

**ORTHOTISTS
SCHEDULE OF FEES
EFFECTIVE 23 SEPTEMBER 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 relevant to your profession.

The treatment cycle does not apply to the following items:

UT13-35	Consumables
UT36-37	Repairs
UT38-40	Special Services
UT90	Report
UT41	Request for Service

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 and supply of an orthosis.

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 details at the end of the schedule.

If the clinical needs of an entitled person requires provision above the specified fee or quantity limits listed in the Orthotists Schedule of Fees, orthotists are to seek prior financial authorisation before the supply of services.

**FURTHER INFORMATION TO ASSIST YOU WHEN TREATING MEMBERS OF THE
VETERAN COMMUNITY IS CONTAINED IN THE 'NOTES FOR ORTHOTISTS'
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.
- When providing telehealth services, practitioners must follow professional association guidelines.
- COVID-19 telehealth services are considered a consultation under the treatment cycle requirements.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT01	Initial Consultation – Rooms	\$66.30	GST-free
UT02	Subsequent Consultation – Rooms	\$66.30	GST-free

FACE-TO-FACE SERVICES

ROOMS

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT01	Initial Consultation – Rooms	\$66.30	GST-free
UT02	Subsequent Consultation – Rooms	\$66.30	GST-free

HOME

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT03	Initial Consultation – Home	\$74.75	GST-free
UT04	Subsequent Consultation – Home	\$66.30	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 ++
UT90	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

DVA 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 ++
UT05	Initial Consultation – Public Hospital	\$74.75	GST-free
UT06	Subsequent Consultation – Public Hospital	\$66.30	GST-free

PRIVATE

DVA 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 ++
UT07	Initial Consultation – Private Hospital	\$74.75	GST-free
UT08	Subsequent Consultation – Private Hospital	\$66.30	GST-free

RESIDENTIAL AGED CARE FACILITIES (RACFs)

The level of care an entitled person receives in a Residential Aged Care Facility (RACF) refers to the health status and classification of the eligible veteran, as determined under the *Classification Principles 2014*, and 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 entitled 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 ++
UT09	Initial Consultation – RACF Greater Level of Care	\$74.75	GST-free
UT10	Subsequent Consultation – RACF Greater Level of Care	\$66.30	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 ++
UT11	Initial Consultation – RACF Lower Level of Care	\$74.75	GST-free
UT12	Subsequent Consultation – RACF Lower Level of Care	\$66.30	GST-free

SUPPLY OF ORTHOSES

The following item numbers are for orthoses supplied by orthotists. The following item numbers cannot be claimed for orthoses supplied by DVA-contracted suppliers of the DVA Rehabilitation Appliances Program (RAP) for Mobility and Functional Support.

There is a limit on the number of orthoses that can be provided to an entitled person within a 365 day period, as outlined in the table below. Additional provision above the limits requires prior financial authorisation and clinical justification

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
Lower Limb Orthosis			
UT13	Foot orthosis, aid or appliance, single (prefabricated) <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of one per foot per 365 day period	Invoice fee+ (up to \$111.40)	GST-free (38-45)
UT14	Foot orthosis, single, shelf item (customised) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of one per foot per 365 day period	\$144.65	GST-free (38-45)
UT15	Foot orthosis, single (custom) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of one per foot per 365 day period	Up to \$373.50#	GST-free (38-45)
UT16	Ankle support/brace single (prefabricated), includes ankle guards <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of three per 365 day period	Invoice fee+ (up to \$92.80)	GST-free (38-45)
UT17	Ankle support/brace single (customised), includes ankle guards <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of three per 365 day period	\$144.65	GST-free (38-45)
UT18	Ankle level orthosis, single Ankle Foot Orthosis (AFO) (prefabricated), includes moon boots/walkers <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of two per 365 day period	Invoice fee+ (up to \$195.95)	GST-free (38-45)
UT19	Ankle level orthosis, single Ankle Foot Orthosis (AFO) (customised), includes moon boots/walkers <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of two per 365 day period	\$257.80	GST-free (38-45)
UT20	Ankle level orthosis, single Ankle Foot Orthosis (AFO) (Custom) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of two per 365 day period	Up to \$876.55#	GST-free (38-45)

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT21	Hip / knee level orthosis, single (prefabricated) - e.g. hinged braces <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of three per 365 day period	Invoice fee+ (up to \$368.15)	GST-free (38-45)
UT22	Hip / knee level orthosis, single (customised) - e.g. hinged braces <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of three per 365 day period	515.60	GST-free (38-45)
UT23	Hip / knee orthosis, single (custom) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of three per 365 day period	Up to \$1598.40#	GST-free (38-45)
UT24	Complex lower limb orthosis, single (custom) e.g. Knee Ankle Foot Orthosis (KAFO), Hip Knee Ankle Foot Orthosis (HKAFO) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of three per 365 day period	Up to \$2268.75#	GST-free (38-45)
Upper Limb Orthosis			
UT25	Upper limb orthosis, single (prefabricated) - e.g. wrist splints, shoulder and elbow supports <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of three per 365 day period	Invoice fee+ (up to \$206.25)	GST-free (38-45)
UT26	Upper limb orthosis, single (customised) - e.g. wrist splints, shoulder and elbow supports <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of three per 365 day period	\$360.95	GST-free (38-45)
UT27	Upper limb orthosis (custom) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of three per 365 day period	Up to \$773.45#	GST-free (38-45)
Spinal Orthosis			
UT28	Spinal level orthosis (prefabricated), includes abdominal binders and hernia supports <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of two per 365 day period	Invoice fee+ (up to \$257.80)	GST-free (38-45)
UT29	Spinal level orthosis (customised), includes abdominal binders and hernia supports <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of two per 365 day period	\$412.50	GST-free (38-45)

