

OCCUPATIONAL THERAPISTS SCHEDULE OF FEES EFFECTIVE 1 APRIL 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(g).

The treatment cycle does not apply to the following:

OT26	Lymphoedema Treatment
OT80-82	Travel
OT50-51	Assessment Reports
OT71-75	Consumables
OT98	Freight
OT90	End of Cycle Report
OT99	Request for Service

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

Consultations

- Consultations include all Treatment and Aids Assessment services.
- Only one consultation of any type can be claimed for the same client on the same day.
- Each treatment cycle must start with an initial consultation. Note that standard and extended consultations are counted as an initial consultation when providing Aids Assessment services.
- The first consultation of each treatment cycle includes the completion or update of a patient care plan.
- Services provided for White Card holders must be related to an accepted disability. Eligibility must be established before starting treatment.

Subsequent Consultation

- Should be claimed for ongoing treatment of a condition.

Extended Consultations (Aids Assessment)

- Should only be claimed when an extended aids assessment is required due to the complexity of the issue being considered, or the complexity of the item for which a client is being assessed (e.g. scooter, mobility hoist).

Shaded item numbers 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
OCCUPATIONAL THERAPISTS’ 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 treatment consultations may be delivered to all eligible DVA clients via telephone or video conferencing attendance for the period 1 April to 30 September 2020. Standard, extended and follow-up aids assessment consultations may also be claimed where an assessment can reasonably be provided by telehealth. 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.
- Also claimable for telehealth treatment delivered to clients in hospital or residential aged care facilities, for services not requiring prior approval.
- Special consultations and lymphoedema treatment 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.

Assessments for small aids and appliances may be provided by telehealth and should be claimed using the below consultation items. However, assessments for large appliances (e.g. scooter, mobility hoist) and any home modification services cannot be provided by telehealth.

ITEM NO.	ITEM DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT01	Initial Consultation	\$89.70	GST-free
OT07	Subsequent Consultation	\$89.70	GST-free

FACE-TO-FACE SERVICES

ROOMS

TREATMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT01	Initial Consultation	\$89.70	GST-free
OT07	Subsequent Consultation	\$89.70	GST-free

An out of rooms loading is automatically added to a consultation fee when undertaken away from rooms.

HOME

TREATMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT02	Initial Consultation	\$112.15	GST-free
OT08	Subsequent Consultation	\$112.15	GST-free

AIDS ASSESSMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT20	Standard Consultation	\$89.80	GST-free
OT30	Extended Consultation	\$112.15	GST-free
OT35	Follow-up Consultation	\$87.75	GST-free
OT40	Special Consultation (major modifications only) <i>Only claimable where detailed measurements are taken for major structural home modifications (i.e. ramps, water lifts, stair climbers).</i>	\$201.95	GST-free
OT41	Follow-up to Special Consultation (major modifications only) <i>Only claimable where in-depth follow-up concerning structural modifications is required (i.e. pre-construction and post-construction home visits).</i>	\$134.55	GST-free

INSTITUTIONS REQUIRING PRIOR APPROVAL

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

(1) 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.

(2) HIGH LEVEL CARE IN 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.

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.

TREATMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT03	Initial Consultation	\$112.15	GST-free
OT09	Subsequent Consultation	\$112.15	GST-free

AIDS ASSESSMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT21	Standard Consultation	\$89.80	GST-free
OT31	Extended Consultation	\$112.15	GST-free
OT36	Follow-up Consultation	\$87.75	GST-free

INSTITUTIONS NOT REQUIRING PRIOR APPROVAL

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

(1) 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. To do this, please contact the Veteran Liaison Officer at the hospital or contact DVA.

(2) LOW LEVEL CARE IN RESIDENTIAL AGED CARE FACILITIES (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.

TREATMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT06	Initial Consultation	\$112.15	GST-free
OT12	Subsequent Consultation	\$112.15	GST-free

AIDS ASSESSMENT

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT24	Standard Consultation	\$89.80	GST-free
OT34	Extended Consultation	\$112.15	GST-free
OT39	Follow-up Consultation	\$87.75	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 ++
OT90	End of Cycle Report	\$30.00	Taxable

LYMPHOEDEMA TREATMENT

- Only occupational therapists who hold appropriate post graduate certifications recognised by DVA can provide lymphoedema treatment to entitled persons.
- Treatment for lymphoedema cannot be provided to entitled persons already receiving lymphoedema treatment from a physiotherapist recognised by DVA as a lymphoedema therapist.
- Treatment cycle referral arrangements do not apply to lymphoedema treatment.
- Prior approval is not necessary for the maximum of 20 sessions per calendar year.
- Item OT26 should be claimed for all aspects of clinical treatment.
- Clinically required consumables should be claimed under item OT71 or OT72.
- Clinically required aids and appliances should be claimed under item OT75.
- All other clinically required consumables, aids and appliances should be sourced through DVA's Rehabilitation Appliances Program (RAP).
- Do not claim for items that the entitled person can purchase through a pharmacy or supermarket for on-going self-management of conditions.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT26	Lymphoedema – per session (maximum of 20 sessions per calendar year)	\$138.40	GST-free

REMOTE AREA ALLOWANCE

- Payable where the OT is required to travel in excess of a 50 kilometre radius from their normal place of business.
- The OT must be the nearest suitable provider and the claim must be from the nearest practice location to the entitled persons place of residence.
- Must be claimed as a separate item number.
- Refer to the Notes for Allied Health Providers Section 2(g) Occupational Therapists [clauses 8- 13] for more information on claiming this code.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT80	Allowance – Per Kilometre	\$0.90	GST-free

TRANSPORT COSTS TO ISLANDS (effective 1 October 2019)

Use these items to claim the reimbursement of travel expenses and waiting time when providing treatment and aids assessment in the home of entitled persons living on the islands: North Stradbroke, Lamb, Russell, Macleay, Coochiemudlo, Karragarra, Magnetic and Torres Strait Islands (list subject to change).

