

SOCIAL WORKERS SCHEDULE OF FEES EFFECTIVE 1 FEBRUARY 2021



Australian Government
Department of Veterans' Affairs

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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(m).

The treatment cycle does not apply to the following items:

SW90	End of Cycle Report
SW99	Request for report or service specifically requested by DVA
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 subsequent consultations cannot be claimed on the same day.

Shaded items require prior financial authorisation from DVA. To obtain prior financial authorisation, please contact the DVA using the information at the end of the schedule.

FURTHER INFORMATION TO ASSIST YOU WHEN TREATING MEMBERS OF THE VETERAN COMMUNITY IS CONTAINED IN THE 'NOTES FOR SOCIAL WORKERS' 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.
- COVID-19 telehealth services are considered a consultation under the treatment cycle requirements.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW01	Initial Consultation	\$82.20	GST-free
SW15	Subsequent Consultation	\$82.20	GST-free

FACE-TO-FACE SERVICES

ROOMS

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW01	Initial Consultation	\$82.20	GST-free
SW15	Subsequent Consultation	\$82.20	GST-free

HOME

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW02	Initial Consultation	\$99.25	GST-free
SW16	Subsequent Consultation	\$82.20	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	GST STATUS ++
SW90	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 Repatriation Commission will only pay for allied health services carried out in public hospitals in exceptional circumstances, and when DVA has given prior financial authorisation.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW03	Initial Consultation – 1 st Client	\$99.25	GST-free
SW10	Initial Consultation – 2nd & Subsequent Clients	\$82.20	GST-free
SW17	Subsequent Consultation – 1 st Client	\$82.20	GST-free
SW25	Subsequent Consultation – 2nd & Subsequent Clients	\$82.20	GST-free

PRIVATE

The Repatriation Commission will only pay for allied health services carried out by DVA-contracted 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 allied health 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 the DVA office in the State or Territory.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW04	Initial Consultation – 1 st Client	\$99.25	GST-free
SW11	Initial Consultation – 2nd & Subsequent Clients	\$82.20	GST-free
SW18	Subsequent Consultation – 1 st Client	\$82.20	GST-free
SW26	Subsequent Consultation – 2nd & Subsequent Clients	\$82.20	GST-free

RESIDENTIAL AGED CARE FACILITIES (RACFs)

The level of care an entitled client 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 REQUIRING PRIOR APPROVAL IN RACFs

Prior Financial authorisation is required before providing clinically necessary allied health services to an eligible person 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.

Authorisation will be given only in exceptional circumstances.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW05	Initial Consultation – 1 st Client	\$99.25	GST-free
SW12	Initial Consultation – 2nd & Subsequent Clients	\$82.20	GST-free
SW19	Subsequent Consultation – 1 st Client	\$82.20	GST-free
SW27	Subsequent Consultation – 2nd & Subsequent Clients	\$82.20	GST-free

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	GST STATUS ++
SW06	Initial Consultation – 1 st Client	\$99.25	GST-free
SW13	Initial Consultation – 2nd & Subsequent Clients	\$82.20	GST-free
SW20	Subsequent Consultation – 1 st Client	\$82.20	GST-free
SW28	Subsequent Consultation – 2nd & Subsequent Clients	\$82.20	GST-free

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use this item number SW99 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.

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 contractual obligations.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
SW99	Report or service specifically requested by DVA	Fee specified at time of request	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 Service Australia (Medicare) [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.servicesaustralia.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>