



**Australian Government**  

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**Department of Veterans' Affairs**

**NOTES FOR  
ALLIED HEALTH PROVIDERS  
SECTION 2(g)  
OCCUPATIONAL THERAPISTS**

This section of the Notes for Allied Health Providers must be read in conjunction with Section 1 – General

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### **Providing occupational therapy services**

These Notes should be read in conjunction with Notes for Allied Health Providers Section One: General.

1. Only an occupational therapist who is registered with the Department of Human Services at the time of service is eligible to provide services to entitled persons.

### **Prior financial authorisation**

2. The specific item numbers requiring prior financial authorisation are indicated by shading and an asterisk (\*) in the DVA *Occupational Therapists Schedule of Fees*. Please refer to this document to identify items requiring prior financial authorisation. Fee schedules are available at:

[www.dva.gov.au/SERVICE\\_PROVIDERS/FEE\\_SCHEDULES/Pages/Dental\\_and\\_Allied\\_Health.aspx](http://www.dva.gov.au/SERVICE_PROVIDERS/FEE_SCHEDULES/Pages/Dental_and_Allied_Health.aspx)

3. For information on how to seek prior financial authorisation, refer to Notes for Allied Health Providers Section One: General [clauses 51-56].

### **Treatment thresholds/limits**

4. For information on treatment thresholds and limits refer to Notes for Allied Health Providers Section One: General [clauses 20-23].

### **Treatment Cycle**

5. For information on the treatment cycle arrangements, which came into effect on 1 October 2019, refer to Notes for Allied Health Providers Section One: General.

### **Restrictions on services**

6. While all occupational therapy services claimed must be in accordance with the client's clinical need, the following specific restrictions exist:
  - Only one consultation (includes all Treatment and/or Aids Assessment consultations) can be claimed for the same patient on the same day.
  - Provision of Treatment and/or Aids Assessment for White Card holders must be related to an accepted disability. Eligibility must be established prior to commencement of OT intervention.

### **Remote area allowance (RAA)**

7. A remote area allowance may be paid *in addition to* the normal kilometre allowance to a provider if the provider is the nearest suitable provider and is required to travel from their normal place of business to provide a home consultation, an assessment for equipment or preparation of home modification diagrams, in a remote area.

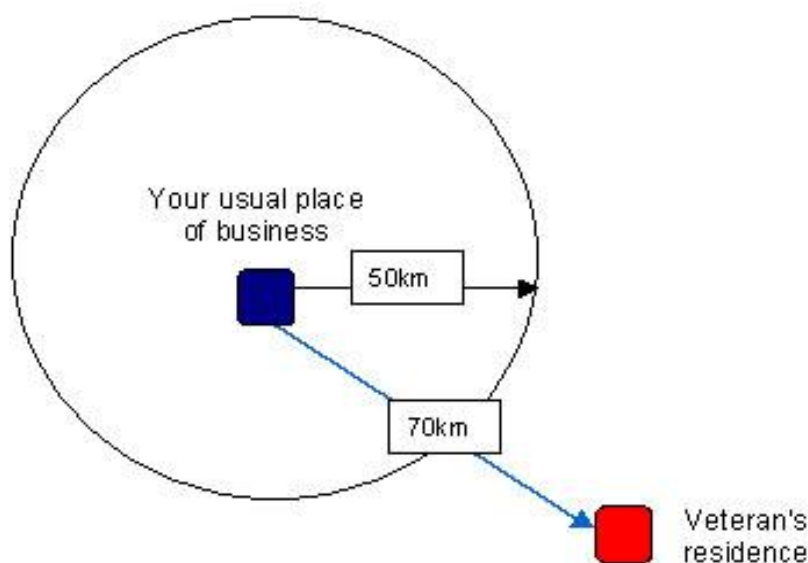
8. There must be a genuine need to see the entitled person in their residence, such as to conduct a home assessment, or where the entitled person is physically unable to travel. DVA will provide entitled persons with assistance to travel to your place of business for consultations where appropriate.
9. The distance travelled must be greater than 50 kilometres one way. For each kilometre travelled over 50 kilometres, the kilometre rate shown in the fee schedule is applied. The RAA is indexed annually, and is published as item OT80 in the DVA Schedule of Fees for Occupational Therapists. The schedule of fees can be found at:

[www.dva.gov.au/SERVICE\\_PROVIDERS/FEE\\_SCHEDULES/Pages/Dental\\_and\\_Allied\\_Health.aspx](http://www.dva.gov.au/SERVICE_PROVIDERS/FEE_SCHEDULES/Pages/Dental_and_Allied_Health.aspx)

10. For multiple consultations, claims should be lodged in respect of the distance travelled to individual patients for each leg of the journey. The total journey made to a number of patients in one day should not be claimed as a total trip against only one patient on the relevant claim form as the system will automatically deduct the first 50km of each leg for which OT80 is not payable, it should be claimed in components against each patient.
11. The allowance will be paid on the basis of the total distance travelled not the number of entitled persons attended. The maximum amount payable will not be more than the amount that would have been payable had the nearest provider attended the entitled person.
12. The following examples show how to claim RAA:

**Note:** For the purpose of these examples, *veteran* refers to entitled persons.

#### Example 1

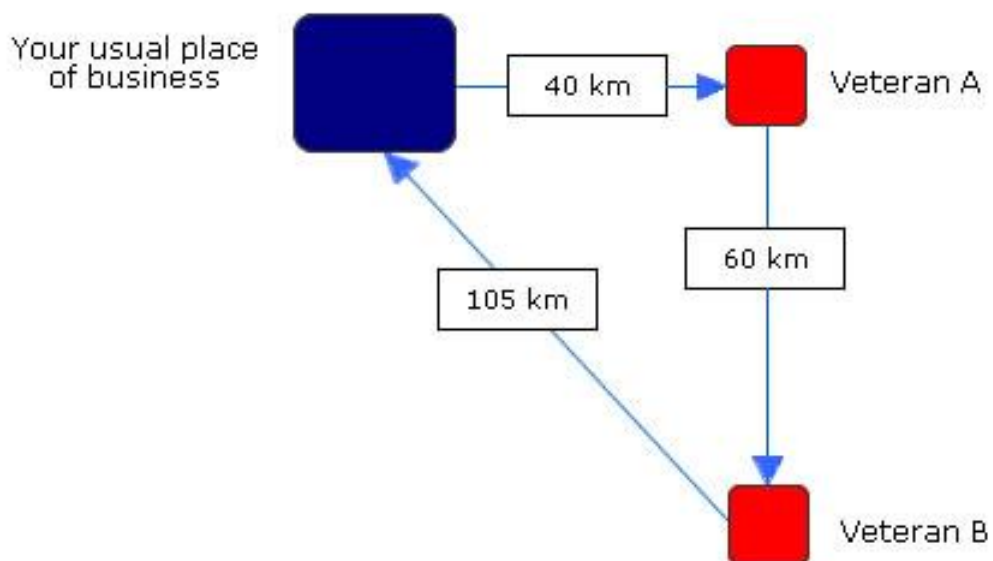


**Note:** When calculating the distance travelled from your 'usual place of business', you must use the distance from your closest practice address to the veterans place of residence.

### Example 1

- The veteran resides 70km from your usual place of business. You visit the veteran and return to your office.
- Complete your claim form for this veteran as normal e.g. OT20 and write the total number of kilometres travelled against this item number in order to claim normal kilometre allowance for this trip (140km).
- Next, insert OT80 under 'Item number' and enter the distance of the *forward* journey (70km). Then insert a second OT80 under 'Item number' and claim the distance of the *return* journey (70km).
- Remote area allowance is payable for 40km with respect to this veteran. This is the distance travelled in excess of 50 kilometres *on each leg* of the journey.

### Example 2



- For both veterans, complete the Service Vouchers as usual, inserting item numbers delivered (e.g. OT20) and the total number of kilometres travelled for each veteran.
- With respect to the claiming of OT80 in this example, veteran A resides 40km from your usual place of business. RAA is not payable with respect to your visit to veteran A.
- After you visit veteran A, you continue to travel 60km to visit veteran B.

- You return to your rooms after visiting veteran B. On the claim form for veteran B, insert OT80, then the distance travelled to veteran B from veteran A's residence (60km), then a second OT80 and the distance you travelled to return to your business (105km).
- For veteran B, remote area allowance will be paid to you for 10km (60km less first 50km) of your journey to their residence from veteran A, and 55km (105km less first 50km) of your return journey to your rooms.

### **Lymphoedema treatment**

13. Treatment cycle arrangements do not apply to lymphoedema treatment.
14. Only occupational therapists who hold appropriate post graduate certifications recognised by DVA can provide lymphoedema treatment entitled clients. The occupational therapist is required to provide evidence of certifications to DVA prior to submitting any claims for payment. Refer to the Notes for Allied Health Providers Section One: General [clause 149] for contact details.
15. Treatment for lymphoedema cannot be provided to entitled clients already receiving lymphoedema treatment from another allied health provider recognised by DVA as a lymphoedema therapist.
16. Only Item OT26 should be claimed for all aspects of clinical treatment and a limit of 20 treatments per calendar year applies. For further information please see the *Occupational Therapists Schedule of Fees*.

### **Rehabilitation Appliances Program**

17. Occupational therapists are recognised prescribers of certain appliances under the Department's *Rehabilitation Appliances Program* (RAP). When utilising the RAP scheme, prescribers must issue the RAP item prescription to the appropriate contracted supplier. You should contact the RAP section to obtain full details including which appliances you can prescribe, prescription forms and information on contracted RAP suppliers. Refer to Notes for Allied Health Providers Section One: General [see clause 153] for contact details.

### **Restrictions on RAP items**

18. Under the *Veterans Entitlements Act 1986*, restrictions apply to the supply of certain RAP items.
19. The Repatriation Commission and the Military Rehabilitation and Compensation Commission (the Commissions) will only accept financial responsibility for the supply of an electric wheelchair, electric scooter, and special vehicle driving controls and devices, to entitled persons who have a medically assessed need for these items due to a war-caused injury or disease.

20. Electric mobility aids are provided to veterans who hold a gold or white Card if the clinical need relates to their accepted disability. The provision of electric wheelchairs, electric scooters and power assist devices does not extend to war widows/widowers or dependents.
21. The Commissions will not approve the supply of a rehabilitation appliance to an entitled person in an institution where the appliance should be supplied by the institution as a result of legislation or funding impacting on the institution.