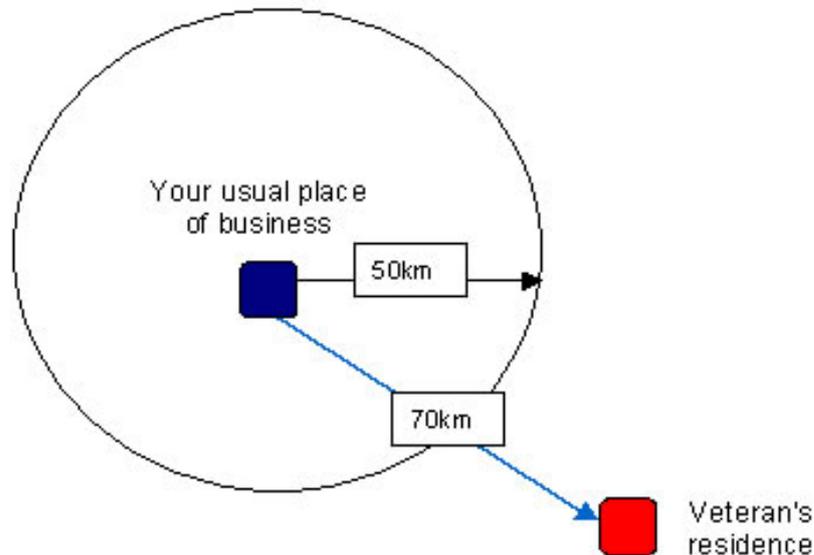
Remote area allowance (RAA)

11. A remote area allowance may be paid *in addition to* the normal kilometre allowance to a provider if the provider is the nearest suitable provider and is required to travel from their normal place of business to provide a home consultation, an assessment for equipment or preparation of home modification diagrams, in a remote area.
12. There must be a genuine need to see the entitled person in their residence, such as to conduct a home assessment, or where the entitled person is physically unable to travel. DVA will provide entitled persons with assistance to travel to your place of business for consultations where appropriate.
13. The distance travelled must be greater than 50 kilometres one way. For each kilometre travelled over 50 kilometres, the kilometre rate shown in the fee schedule is applied. The RAA is indexed annually, and is published as item OT80 in the *DVA Schedule of Fees for Occupational Therapists*. The schedule of fees can be found at:
http://www.dva.gov.au/service_providers/Fee_schedules/Pages/Dental_and Allied_Health.aspx
14. For multiple consultations, claims should be lodged in respect of the distance travelled to individual patients for each leg of the journey. The total journey made to a number of patients in one day should not be claimed as a total trip against only one patient on the relevant claim form as the system will automatically deduct the first 50km of each leg for which OT80 is not payable, it should be claimed in components against each patient.
15. The allowance will be paid on the basis of the total distance travelled not the number of entitled persons attended. The maximum amount payable will not be more than the amount that would have been payable had the nearest provider attended the entitled person.

16. The following examples show how to claim RAA:

Note: For the purpose of these examples, *veteran* refers to entitled persons.

