

**PSYCHOLOGISTS  
SCHEDULE OF FEES  
EFFECTIVE 1 JULY 2026**



**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:**

|                |                                             |
|----------------|---------------------------------------------|
| <b>US17</b>    | <b>Case Review</b>                          |
| <b>US52-54</b> | <b>Trauma focussed therapy</b>              |
| <b>US62-64</b> | <b>Multi-disciplinary case conferencing</b> |
| <b>US92</b>    | <b>End of Cycle Report</b>                  |
| <b>US98</b>    | <b>Request for Service</b>                  |

**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<br>++ |
|----------|------------------------------------------------------------------------|----------|------------------|
| US11     | Consultation 20-50 Minutes - In rooms                                  | \$118.70 | GST-free         |
| US12     | Consultation 20-50 Minutes - Out of rooms                              | \$161.65 | GST-free         |
| US13     | Consultation 20-50 Minutes - Public hospital - Prior approval required | \$161.65 | GST-free         |
| US14     | Consultation 50+ Minutes - In rooms                                    | \$167.65 | GST-free         |
| US15     | Consultation 50+ Minutes - Out of rooms                                | \$210.65 | GST-free         |
| US16     | Consultation 50+ Minutes - Public hospital - Prior approval required   | \$210.65 | 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<br>++ |
|----------|-------------------------------------------------|----------|------------------|
| US19     | Consultation 20-50 Minutes - Video Conference   | \$118.70 | GST-free         |
| US20     | Consultation 50+ Minutes - Video Conference     | \$167.65 | GST-free         |
| US41     | Consultation 20-50 Minutes - Phone Consultation | \$118.70 | GST-free         |
| US42     | Consultation 50+ Minutes - Phone Consultation   | \$167.65 | GST-free         |

## **TRAUMA FOCUSSED 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 veteran's therapeutic needs. Whilst 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 (US17) 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<br>++ |
|----------|--------------------------------------------------------|----------|------------------|
| US52     | Trauma focussed therapy 90+ minutes - In rooms         | \$251.60 | GST-free         |
| US53     | Trauma focussed therapy 90+ Minutes - Out of rooms     | \$315.80 | GST-free         |
| US54     | Trauma focussed therapy 90+ minutes - Video Conference | \$251.60 | GST-free         |
| US17     | Case review                                            | \$123.30 | 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<br>++ |
|----------|--------------------------|---------|------------------|
| US18     | Group therapy 60 minutes | \$42.90 | 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<br>++ |
|----------|---------------------|---------|------------------|
| US92     | End of Cycle Report | \$35.40 | 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<br>(excluding GST) | GST STATUS<br>++ |
|----------|-----------------------------------------------------------|------------------------|------------------|
| US62     | GP initiated case conference – 15 to less than 20 minutes | \$58.50                | GST-free         |
| US63     | GP initiated case conference – 20 to less than 40 minutes | \$100.30               | GST-free         |
| US64     | GP initiated case conference – 40 minutes and over        | \$166.85               | GST-free         |

## **DIRECT SUPPLY TO DVA**

*(Subject to prior financial authorisation)*

Use item number US98 only when DVA contacts you directly to request that you provide:

- a written report other than a case review (Item US17); 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<br>++ |
|----------|-------------------------------------------------|-----|------------------|
| US98     | Report of service specifically requested by DVA | FBN | 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.

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| <p><b>DVA CONTACTS</b></p> <p>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 &amp; Territories are listed below:</p> <p><b>PHONE NUMBER:</b></p> <p>1800 550 457 (Select Option 3, then Option 1)</p> <p><b>POSTAL ADDRESS FOR ALL STATES AND TERRITORIES:</b></p> <p>Health Approvals &amp; Home Care Section<br/>Department of Veterans' Affairs<br/>GPO Box 9998<br/>BRISBANE QLD 4001</p> <p><b>DVA WEBSITE:</b></p> <p><a href="http://www.dva.gov.au/providers/allied-health-professionals">http://www.dva.gov.au/providers/allied-health-professionals</a></p> <p><b>DVA email for prior financial authorisation:</b><br/><a href="mailto:health.approval@dva.gov.au">health.approval@dva.gov.au</a></p> <p>The appropriate prior approval request form can be found at: <a href="https://www.dva.gov.au/providers/services-requiring-prior-approval">https://www.dva.gov.au/providers/services-requiring-prior-approval</a></p> | <p><b>CLAIMS FOR PAYMENT</b></p> <p>For more information about claims for payment visit: <a href="https://www.dva.gov.au/providers/claiming-and-compliance/provider-claims">https://www.dva.gov.au/providers/claiming-and-compliance/provider-claims</a></p> <p><b>Claim Enquiries:</b> 1300 550 017<br/>(Option 2 Allied Health)</p> <p><b>Claiming Online and DVA Webclaim</b><br/>DVA offers online claiming utilising Medicare Online Claiming. DVA Webclaim is available on the Services Australia <a href="#">Provider Digital Access (PRODA) Service</a>. For more information about the online solutions available:</p> <ul style="list-style-type: none"> <li>• DVA Webclaim/Technical Support –<br/>Phone 1800 700 199 or email<br/><a href="mailto:eBusiness@servicesaustralia.gov.au">eBusiness@servicesaustralia.gov.au</a></li> <li>• Billing, banking and claim enquiries –<br/>Phone 1300 550 017</li> <li>• Visit the Services Australia website at:<br/><a href="#">doing business online</a></li> </ul> <p><b>Manual Claiming</b><br/>Please send all claims for payment to:</p> <p>Veterans' Affairs Processing<br/>Services Australia<br/>GPO Box 964<br/>ADELAIDE SA 5001</p> <p>DVA provider fillable and printable health care claim forms &amp; service vouchers are also available on the DVA website at:<br/><a href="https://www.dva.gov.au/providers/provider-forms">https://www.dva.gov.au/providers/provider-forms</a></p> |
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