



Australian Government  
Department of Veterans' Affairs

**DVA Community Nursing Program**  
**Bulletin No 13**  
**11 February 2019**

**This Bulletin is for all provider staff involved with the Community Nursing Program**

**Changes to the Method for Claiming Additional Travel (NA10)**

DHS-Medicare have advised that the new method for providers to claim additional travel has not been implemented in the Medicare system. Due to the time it would take to implement the preferred option, DHS-Medicare have recommended that an alternative claiming method be implemented.

As a result, a decision has been made to change the way in which travel is claimed. The new method is for providers to calculate the dollar amount to be claimed per client, and enter both the kilometres and the dollar amount being claimed in the claim field when claiming NA10 – Additional Travel.

The travel allowance rate is \$0.76 per kilometre, after the first 20 kilometres per trip, and can be claimed by providers when providing services to clients who reside in area MMM4 to MMM7. A map showing these areas is available on the Doctor Connect – Locator page of the Department of Health website at <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>. Further information about areas MMM4 to MMM7 is in Bulletin No. 12, available on the Community Nursing page of the DVA website.

A “trip” is defined as the distance travelled in one direction. 20 kilometres is considered a reasonable distance to travel to a client and be absorbed into an organisation’s normal operating costs.

When visiting multiple patients in one day, kilometres travelled to non-DVA clients cannot be claimed. If travelling from a non-DVA client to a DVA client, and the distance is over 20 kilometres, this trip can be included in the claim.

*How to Calculate your Travel Reimbursement*

The first 20 kilometres of each trip is not reimbursable and must be deducted. The distance travelled, minus 20 kilometres per trip, is multiplied by the number of trips in a 28 day claim period and the travel rate of \$0.76. The kilometres being claimed and the dollar amount should be entered into the claim field, *with the kilometres entered first*. If the number of kilometres entered does not match the dollar amount, the travel allowance component will be rejected, and will need to be resubmitted.

If visiting multiple veterans outside the 20 kilometre radius, you can claim distances over 20 kilometres from veteran to veteran.

*Example 1*

A client lives 48 kilometres from the nurse’s departure point, and is visited 15 times in a 28 day claim period:

$$28 \text{ km} \times 30 \text{ trips} = 840 \text{ km} \qquad 840 \text{ km} \times \$0.76 = \$638.40$$

When entering the claim in Medicare, enter 840 kms and \$638.40 in the claim field.

*Example 2*

When traveling to multiple clients in one day:

- The distance travelled from your usual place of business to Veteran A is 22km. You will be paid the kilometre allowance for 2km of this trip.
- From Veteran A, you travel directly on to visit Veteran B which is a distance of 28 kilometres. You will be paid the kilometre allowance for 8km for Veteran B.
- You then travel to Veteran C, a distance of 29km. After treating Veteran C, you return to your office, a distance of a further 26km. You will be paid the kilometre allowance for 15km (9km + 6km) of this journey.
- Do not claim the total trip against only one patient.

**MDS Data Collection When Submitting Manual Claims**

The MDS Data Collection form used when submitting manual claims has not yet been updated to include the new item numbers.

Due to system issues with the MDS tool, completion of the MDS data collection form when submitting manual claims is not currently required. Payment for claims to providers will still be processed. DVA is working to resolve the issues with the MDS, and any updates will be communicated as they are available.

**TIME TO CONFIRM YOUR PROVIDER DETAILS WITH US**  
**Complete and lodge the attached form by**  
**28 February 2019**