

**CLINICAL PSYCHOLOGISTS
SCHEDULE OF FEES
EFFECTIVE 1 NOVEMBER 2022**



Australian Government
Department of Veterans' Affairs

Treatment Cycle

- Treatment cycle referral arrangements were introduced on 1 October 2019.
- For more information providers must refer to *Notes for Allied Health Providers - Section One: General* and Section 2(a).

The treatment cycle does not apply to the following items:

US07	Case Review
US50-51, US55	Trauma focussed therapy
US56-58	Multi-disciplinary case conferencing
US90	End of Cycle Report
US99	Request for Service
90003-93376	Initiatives under the Medicare Benefits Schedule

Any allied health services provided to a DVA client while they are admitted to hospital.

Shaded items require prior financial authorisation from DVA. To obtain prior financial authorisation, please contact the DVA using the details at the end of the schedule.

FURTHER INFORMATION TO ASSIST YOU WHEN TREATING MEMBERS OF THE VETERAN COMMUNITY IS CONTAINED IN THE 'NOTES FOR MENTAL HEALTH CARE' AVAILABLE ON THE DVA WEBSITE AT:

<http://www.dva.gov.au/providers/allied-health-professionals>

FACE-TO-FACE SERVICES

Where a provider has rooms located in a private hospital or RACF the **In rooms** items should be used when claiming. However, where a provider travels to a private hospital or RACF then the **Out of rooms** items should be used.

Residential Aged Care Facilities (RACFs)

- A case-mix based funding model for aged care commenced on 1 October 2022 – the Australian National Aged Care Classification (AN-ACC).
- It is the responsibility of the RACF to provide allied health services consistent with each resident's individual care plan.
- It is the health care provider's responsibility to determine if the RACF is funded to deliver the allied health service before treatment is provided.
- DVA will only pay for an allied health service delivered to a DVA client living in a RACF, if the facility is not otherwise funded to provide that service.
- Where DVA funds treatment, Treatment Cycle arrangements **apply** to the services provided to DVA clients in a RACF.

Hospitals

Treatment cycle arrangements do not apply to allied health treatment provided to DVA clients while they are admitted to hospital.

Private Hospitals

- The Department will only pay for health care services carried out by providers in private hospitals when the contract between DVA and the hospital does not already cover these services.
- It is the provider's responsibility to determine whether or not health care services are included in the bed-day rate under the DVA contract, before providing services. This can be done by contacting the Veteran Liaison Officer at the hospital or DVA.

Public Hospitals

- The Department will only pay for health care services carried out in public hospitals in exceptional circumstances, and only where DVA has given prior financial authorisation.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US01	Consultation 30-50 Minutes - In rooms	\$148.00	GST-free
US02	Consultation 30-50 Minutes - Out of rooms	\$184.90	GST-free
US03	Consultation 30-50 Minutes - Public hospital - Prior approval required	\$184.90	GST-free
US04	Consultation 50+ Minutes - In rooms	\$217.30	GST-free
US05	Consultation 50+ Minutes - Out of rooms	\$254.30	GST-free
US06	Consultation 50+ Minutes - Public hospital - Prior approval required	\$254.30	GST-free

PERMANENT TELEHEALTH SERVICES

- Permanent telehealth services must be provided in accordance with the conditions set out in the *Notes for Allied Health Providers – Section One: General*.
- Telehealth services can only be provided if the full service can be delivered safely and in accordance with all relevant professional standards and clinical guidelines.
- Services without a specific telehealth item number must be delivered in person.
- The first consultation of each treatment cycle must be delivered in person or by video conference. Initial consultations cannot be delivered by telephone under permanent arrangements.
- **Subsequent consultations can only be provided by telephone when video conferencing is unavailable.**
- Telehealth services can only be claimed where a visual or audio link has been established with the patient.
- Telehealth services may be delivered to clients in hospital or residential aged care facilities, where the equivalent in person service does not require prior approval.
- Telehealth may be considered outside of these requirements on a case by case basis via prior financial authorisation.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US09	Consultation 30-50 Minutes - Video Conference	\$148.00	GST-free
US10	Consultation 50+ Minutes - Video Conference	\$217.30	GST-free
US43	Consultation 30-50 Minutes - Phone Consultation	\$148.00	GST-free
US44	Consultation 50+ Minutes - Phone Consultation	\$217.30	GST-free

TRAUMA FOCUSED THERAPY

Treatment cycle referral arrangements do not apply to trauma focussed therapy.