- Use this item to claim the cost of transport to the island (e.g. ferry fare) and transport on the island (e.g. taxi fare).

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT81	Travel/Transport costs <i>Claim invoiced cost only exclusive of GST, not exceeding the maximum fee. DVA will automatically add GST to the amount claimed.</i>	Max. Fee \$320.60	Taxable

- Use this item to claim for waiting time for transport to and from the island.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT82	Travel waiting time <i>This item is capped at a maximum of 2 hours and is claimed per 15 minutes. This item can only be claimed in conjunction with OT81.</i>	\$22.45 per 15 mins	GST-free

REPORT WRITING

A standard report (OT50) is claimable in association with an Aids Assessment consultation (Standard or Extended) when submitting a direct order form, prior approval form or post home modification assessment (OT41).

A schematic report (OT51) is claimable in association with a Special Consultation or a Follow-up Special Consultation (OT40-OT41) and only where a detailed diagram or diagrams are required for major structural home modifications.

Please note: Report writing items are not to be claimed for creating or maintaining client records.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT50	Standard Report	\$44.90	Taxable
OT51	Schematic Report	\$89.70	Taxable

CLINICALLY REQUIRED CONSUMABLES

- Use these items only for the supply of consumables and small items. Please ensure that you retain documentation and/or invoices on file to substantiate claims.
- Small aids and appliances covered by section 38-45 of the GST Act may be provided under the Item No. OT75.
- All other aids and appliances must be sourced through RAP.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT71	<p>Consumables clinically required immediately during the consultation/treatment</p> <p><i>Do not claim for items that the entitled persons should purchase through a pharmacy or supermarket for ongoing self-management of conditions. Claim invoiced cost only, not exceeding the maximum fee.</i></p>	<p>Max. Fee</p> <p>\$52.80</p>	<p>GST-Free</p> <p>φφ</p>
OT72	<p>Consumables clinically required for treatment after consultation</p> <p><i>Do not claim for items that the entitled persons should purchase through a pharmacy or supermarket for ongoing self-management of conditions. Claim invoiced cost only exclusive of GST, not exceeding the maximum fee.</i></p> <p><i>DVA will automatically add GST to the amount claimed.</i></p>	<p>Max. Fee</p> <p>\$52.80</p>	<p>Taxable</p>

SPLINTS/CASTS

- Use these items only for the supply of splints and casts that are covered by section 38-45 of the GST Act.
- Prior financial authorisation must be sought from DVA if the cost of a static splint or cast exceeds \$92.45, or exceeds \$198.00 for a dynamic splint. Splints may also be sourced through RAP.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT73	<p>Static Splint/Cast</p> <p><i>Claim the invoiced amount only, not exceeding the maximum fee.</i></p>	<p>Max. Fee</p> <p>\$92.45</p>	<p>GST-Free</p> <p>φφ</p>
OT74	<p>Dynamic Splint</p> <p><i>Claim the invoiced amount only, not exceeding the maximum fee.</i></p>	<p>Max. Fee</p> <p>\$198.00</p>	<p>GST-Free</p> <p>φφ</p>

SMALL MEDICAL AIDS AND APPLIANCES

Use this item for the supply of small medical aids and appliances such as soft collars, braces for a knee, ankle, elbow or wrist, lumbar corsets, etc. All other aids and appliances must be sourced through RAP.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
OT75	<p>Small Medical Aids and Appliances</p> <p><i>Use this item to facilitate the provision of small medical aids and appliances covered by section 38-45 of the GST Act. Claim the invoiced cost only, not exceeding the maximum fee, and attach a copy of the invoice to your claim.</i></p>	Max. Fee \$105.70	GST-free φφ
OT98	<p>Small Medical Aids and Appliances – Postage/Freight</p> <p><i>Use this item to claim an actual amount of postage or freight directly attributable to an item purchased for an entitled person and claimed under OT75. Claim the invoiced cost only, not exceeding the maximum fee.</i></p> <p>Restriction: <i>This item cannot be claimed separately, i.e. it can only be claimed in conjunction with Item OT75.</i></p>	Max. Fee \$12.95	Taxable

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number OT99 only when DVA contacts you directly to request that you provide:

- a written report; or
- a 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 and remote area allowance are included in the fee, and are not to be claimed in addition to the fee.

Please note: *Item number OT99 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 ++
OT99	Report or service specifically requested by DVA	Fee specified at time of request	Taxable

KEY

++ Recognised Professional	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.
φφ GST-free consumables	Please refer to sections 38-10(3), 38-20(3), 38-45, 38-47 of the 'A New Tax System Act 1999' (GST Act) to determine the status of the health good, and GSTR2001/8 for determining the GST status and whether apportionment is required if there are GST-free and taxable components in a supply.

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: <ul style="list-style-type: none">• 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
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