

**OCCUPATIONAL THERAPISTS
(MENTAL HEALTH)
SCHEDULE OF FEES
EFFECTIVE 1 APRIL 2020**



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:

US91	End of Cycle Report
US96	Request for Service
91125-91140	Services for bushfire affected DVA clients

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>

COVID-19 TELEHEALTH SERVICES

In response to the COVID-19 pandemic, consultations may be delivered to all eligible DVA clients via telephone or video conferencing attendance for the period 1 April to 30 September 2020. 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 until 30 September 2020.
- Phone consultations can only be provided when video conferencing is unavailable.
- COVID-19 telehealth services are considered a consultation under the treatment cycle requirements.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US39	Consultation 20-50 Minutes - Video Conference	\$65.30	GST-free
US40	Consultation 50+ Minutes - Video Conference	\$92.25	GST-free
US45	Consultation 20-50 Minutes - Phone Consultation	\$65.30	GST-free
US46	Consultation 50+ Minutes - Phone Consultation	\$92.25	GST-free

FACE-TO-FACE SERVICES

Prior financial authorisation from DVA is required for services provided in a public hospital or in a residential aged care facility (RACF) (high care). **To obtain prior financial authorisation, please contact DVA using the contact details at the end of the Fee Schedule.**

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
US31	Consultation 20-50 Minutes - In rooms	\$65.30	GST-free
US32	Consultation 20-50 Minutes - Out of rooms	\$92.00	GST-free
US33	Consultation 20-50 Minutes - Public hospital & RACF high care - Prior approval required	\$92.00	GST-free
US34	Consultation 50+ Minutes - In rooms	\$92.25	GST-free
US35	Consultation 50+ Minutes - Out of rooms	\$118.90	GST-free
US36	Consultation 50+ Minutes - Public hospital & RACF high care - Prior approval required	\$118.90	GST-free

GROUP THERAPY

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 ++
US37	Group therapy 60 minutes	\$23.45	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 ++
US91	End of Cycle Report	\$30.00	Taxable

SERVICES FOR BUSHFIRE AFFECTED DVA CLIENTS

These items are available for DVA clients who have had their mental health adversely affected by a bushfire which occurred in the 2019-20 financial year (from 1 July 2019 to 30 June 2020).

Anyone who considers that they have had their mental health adversely affected will be eligible for these services. Eligible patients may be identified by a psychologist, a GP or medical practitioner, a social worker or an occupational therapist. Alternatively, people may identify themselves and request a mental health service from an eligible practitioner. These services are available to anyone whose mental health has been affected by the bushfire crisis, and are not restricted to people living in areas directly affected by bushfire.

The rules and requirements of the equivalent MBS item apply to these services for DVA clients. Please refer to www.mbsonline.gov.au for details. When claiming these items for DVA clients, the invoice to DHS must be submitted through the DVA Medical Online channel using practice management software, or if using DVA Webclaim, by selecting 'General Medical Service' from the Service Type menu on the 'Fill In Claims Details' screen. These items cannot be claimed through DVA Allied Health Online, nor using the 'Allied Health Service' service type through DVA Webclaim.

Bushfire affected DVA clients are able to access a maximum of 10 mental health services per calendar year without a GP referral under these items. DVA Gold and White Card holders who require further mental health services may access these through usual DVA arrangements with a GP referral.

ITEM NO.	ITEM DESCRIPTION	FEE	GST STATUS ++
91125	Consultation 20-50 Minutes - In rooms	\$65.30	GST-free
91126	Consultation 20-50 Minutes - In rooms – Video conference	\$65.30	GST-free
91130	Consultation 20-50 Minutes - Out of rooms	\$92.00	GST-free
91135	Consultation 50+ Minutes - In rooms	\$92.25	GST-free
91136	Consultation 50+ Minutes - In rooms – Video conference	\$92.25	GST-free
91140	Consultation 50+ Minutes - Out of rooms	\$118.90	GST-free

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number US96 only when DVA contacts you directly to request that you provide:

- a written report; 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 ++
US96	Report or 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 NUMBERS:

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>