Trauma focussed therapy item numbers are only to be used for specific types of trauma work that requires extended time beyond the standard 50 + minute sessions. This includes trauma focused exposure therapy and Eye Movement Desensitization and Reprocessing sessions when 50+ minutes is inadequate for effectively meeting the DVA client's therapeutic needs. While undertaking trauma assessment and general trauma treatment, standard item numbers are considered appropriate.

Trauma focussed therapy may be provided to an eligible client where, clinically required, for 8 sessions without prior financial authorisation. After 8 sessions of trauma focussed therapy a Case Review (US07) must be provided to DVA and prior financial authorisation sought for any further treatments. **To obtain prior financial authorisation, please contact the DVA using the contact details at the end of the Fee Schedule.**

Where a provider has rooms located in a private hospital or RACF the **In rooms** items should be used when claiming. However, where a provider travels to a private hospital or RACF then the **Out of rooms** items should be used.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US50	Trauma focussed therapy 90+ minutes - In rooms	\$326.10	GST-free
US51	Trauma focussed therapy 90+ Minutes - Out of rooms	\$381.45	GST-free
US55	Trauma focussed therapy 90+ minutes - Video Conference	\$326.10	GST-free
US07	Case review	\$159.80	Taxable

GROUP THERAPY

- Group therapy cannot be delivered by telehealth.
- Group therapy services are limited to 12 sessions per calendar year.
- Group therapy sessions are considered a consultation under the treatment cycle requirements.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US08	Group therapy 60 minutes	\$55.20	GST-free

TREATMENT CYCLE

- The first consultation of each treatment cycle includes the completion or update of a patient care plan.
- Only one End of Cycle Report item can be claimed with each treatment cycle.
- Item is only claimable after an End of Cycle Report has been submitted to the DVA client's usual GP.
- To support continuity of care, an End of Cycle Report can be submitted after eight sessions of treatment. However, a total of 12 sessions should still be provided before moving to a new treatment cycle.
- Where the DVA client requires a shorter length of treatment and an additional treatment cycle is not required, a minimum of two sessions of treatment must be provided before an End of Cycle Report can be claimed.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US90	End of Cycle Report	\$31.20	Taxable

MULTI-DISCIPLINARY CASE CONFERENCING

- These items can be claimed for participating in multi-disciplinary case conferences.
- The case conference must be organised by the DVA client's usual general practitioner (GP), as defined in the *Notes for Allied Health Providers Section One: General*.
- The case conference must include at least two allied health providers.
- Only one item per DVA client can be claimed in a three month period.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
US56	GP initiated case conference – 15 to less than 20 minutes	\$51.65	GST-free
US57	GP initiated case conference – 20 to less than 40 minutes	\$88.55	GST-free
US58	GP initiated case conference – 40 minutes and over	\$147.40	GST-free

BETTER ACCESS INITIATIVE UNDER THE MEDICARE BENEFITS SCHEDULE

DVA clients in RACFs may access up to 20 individual mental health services per calendar year under these arrangements. The item numbers listed below are available from 10 December 2020 to 31 December 2022 (inclusive). These items are part of the MBS and the rules and requirements of the MBS will apply to these services when provided to DVA clients. Please refer to www.mbsonline.gov.au for further details.

The Treatment Cycle **does not** apply to services using MBS item numbers and an End of Cycle Report item cannot be claimed in respect of these services. However, providers should familiarise themselves with any reporting requirements associated with these services and ensure they adhere to them.

Services can be delivered either face to face or via telehealth (telephone or video). In recognition of the additional time required, providers who visit a RACF to deliver services will be paid an additional 'flag fall' fee once per visit to a RACF (regardless of how many clients they treat within that visit).

Note these MBS items cannot be claimed through the DVA Allied Health Online channel, or using the 'Allied Health Service' service type through DVA Webclaim. When claiming these items for DVA clients:

- Submit the invoice to Services Australia through DVA Medical Online using practice management software.
- Or if you using DVA Webclaim, select 'General Medical Service' from the Service Type menu on the 'Fill In Claims Details' screen.

Prior financial authorisation is not required to provide these services to DVA clients in high care. For any services required in excess of the limits on these arrangements, DVA's existing prior financial authorisation arrangements apply. DVA clients in low care can access mental health services under these new arrangements or under DVA's existing allied health arrangements.

