

**DIETITIANS
SCHEDULE OF FEES
EFFECTIVE 10 DECEMBER 2020**



Australian Government
Department of Veterans' Affairs

DEFINITIONS

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(e).

The treatment cycle does not apply to the following items:

DT90	End of Cycle Report
DT99	Request for Service
90004-93615	Initiatives under the Medicare Benefits Schedule

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

Initial Consultation

- Each treatment cycle must start with an initial consultation.
- Only one initial consultation item can be claimed with each treatment cycle.
- Includes the completion or update of a patient care plan.
- Treatment for White Card holders must be related to an accepted disability. Eligibility must be established before starting treatment.

Subsequent Consultation

- Cannot be claimed on the same day as an initial consultation for the same client.
- Should be claimed for ongoing treatment of a condition.
- Two consultations cannot be claimed on the same day.

Extended Consultation

- For treatment of a complex or difficult clinical situation.
- For treatment of an acute condition when a chronic condition also needs ongoing treatment.

Shaded items require prior financial authorisation from DVA. To obtain prior financial authorisation, please contact DVA using the contact 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 DIETITIANS'
AVAILABLE ON THE DVA WEBSITE AT:**

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

COVID-19 TELEHEALTH SERVICES

In response to the COVID-19 pandemic, initial, subsequent and extended consultations may be delivered to all eligible DVA clients via telephone or video conferencing attendance for the period 1 April 2020 to 31 March 2021. Telehealth services may only be provided if the full service can be delivered safely and in accordance with all relevant professional standards and clinical guidelines.

Providers will determine whether it is clinically appropriate to deliver a service via telehealth, but should include the following factors in their considerations:

- Can the client access and successfully use the technology?
- How practical is it to provide the required treatment or therapy via telehealth?
- Is the physical location in which a client is accessing telehealth safe and effective for the treatment?
- Does the health professional have a plan in place to address and mitigate any potential risk to the client?
- Has the client provided informed consent to participate in the telehealth service?

Providers delivering services via telehealth should ensure the technology platform they use:

- provides adequate video or telephone quality for the service being provided; and
- is secure enough to ensure normal privacy and confidentiality requirements are met.

TELEHEALTH ITEMS

- Only claimable for treatment provided by telehealth from 1 April 2020 until 31 March 2021.
- Phone consultations can only be provided when video conferencing is unavailable.
- Also claimable for telehealth treatment delivered to clients in hospital or residential aged care facilities, for services not requiring prior approval.
- Diet Analysis and Individual Menu Development cannot be provided by telehealth.
- Out-of-rooms loading does not apply.
- COVID-19 telehealth services are considered a consultation under the treatment cycle requirements.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT01	Initial Consultation	\$92.55	GST-free
DT10	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT20	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT30	Subsequent Consultation - Extended Presentations	\$69.40	GST-free

FACE-TO-FACE SERVICES

ROOMS

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT01	Initial Consultation	\$92.55	GST-free
DT10	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT20	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT30	Subsequent Consultation - Extended Presentations	\$69.40	GST-free
DT40	Diet Analysis	\$66.30	GST-free
DT50	Individual Menu Development	\$92.55	GST-free

HOME

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT02	Initial Consultation	\$92.55	GST-free
DT11	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT21	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT31	Subsequent Consultation - Extended Presentations	\$69.40	GST-free
DT41	Diet Analysis	\$66.30	GST-free

TREATMENT CYCLE

- 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.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT90	End of Cycle Report	\$30.45	Taxable

HOSPITALS

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

PUBLIC

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

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT03	Initial Consultation	\$92.55	GST-free
DT12	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT22	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT32	Subsequent Consultation - Extended Presentations	\$69.40	GST-free
DT42	Diet Analysis	\$66.30	GST-free

PRIVATE

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, by contacting the Veteran Liaison Officer at the hospital or DVA.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT04	Initial Consultation	\$92.55	GST-free
DT13	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT23	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT33	Subsequent Consultation - Extended Presentations	\$69.40	GST-free
DT43	Diet Analysis	\$66.30	GST-free

RESIDENTIAL AGED CARE FACILITIES (RACFs)

The level of care an entitled person receives in a RACF refers to the health status and classification of the eligible veteran, as determined under the *Classification Principles 2014*, not the facility in which they reside.

SERVICES NOT REQUIRING PRIOR APPROVAL IN RACFs

Prior financial authorisation is not required for clinically necessary allied health services provided to an eligible veteran in a RACF classified as requiring a lower level of care who is not referred to in paragraph 7(6)(a) of the *Quality of Care Principles 2014*.