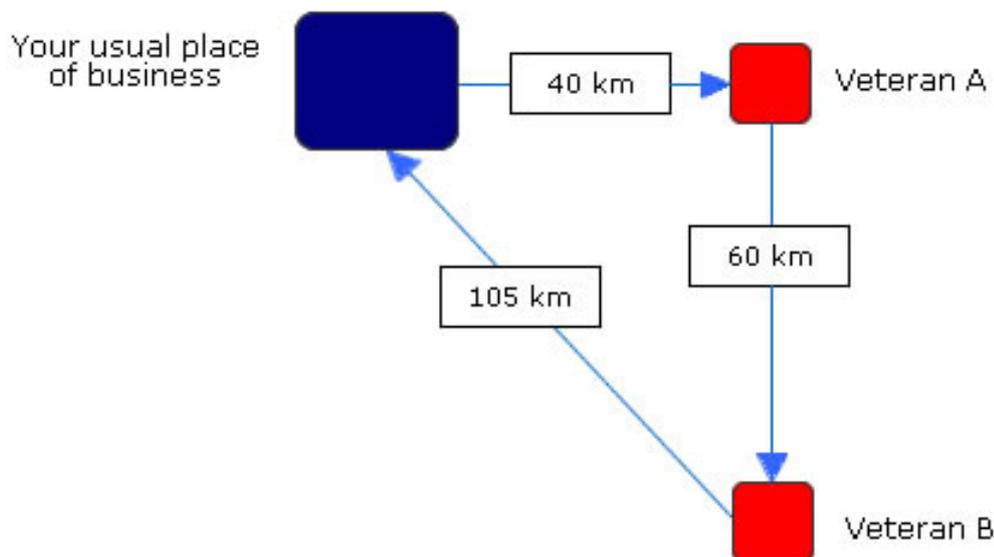
Example 1



Note: When calculating the distance travelled from your 'usual place of business', you must use the distance from your closest practice address to the veterans place of residence.

Example 1:

- The veteran resides 70km from your usual place of business. You visit the veteran and return to your office.
- Complete your claim form for this veteran as normal e.g. refer to OT20 and write the total number of kilometres travelled against this item number in order to claim normal kilometre allowance for this trip (140km).
- Next, insert OT80 under 'Item number' and enter the distance of the *forward* journey (70km). Then insert a second OT80 under 'Item number' and claim the distance of the *return* journey (70km).
- Remote area allowance is payable for 40km with respect to this veteran. This is the distance travelled in excess of 50 kilometres *on each leg* of the journey.

Example 2

- For both veterans, complete the Service Vouchers as usual, inserting item numbers delivered (e.g. OT20) and the total number of kilometres travelled for each veteran.
- With respect to the claiming of OT80 in this example, veteran A resides 40km from your usual place of business. RAA is not payable with respect to your visit to veteran A.
- After you visit veteran A, you continue to travel 60km to visit veteran B.
- You return to your rooms after visiting veteran B. On the claim form for veteran B, insert OT80, then the distance travelled to veteran B from veteran A's residence (60km), then a second OT80 and the distance you travelled to return to your business (105km).
- For veteran B, remote area allowance will be paid to you for 10km (60km less first 50km) of your journey to their residence from veteran A, and 55km (105km less first 50km) of your return journey to your rooms.

Lymphoedema treatment

17. Only occupational therapists who hold appropriate post graduate certifications recognised by DVA can provide lymphoedema treatment entitled persons. The occupational therapist is required to provide evidence of certification to DVA prior to submitting any claims for payment. This can be forwarded to the Medical and Allied Health section. Refer to Section One of these Notes [clause 126] for contact details.
18. Treatment for lymphoedema cannot be provided to entitled persons already receiving lymphoedema treatment from a physiotherapist.

19. Only Item OT26 should be claimed for all aspects of clinical treatment and a limit of 20 treatments per calendar year applies. For further information please see the *Occupational Therapists Schedule of Fees*.

Rehabilitation Appliances Program (RAP)

20. Occupational therapists 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 to obtain full details including which appliances you can prescribe, prescription forms and information on contracted RAP suppliers. Refer to Section One of these Notes [see clause 130) for contact details.

Restrictions on RAP items

21. Under the *Veterans Entitlements Act 1986*, restrictions apply to the supply of certain RAP items.
22. The Repatriation Commission and the Military Rehabilitation and Compensation Commission (the Commissions) will only accept financial responsibility for the supply of an electric wheelchair, electric scooter, and special vehicle driving controls and devices, to entitled persons who have a medically assessed need for these items due to a war-caused injury or disease.
23. However, the Commissions may accept financial responsibility for the supply of an electric wheelchair or an electric scooter to the entitled person if he or she has a medically assessed need because of a malignant neoplasm where financial responsibility has been accepted by DVA for treatment of the malignant neoplasm.
24. The Commissions will only accept financial responsibility for the provision of electronic communication equipment to entitled persons who are legally blind or severely handicapped and:
- whose legal blindness or handicap is war-caused;
 - have a medically assessed need for the electronic communication equipment; and
 - who have been assessed by the Commissions as being able to benefit from use of the electronic communication equipment because it would substantially improve the entitled person's communication skills and quality of life.
25. The Commissions will not approve the supply of a rehabilitation appliance to an entitled person in an institution where the appliance should be supplied by the institution as a result of legislation or funding impacting on the institution.