

EXERCISE PHYSIOLOGISTS SCHEDULE OF FEES EFFECTIVE 10 DECEMBER 2020



Australian Government
Department of Veterans' Affairs

Exercise physiology provides clinically necessary treatment with a strong focus on clinical exercise prescription, physical activity education and behaviour modification. Exercise physiology treatment of chronic conditions should facilitate the transition into self-management.

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(f).
- The treatment cycle does not apply to exercise physiology services for Totally and Permanently Incapacitated (TPI) Gold Card holders.

The treatment cycle does not apply to the following items:

EP90	End of Cycle Report
EP99	Request for Service
90004-93620	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.
- For TPI Gold Card holders, initial consultations can only be claimed for a new episode of care or a new and unrelated condition, and for which a new referral has been issued. A maximum of three initial consultations can be claimed in a 12 month period.
- Must be provided to the client individually with an expected duration of at least 20 minutes.
- Treatment for White Card holders must be related to an accepted disability. Eligibility must be established before starting treatment.

Subsequent Consultation

- Cannot be provided on the same day as any other consultation or session for the same client.
- Must be provided to the client individually, with an expected duration of at least 20 minutes.

Group Session

- Participants will receive constant overall supervision by an exercise physiologist during the group session, and sessions will be provided with intermittent individual care.
- Cannot be provided on the same day as any other consultation or session for the same client.
- Must be provided with 2 or more participants, up to a maximum of 12 participants, with an expected duration of at least 30 minutes.

Aquatic Session

- Cannot be provided on the same day as any other consultation or session for the same client.

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

FURTHER INFORMATION TO ASSIST YOU WHEN TREATING MEMBERS OF THE VETERAN COMMUNITY IS CONTAINED IN THE 'NOTES FOR EXERCISE PHYSIOLOGISTS' 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 and subsequent 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.
- Group sessions and aquatic sessions cannot be provided by telehealth.
- COVID-19 telehealth services are considered a consultation under the treatment cycle requirements.

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP10	Initial Consultation	\$66.30	Taxable
EP11	Subsequent Consultation	\$66.30	Taxable

FACE-TO-FACE SERVICES

ROOMS

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP10	Initial Consultation	\$66.30	Taxable
EP11	Subsequent Consultation	\$66.30	Taxable

HOME

A kilometre allowance may be paid when the nearest suitable provider must travel to provide an assessment or treatment in the entitled person's place of residence.

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP12	Initial Consultation	\$71.20	Taxable
EP13	Subsequent Consultation	\$66.30	Taxable

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.
- This item cannot be claimed for entitled persons who are identified as TPI on their DVA Gold Card.

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP90	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 only when DVA has given prior financial authorisation.

Only one 1st Client claim applies in the same facility (i.e. EP14 or EP16).

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP14	Initial Consultation - 1st Client	\$71.20	Taxable
EP15	Initial Consultation - 2nd & Subsequent Clients	\$66.30	Taxable
EP16	Subsequent Consultation - 1st Client	\$66.30	Taxable
EP17	Subsequent Consultation - 2nd & Subsequent Clients	\$66.30	Taxable

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.

Only one 1st Client claim applies in the same facility (i.e. EP18 or EP20).

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP18	Initial Consultation - 1st Client	\$71.20	Taxable
EP19	Initial Consultation - 2nd & Subsequent Clients	\$66.30	Taxable
EP20	Subsequent Consultation - 1st Client	\$66.30	Taxable
EP21	Subsequent Consultation - 2nd & Subsequent Clients	\$66.30	Taxable

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.

Only one 1st Client claim applies in the same facility (i.e. EP26 or EP28).

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP26	Initial Consultation - 1st Client	\$71.20	Taxable
EP27	Initial Consultation - 2nd & Subsequent Clients	\$66.30	Taxable
EP28	Subsequent Consultation - 1st Client	\$66.30	Taxable
EP29	Subsequent Consultation - 2nd & Subsequent Clients	\$66.30	Taxable

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 ++
93504	Initial Consultation 30+ minutes	\$99.45	GST-free
93527	Subsequent Consultation 20+ minutes	\$66.30	GST-free
93518	Physical Therapy 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			
93549	Initial Consultation 30+ minutes	\$99.45	GST-free
93582	Subsequent Consultation 20+ minutes	\$66.30	GST-free
93571	Physical Therapy 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			
93607	Assessment for Group Session	\$99.45	GST-free
93614	Group Session	\$29.60	GST-free
93620	Additional Group Session	\$29.60	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.

Only one 1st Client claim applies in the same facility (i.e. EP22 or EP24)

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP22	Initial Consultation - 1st Client	\$71.20	Taxable
EP23	Initial Consultation - 2nd & Subsequent Clients	\$66.30	Taxable
EP24	Subsequent Consultation - 1st Client	\$66.30	Taxable
EP25	Subsequent Consultation - 2nd & Subsequent Clients	\$66.30	Taxable

GROUP SESSIONS

A group exercise physiology session is considered a consultation under the treatment cycle referral arrangements.

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP30	Exercise Physiology - Group Sessions (per client) <i>Two or more participants, up to a maximum of 12 participants.</i>	\$29.60	Taxable

AQUATIC EXERCISE PHYSIOLOGY

Supervised individual and supervised group aquatic exercise physiology sessions are each considered a consultation under the treatment cycle referral arrangements.

The cost of the pool admission for the entitled person is included in the fee. Exercise physiologists are unable to claim travel costs when they travel from their rooms to a pool facility to provide aquatic exercise physiology services.

ITEM NO.	DESCRIPTION	FEE *	GST STATUS ++
EP31	Supervised Individual Aquatic Exercise Physiology	\$66.30	Taxable
EP32	Supervised Group Aquatic Exercise Physiology (per client) <i>Two or more participants, up to a maximum of 12 participants.</i>	\$29.60	Taxable

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number EP99 only when DVA contacts you directly to request you to provide a:

- written report; or
- consultation or assessment to entitled persons, either separately or in conjunction with a written report.

For example, this may occur when DVA requires a second opinion concerning treatment for an entitled person. 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 *	GST STATUS ++
EP99	Report or service specifically requested by DVA	Fee specified at time of request	GST applicable

KEY

* FEE	The fee is GST-exclusive
++ GST STATUS	Paragraph 38-10(1)(b) of the (Goods and Services Tax) 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.

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>