

PHYSIOTHERAPISTS SCHEDULE OF FEES EFFECTIVE 23 SEPTEMBER 2020



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(j).
- The treatment cycle does not apply to physiotherapy services for Totally and Permanently Incapacitated (TPI) Gold Card holders.

The treatment cycle does not apply to the following:

PH41	Lymphoedema Treatment
PH92-93	Clinically Required Consumables
PH94-98	Small Medical Aides and Appliances
PH95-96	Splits and Casts
PH90	End of Cycle Report
PH99	Request for Service
90004 – 93593	Extended Eligibility for Allied Health Treatment to Residential Care Recipients

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.
- For TPI Gold Card holders, initial consultations can only be claimed for a new episode of care or a new and unrelated condition, and for which a new referral has been issued. A maximum of three initial consultations can be claimed in a 12 month period.
- Treatment for White Card holders must be related to an accepted disability. Eligibility must be established before starting treatment.

Standard 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 consultations cannot be claimed on the same day.

Extended Consultation

- For treatment of two acute and unrelated areas or for treatment of an acute condition when a chronic condition needs ongoing treatment.
- Treatment of related areas, or treatment of multiple, chronic musculo-skeletal conditions, should **NOT** be claimed as an extended consultation.

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 PHYSOTHERAPISTS’ 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, standard and extended 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.
- Group sessions, aquatic sessions, and lymphoedema treatment cannot be provided by telehealth.
- COVID-19 telehealth services are considered a consultation under the treatment cycle requirements.

ITEM NO.	ITEM DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH10	Initial Consultation	\$66.30	GST-free
PH20	Standard Consultation	\$66.30	GST-free
PH30	Extended Consultation	\$70.25	GST-free

FACE-TO-FACE SERVICES

ROOMS

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH10	Initial Consultation	\$66.30	GST-free
PH20	Standard Consultation	\$66.30	GST-free
PH30	Extended Consultation	\$70.25	GST-free

HOME

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH11	Initial Consultation	\$71.20	GST-free
PH21	Standard Consultation	\$66.30	GST-free
PH31	Extended Consultation	\$83.25	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.
- This item cannot be claimed for entitled persons who are identified as TPI on their DVA Gold Card.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH90	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.

In certain exceptional circumstances, DVA may pay for two subsequent consultations provided on the same day in circumstances where it is for treatment of a short term acute onset condition such as treatment of an admitted entitled person with acute pneumonia or for joint mobilisation immediately following surgery. The length of time for providing these services should not exceed five days without contacting DVA. When claiming, providers should indicate am or pm next to each consultation or the time of each consultation to allow processing by Department of Human Services.

PUBLIC

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.

Only one 1st Client claim applies in the same facility (i.e. PH12 or PH22)

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH12	Initial Consultation – 1 st Client	\$71.20	GST-free
PH16	Initial Consultation – 2 nd & Subsequent Clients	\$66.30	GST-free
PH22	Standard Consultation – 1 st Client	\$66.30	GST-free
PH26	Standard Consultation – 2 nd & Subsequent Clients	\$66.30	GST-free

PRIVATE

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. This can be done by contacting the Veteran Liaison Officer at the hospital or DVA.

Only one 1st Client claim applies in the same facility (i.e. PH13 or PH23)

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH13	Initial Consultation – 1st Client	\$71.20	GST-free
PH17	Initial Consultation – 2nd & Subsequent Clients	\$66.30	GST-free
PH23	Standard Consultation – 1st Client	\$66.30	GST-free
PH27	Standard Consultation - 2nd & Subsequent Clients	\$66.30	GST-free

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.

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.

Only one 1st Client claim applies in the same facility (i.e. PH15 or PH25)

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH15	Initial Consultation – 1 st Client	\$71.20	Taxable
PH19	Initial Consultation – 2 nd & Subsequent Clients	\$66.30	Taxable
PH25	Standard Consultation – 1 st Client	\$66.30	Taxable
PH29	Standard Consultation – 2 nd & Subsequent Clients	\$66.30	Taxable

EXTENDED ELIGIBILITY FOR ALLIED HEALTH TREATMENT TO RESIDENTIAL CARE RECIPIENTS

These items are available from 10 December 2020 to 30 June 2022 (inclusive) for DVA clients living in RACFs. DVA clients living in RACFs may access up to five allied health services and up to five additional physical therapy services (physiotherapy, exercise physiology or occupational therapy) under Medicare chronic disease management arrangements.

The specified item numbers are also part of the Medicare Benefits Schedule (MBS) and the rules and requirements of the MBS apply to services provided to DVA clients. As many item limits include other allied health services, providers are encouraged to familiarise themselves with the notes and rules applying to each item and ensure they adhere to them. More detailed information can be found in the Notes for Allied Health Providers, Section One: General and at www.mbsonline.gov.au.

In recognition of the additional time required, providers who visit a RACF to deliver services will be paid an additional 'flag fall' fee once per visit to a RACF (regardless of how many clients they treat within that visit). The Treatment Cycle does not apply to services under this arrangement and an End of Cycle Report item cannot be claimed in respect of these services.

Prior financial authorisation is not required to provide these services to DVA clients in high care. For any services required in excess of the limits on these arrangements, DVA's existing prior financial authorisation arrangements apply. DVA clients in low care can access mental health services under these new arrangements or under DVA's existing allied health arrangements.