Initial 10 services

The below item numbers should be used when providing the first 10 sessions. For more details on the item requirements, please refer to www.MBSOnline.gov.au.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
	FACE TO FACE Initial 10 services		
93375	Consultation 30-50 Minutes 1-10 Better Access services	\$148.00	GST-free
93376	Consultation 50+ Minutes 1-10 Better Access services	\$217.30	GST-free
	TELEHEALTH Initial 10 services		
91166	Consultation 30-50 Minutes - Video Conference 1-10 Better Access services	\$148.00	GST-free
91167	Consultation 50+ Minutes - Video Conference 1- 10 Better Access services	\$217.30	GST-free
91181	Consultation 30-50 Minutes - Phone Consultation 1-10 Better Access services	\$148.00	GST-free
91182	Consultation 50+ Minutes - Phone Consultation 1-10 Better Access services	\$217.30	GST-free

Additional services

The below item numbers should be used for the additional 10 services (i.e. services 11-20). For more details on the item requirements, please refer to www.MBSOnline.gov.au

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
	FACE TO FACE Additional services		
93312	Consultation 30 to 50 minutes, 10+ Better Access services	\$148.00	GST-free
93313	Consultation 50+ minutes 10+ Better Access services	\$217.30	GST-free
	TELEHEALTH Additional services		
93331	Consultation 30-50 Minutes - Video Conference 10+ Better Access services	\$148.00	GST-free
93334	Consultation 50+ Minutes - Video Conference 10+ Better Access services	\$217.30	GST-free
93332	Consultation 30-50 Minutes - Phone Consultation 10+ Better Access services	\$148.00	GST-free
93335	Consultation 50+ Minutes - Phone Consultation 10+ Better Access services	\$217.30	GST-free

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
90003	Flag Fall Fee in relation to the first patient during each attendance at a residential aged care facility	\$41.00	GST-free

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number US99 only when DVA contacts you directly to request that you provide:

- a written report other than a case review (Item US07); or
- a consultation to an eligible veteran or war widow/widower, either separately or in conjunction with a written report.

For example, this may occur when DVA requires a second opinion concerning treatment for a veteran. DVA will give financial authorisation and advise the fee at the time of the request, according to the above schedule items. The kilometre allowance is included in the fee, and is **not** to be claimed in addition to the fee.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US99	Report of service specifically requested by DVA	Fee By Negotiation	Taxable

NOTES

++ Recognised Professional

Paragraph 38-10(1)(b) of the GST Act states that only a 'recognised professional' can supply GST-free health services as listed in section 38-10. Please refer to section 195-1 of the GST Act for the definition of 'recognised professional' for GST purposes.

Kilometre Allowance

A kilometre allowance can be paid when you travel from your usual place of business to visit an eligible veteran to provide an assessment or treatment in their home, residential aged care facility or hospital. The kilometre allowance is not payable for the first 10 kilometres of each journey. The allowance is claimed by writing the entire distance travelled on the service voucher or in the KM field for online claiming.

DVA CONTACTS

Further information on allied health services may be obtained from DVA. The contact numbers for health care providers requiring further information or prior financial authorisation for all States & Territories are listed below:

PHONE NUMBER:

1800 550 457 (Select Option 3, then Option 1)

POSTAL ADDRESS FOR ALL STATES AND TERRITORIES:

Health Approvals & Home Care Section
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

DVA WEBSITE:

<http://www.dva.gov.au/providers/allied-health-professionals>

DVA email for prior financial authorisation:
health.approval@dva.gov.au

The appropriate prior approval request form can be found at: <https://www.dva.gov.au/providers/services-requiring-prior-approval>

CLAIMS FOR PAYMENT

For more information about claims for payment visit: <https://www.dva.gov.au/providers/claiming-and-compliance/provider-claims>

Claim Enquiries: 1300 550 017
(Option 2 Allied Health)

Claiming Online and DVA Webclaim

DVA offers online claiming utilising Medicare Online Claiming. DVA Webclaim is available on the Services Australia [Provider Digital Access \(PRODA\) Service](#). For more information about the online solutions available:

- DVA Webclaim/Technical Support –
Phone 1800 700 199 or email
eBusiness@servicesaustralia.gov.au
- Billing, banking and claim enquiries –
Phone 1300 550 017
- Visit the Services Australia website at:
[doing business online](#)

Manual Claiming

Please send all claims for payment to:

Veterans' Affairs Processing
Services Australia
GPO Box 964
ADELAIDE SA 5001

DVA provider fillable and printable health care claim forms & service vouchers are also available on the DVA website at:

<https://www.dva.gov.au/providers/provider-forms>