If a provider is in doubt about the classification of an eligible veteran in a RACF who has been referred to them, they must contact the facility. It is the provider's responsibility to ascertain the classification of an eligible veteran before they provide treatment.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT06	Initial Consultation	\$92.55	GST-free
DT15	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT25	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT35	Subsequent Consultation - Extended Presentations	\$69.40	GST-free
DT45	Diet Analysis	\$66.30	GST-free

EXTENDED ELIGIBILITY FOR ALLIED HEALTH TREATMENT TO RESIDENTIAL CARE RECIPIENTS

These items are available from 10 December 2020 to 30 June 2022 (inclusive) for DVA clients living in RACFs. DVA clients living in RACFs may access up to five allied health services and up to five additional physical therapy services (physiotherapy, exercise physiology or occupational therapy) under Medicare chronic disease management arrangements.

The specified item numbers are also part of the Medicare Benefits Schedule (MBS) and the rules and requirements of the MBS apply to services provided to DVA clients. As many item limits include other allied health services, providers are encouraged to familiarise themselves with the notes and rules applying to each item and ensure they adhere to them. More detailed information can be found in the Notes for Allied Health Providers, Section One: General and at www.mbsonline.gov.au.

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). The Treatment Cycle does not apply to services under this arrangement and an End of Cycle Report item cannot be claimed in respect of these services.

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.

Providers are responsible for confirming whether an individual utilised their treatment thresholds prior to commencing a service.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
93505	Initial Consultation 30+ minutes	\$99.45	GST-free
93528	Subsequent Consultation 20+ minutes	\$66.30	GST-free
TELEHEALTH ITEMS			
93537	Subsequent Consultation 20+ minutes – Video Conference	\$66.30	GST-free
93538	Subsequent Consultation 20+ minutes – Phone Consultation	\$66.30	GST-free
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICES			
93550	Initial Consultation 30+ minutes	\$99.45	GST-free
93583	Subsequent Consultation 20+ minutes	\$66.30	GST-free
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE : TELEHEALTH ITEMS			
93592	Subsequent Consultation 20+ minutes – Video Conference	\$66.30	GST-free
93593	Subsequent Consultation 20+ minutes – Phone Consultation	\$66.30	GST-free
GROUP ALLIED HEALTH SERVICES FOR RESIDENTS DIAGNOSED WITH TYPE 2 DIABETES			
93608	Assessment for Group Session	\$99.45	GST-free
93615	Group Session	\$29.05	GST-free

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
90004	Flag fall. Only claimable once per facility per day, excluding telehealth or phone items.	\$41.25	GST-free

SERVICES REQUIRING PRIOR APPROVAL IN RACFs

Prior Financial authorisation is required before providing clinically necessary allied health services to an eligible client in a RACF classified as requiring a greater level of care as described in paragraph 7(6)(a) of the *Quality of Care Principles 2014*.

Note: A client in a RACF classified as requiring a greater level of care is described in paragraph 7(6)(a) of the *Quality of Care Principles 2014* as a care recipient in residential care whose classification level under the *Classification Principles 2014* includes any of the following:

- (i) high ADL domain category;
- (ii) high CHC domain category;
- (iii) high behaviour domain category;
- (iv) a medium domain category in at least 2 domains;
- (v) a care recipient whose classification level is high level residential respite care.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT05	Initial Consultation	\$ 92.55	GST-free
DT14	Dietetics, Initial Consultation - Extended	\$115.65	GST-free
DT24	Subsequent Consultation - Normal Presentations	\$66.30	GST-free
DT34	Subsequent Consultation - Extended Presentations	\$69.40	GST-free
DT44	Diet Analysis	\$66.30	GST-free

OUT OF ROOMS LOADING

Out of Rooms loading is automatically added to consultations delivered outside of rooms. Only one loading per visit is permitted, and it is expected that you will perform the evaluation of assessments in your rooms.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
Loading	Out of Rooms Loading. Automatically payable for consultations provided away from rooms.	\$23.10	GST-free

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number DT99 when DVA contacts you directly to request that you provide a:

- written report; or
- consultation or assessment to eligible veterans or war widows/ers, 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.

Please note: This item does not cover the supply of clinical notes, care plans or other information requested by DVA as part of monitoring activities, as these are provided free-of-charge under DVA requirements.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
DT99	Report or service specifically requested by DVA	FBN	Taxable

KEY

++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.
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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: www.dva.gov.au/providers/how-claim

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 Department of Human Services (DHS) [Provider Digital Access \(PRODA\) Service](#). For more information about the online solutions available:

- DVA Webclaim/Technical Support –
Phone 1800 700 199 or email
eBusiness@humanservices.gov.au
- Billing, banking and claim enquiries –
Phone 1300 550 017
- Visit the Department of Human Services' website at:
<https://www.humanservices.gov.au/organisations/health-professionals/subjects/doing-business-online-health-professionals>

Manual Claiming

Please send all claims for payment to:

Veterans' Affairs Processing (VAP)
Department of Human Services
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:

<http://www.dva.gov.au/providers/forms-service-providers>