Providers are responsible for confirming whether an individual utilised their treatment thresholds prior to commencing a service.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
93508	Initial Consultation 30+ minutes	\$99.45	GST-free
93531	Subsequent Consultation 20+ minutes	\$66.30	GST-free
93520	Physical Therapy Consultation 20+ minutes	\$66.30	GST-free
TELEHEALTH ITEMS			
93537	Subsequent Consultation 20+ minutes – Video Conference	\$66.30	GST-free
93538	Subsequent Consultation 20+ minutes – Phone Consultation	\$66.30	GST-free
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICES			
93553	Initial Consultation 30+ minutes	\$99.45	GST-free
93586	Subsequent Consultation 20+ minutes	\$66.30	GST-free
93573	Physical Therapy Consultation 20+ minutes	\$66.30	GST-free
ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE : TELEHEALTH ITEMS			
93592	Subsequent Consultation 20+ minutes – Video Conference	\$66.30	GST-free
93593	Subsequent Consultation 20+ minutes – Phone Consultation	\$66.30	GST-free

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
90004	Flag fall. Only claimable once per facility per day, excluding telehealth or phone items.	\$41.25	GST-free

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* where it exceeds the provisions available under the *Extended Eligibility for Allied Health Treatment to Residential Care Recipients* arrangements.

Note: A person 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; | (iv) a medium domain category in at least 2 domains; |
| (ii) high CHC domain category; | (v) a care recipient whose classification level is high level residential respite care. |
| (iii) high behaviour domain category; | |

Only one 1st Client claim applies in the same facility (i.e. PH14 or PH24)

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH14	Initial Consultation – 1 st Client	\$71.20	GST-free
PH18	Initial Consultation – 2 nd & Subsequent Clients	\$66.30	GST-free
PH24	Standard Consultation – 1 st Client	\$66.30	GST-free
PH28	Standard Consultation – 2 nd & Subsequent Clients	\$66.30	GST-free

LYMPHOEDEMA TREATMENT

- The treatment cycle referral arrangements do not apply to lymphoedema treatment.
- Only physiotherapists who hold appropriate postgraduate 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 an occupational therapist recognised by DVA as a lymphoedema therapist.
- Prior approval is not necessary for the maximum of 20 sessions per calendar year.
- If the client requires more than 20 treatment sessions prior approval is necessary.
- Item PH41 should be claimed for all aspects of clinical treatment.
- Clinically required consumables should be claimed under item PH92 or PH93.
- Clinically required aids and appliances should be claimed under item PH94.
- 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 ongoing self-management of conditions.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH41	Lymphoedema – per session	\$140.50	GST-free

GROUP PHYSIOTHERAPY

A group physiotherapy session is considered a consultation under the treatment cycle referral arrangements.

The cost of gymnasium admission for the entitled person, if necessary, is included in the fee.

Physiotherapists are unable to claim travel costs when they travel from their rooms to a gymnasium facility to provide group physiotherapy services.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH50	Group Physiotherapy (Per Client)	\$29.60	GST-free

AQUATIC PHYSIOTHERAPY

Supervised individual and supervised group aquatic physiotherapy sessions are each considered a consultation under the treatment cycle referral arrangements.

The cost of pool admission for the entitled person, if necessary, is included in the fee.

Physiotherapists are unable to claim travel costs when they travel from their rooms to a pool facility to provide aquatic physiotherapy services.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH60	Supervised Individual Aquatic Physiotherapy	\$66.30	GST-free
PH61	Supervised Group Aquatic Physiotherapy	\$38.80	GST-free

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.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH92φφ	<p>Consumables clinically required immediately during the consultation/treatment</p> <p><i>Do not claim for items that entitled persons should purchase through a pharmacy or supermarket for ongoing self-management of conditions e.g. dietary supplements. Claim invoiced cost only, not exceeding the maximum fee.</i></p>	\$53.60	GST-Free φφ
PH93	<p>Consumables clinically required for treatment after consultation</p> <p><i>Do not claim for items that entitled persons should purchase through a pharmacy or supermarket for ongoing self-management of conditions e.g. dietary supplements. Claim invoiced cost only exclusive of GST, not exceeding the maximum fee. DVA will automatically add GST to the amount claimed.</i></p>	\$53.60	Taxable

SMALL MEDICAL AIDS AND APPLIANCES

(Must be covered by section 38-45 of the GST Act)

Use this item to facilitate the provision of small medical aids and appliances, e.g. soft collar, braces for 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 ++
PH94	<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 the invoice to the client's file.</i></p>	\$107.40	GST-free ϕϕ
PH98	<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 a veteran and claimed under PH94.</i></p> <p><i>Restriction: This item cannot be claimed separately, i.e. it can only be claimed in conjunction with Item PH94.</i></p>	\$13.10	Taxable

SPLINTS/CASTS

Use these items only for the supply of splints and casts that are covered by section 38-45 of the GST Act.

NOTE: Prior financial authorisation must be sought from DVA if the cost of a static splint or cast exceeds \$89.70, or exceeds \$192.35 for a dynamic splint. Splints may also be sourced through RAP.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH95	<p>Static Splint/Cast</p> <p><i>Claim the invoiced amount only, not exceeding the maximum fee.</i></p>	\$93.90	GST-Free ϕϕ
PH96	<p>Dynamic Splint</p> <p><i>Claim the invoiced amount only, not exceeding the maximum fee.</i></p>	\$201.35	GST-Free ϕϕ

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number PH99 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 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 DVA requirements.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
PH99	Report or service specifically requested by DVA	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 ' <i>A New Tax System Act 1999</i> ' (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 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 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>