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT30	Spinal orthosis (custom) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of two per 365 day period	Up to \$2062.50#	GST-free (38-45)
UT31	Cervical level orthosis (prefabricated) <i>Claim the invoiced cost only, not exceeding the maximum fee</i> Limit of two per 365 day period	Invoice fee+ (up to \$257.80)	GST-free (38-45)
UT32	Cervical level orthosis (customised) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of two per 365 day period	\$412.50	GST-free (38-45)
UT33	Cervical level orthosis (custom) <i>Fee includes follow-up consultations^ and complete initial components</i> Limit of two per 365 day period	Up to \$773.45#	GST-free (38-45)
Customisation and Manufacture of Orthoses			
UT34	Scan, cast or foam impression of body part or both feet to customise an orthoses (excluding an item supplied under the RAP) or manufacture a custom orthoses Limit of two per 365 day period	\$92.80	GST-free**
UT35	Manufacture of custom orthosis (excludes prefabricated and customised) <i>(Note: If manufacture time exceeds 5 hours, specify the actual number of hours required to manufacture as part of prior financial authorisation. Refer to clauses 5 and 6 of the Notes for Allied Health Providers – Section 2(n) Orthotists.)</i> Limit of two per 365 day period	\$77.35 per hour up to 5 hours#	GST-free**

REPAIRS OF ORTHOSES

Orthotists may claim repairs for normal wear and tear of an orthotic item. The following item numbers are for repairs and/or modifications to an orthosis (including items supplied under the RAP) after the first three months of supply/an episode of care. The following item numbers cannot be claimed for any repairs and/or modifications to an orthosis within the first three months of supply/an episode of care because the costs are included in the supply fee.

Orthotists may claim repairs for an orthotic item within the first three months of supply where the repair is needed for reason other than normal wear and tear. Claiming the supply and repairs of orthoses (excluding items supplied under the RAP) must occur on the date when the item is supplied and fitted or repaired, and not in advance.

There is a limit on the number of repairs that can be provided to an entitled person with a 365 days period, as outlined in the table below. Additional provision above the limits requires prior financial authorisation and clinical justification. UT36 and UT37 cannot be claimed together for the same repair.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT36	Minor Repair (less than 30 minutes of labour) Limit of two per 365 day period	Up to \$51.55	GST-applicable
UT37	Major Repair (more than 30 minutes of labour) Limit of two per 365 day period	Up to \$154.70	GST-applicable

SPECIAL SERVICES

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT38	Above DVA Schedule Limits – Taxable	Fee By Negotiation	Taxable
UT39	Above DVA Schedule Limits – GST-free	Fee By Negotiation	GST-free
UT40	Postage <i>Use this item to claim an actual amount of postage or freight directly attributable to items purchased for an entitled person (excluding items ordered through RAP); and/or sent directly to an entitled person.</i> Claim should be exclusive of GST , not exceeding the maximum. DVA will automatically add GST to the amount claimed.	\$12.90	Taxable

DIRECT SUPPLY TO DVA

The following item number is for when DVA requests that you provide:

- a written report; or
- a consultation to an entitled person, 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 this Schedule of Fees. The kilometre allowance is included in the fee, and is not to be claimed in addition to the fee.

Note: UT41 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. In addition, UT41 does not cover the supply of clinical justification for prior financial authorisation requests.

ITEM NO.	DESCRIPTION	FEE	GST STATUS ++
UT41	Report or service specifically request by DVA	Fee By Negotiation	Taxable

KEY

#	DVA will pay up to the specified fee depending on the clinical needs of an entitled person. If the clinical needs of an entitled person is above the specified fee or requires a greater quantity of items, an alternative fee or quantity may be negotiated with DVA as part of prior financial authorisation. DVA will pay an alternative fee or quantity under UT38 or UT39. Refer to clauses 5 and 6 of the Notes for Allied Health Providers – Section 2(n) Orthotists.
+	‘Invoice fee’ means the purchase price of an item (excluding postage) plus 20 per cent of the purchase price to cover administrative costs attributable to purchasing an item for an entitled person. For example, the purchase price is \$50 and 20 per cent of the purchase price is \$10 totalling \$60. Claim \$60 as the invoice fee. To claim an actual amount of postage or freight directly attributable to an item purchased for an entitled person (excluding items ordered through RAP), use UT40.
^	‘Follow up consultations’ means subsequent consultations for fitting and review, which may be one or more subsequent consultations.
++ 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.
**	These items are only GST-free for Recognised Professionals. DVA will automatically add GST to these items when claimed by non-Recognised Professionals who are registered for GST.

<p>DVA CONTACTS:</p> <p>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:</p> <p>PHONE NUMBER:</p> <p>1800 550 457 (Select Option 3, then Option 1)</p> <p>POSTAL ADDRESS FOR ALL STATES AND TERRITORIES:</p> <p>Health Approvals & Home Care Section Department of Veterans' Affairs GPO Box 9998 BRISBANE QLD 4001</p> <p>DVA WEBSITE:</p> <p>http://www.dva.gov.au/providers/allied-health-professionals</p> <p>DVA email for prior financial authorisation: health.approval@dva.gov.au</p> <p>The appropriate prior approval request form can be found at: https://www.dva.gov.au/providers/services-requiring-prior-approval.</p>	<p>CLAIMS FOR PAYMENT</p> <p>For more information about claims for payment visit: www.dva.gov.au/providers/how-claim</p> <p>Claim Enquiries: 1300 550 017 (Option 2 Allied Health)</p> <p>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:</p> <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 <p>Manual Claiming Please send all claims for payment to:</p> <p>Veterans' Affairs Processing (VAP) Department of Human Services GPO Box 964 ADELAIDE SA 5001</p> <p>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</p>
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