

CHIROPRACTORS SCHEDULE OF FEES EFFECTIVE 1 JULY 2025



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(b).

The treatment cycle does not apply to the following items:

CH20-27	Diagnostic
CH76-78	Multi-disciplinary case conferencing
CH90	End of Cycle Report
CH99	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.

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 musculoskeletal 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 DVA using the contact 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 CHIROPRACTORS'
AVAILABLE ON THE DVA WEBSITE AT**

<http://www.dva.gov.au/providers/allied-health-professionals>

FACE-TO-FACE SERVICES

ROOMS

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH01	Initial Consultation, Examination and Treatment	\$75.10	GST-free
CH02	Subsequent Consultation, Examination and Treatment	\$75.10	GST-free

HOME

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH03	Initial Consultation, Examination and Treatment	\$78.15	GST-free
CH04	Subsequent Consultation, Examination and Treatment	\$75.10	GST-free

PERMANENT TELEHEALTH SERVICES

- Permanent telehealth services must be provided in accordance with the conditions set out in the *Notes for Allied Health Providers – Section One: General*.
- Telehealth services can only be provided if the full service can be delivered safely and in accordance with all relevant professional standards and clinical guidelines.
- Services without a specific telehealth item number must be delivered in person.
- Initial consultations cannot be provided under permanent telehealth arrangements.
- Phone consultations can only be provided when video conferencing is unavailable.
- Telehealth services can only be claimed where a visual or audio link has been established with the patient.
- Telehealth services may be delivered to clients in hospital or residential aged care facilities, where the equivalent in person service does not require prior approval.
- Telehealth may be considered outside of these requirements on a case by case basis via prior financial authorisation.

ITEM NO.	ITEM DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH70	Subsequent Consultation, Examination and Treatment – Video Conference	\$75.10	GST-free
CH71	Subsequent Consultation, Examination and Treatment – Phone Consultation	\$75.10	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 ++
CH90	End of Cycle Report	\$34.50	Taxable

MULTI-DISCIPLINARY CASE CONFERENCING

- These items can be claimed for participating in multi-disciplinary case conferences.
- The case conference must be organised by the DVA client's usual general practitioner (GP), as defined in the *Notes for Allied Health Providers Section One: General*.
- The case conference must include at least two allied health providers.
- Only one item per DVA client can be claimed in a three month period.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH76	GP initiated case conference – 15 to less than 20 minutes	\$57.00	GST-free
CH77	GP initiated case conference – 20 to less than 40 minutes	\$97.75	GST-free
CH78	GP initiated case conference – 40 minutes and over	\$162.60	GST-free

PRIVATE HOSPITALS

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

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH35	Initial Consultation, Examination and Treatment - 1st Client	\$78.15	GST-free
CH36	Initial Consultation, Examination and Treatment - 2 nd and subsequent Clients	\$75.10	GST-free
CH37	Subsequent Consultation, Examination and Treatment - 1 st Client	\$75.10	GST-free
CH38	Subsequent Consultation, Examination and Treatment - 2 nd and subsequent Clients	\$75.10	GST-free

RESIDENTIAL AGED CARE FACILITIES (RACFs)

- A case-mix based funding model for aged care commenced on 1 October 2022 – the Australian National Aged Care Classification (AN-ACC).
- It is the responsibility of the RACF to provide allied health services consistent with each resident's individual care plan.
- It is the health care provider's responsibility to determine if the RACF is funded to deliver the allied health service before treatment is provided.
- DVA will only pay for an allied health service delivered to a DVA client living in a RACF, if the facility is not otherwise funded to provide that service.
- Where DVA funds treatment, Treatment Cycle arrangements **apply** to the services provided to DVA clients in a RACF.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH45	Initial Consultation, Examination and Treatment - 1 st Client	\$78.15	GST-free
CH46	Initial Consultation, Examination and Treatment - 2 nd and subsequent Clients	\$75.10	GST-free
CH47	Subsequent Consultation, Examination and Treatment - 1 st Client	\$75.10	GST-free
CH48	Subsequent Consultation, Examination and Treatment - 2 nd and subsequent Clients	\$75.10	GST-free

PUBLIC HOSPITALS

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

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.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH31	Initial Consultation, Examination and Treatment - 1 st Client	\$78.15	GST-free
CH32	Initial Consultation, Examination and Treatment - 2 nd and subsequent Clients	\$75.10	GST-free
CH33	Subsequent Consultation, Examination and Treatment - 1 st Client	\$75.10	GST-free
CH34	Subsequent Consultation, Examination and Treatment - 2 nd and subsequent Clients	\$75.10	GST-free

RADIOGRAPHY (Licensed Chiropractors registered with DVA only)

DVA providers must register with DVA if they, or any eligible claimants providing chiropractic services under arrangements with the Department, wish to perform and assess x-rays at their practice location(s). Relevant documentation should be forwarded to DVA. DVA fees for radiology services provided by licensed chiropractors are set at 100 per cent of the Medicare Benefits Schedule.

One-and-two region spinal x-ray items are limited to one service for the same client, on the same day.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH20	Chiropractic Radiology - Hip Joint - MBS Item 57712	\$54.10	GST-free
CH21	Chiropractic Radiology - Pelvic Girdle - MBS Item 57715	\$69.95	GST-free
CH23	Spine - Cervical - MBS Item 58100	\$77.05	GST-free
CH24	Spine - Thoracic - MBS Item 58103	\$63.30	GST-free
CH25	Spine - Lumbosacral - MBS Item 58106	\$88.35	GST-free
CH26	Spine - Sacrococcygeal - MBS Item 58109	\$53.95	GST-free
CH27	Spine - Two Regions - MBS Item 58112	\$111.65	GST-free

DIRECT SUPPLY TO DVA

(Subject to prior financial authorisation)

Use item number CH99 only when DVA contacts you directly to request that you provide a:

- written report; or
- consultation or assessment to eligible veterans or war widows/ers, 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 DVA requirements.

ITEM NO.	DESCRIPTION	FEE (excluding GST)	GST STATUS ++
CH99	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: <https://www.dva.gov.au/providers/claiming-and-compliance/provider-claims>

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 Services Australia [Provider Digital Access \(PRODA\) Service](#). For more information about the online solutions available:

- DVA Webclaim/Technical Support –
Phone 1800 700 199 or email
eBusiness@servicesaustralia.gov.au
- Billing, banking and claim enquiries –
Phone 1300 550 017
- Visit the Services Australia website at:
[doing business online](#)

Manual Claiming

Please send all claims for payment to:

Veterans' Affairs Processing
Services Australia
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:
<https://www.dva.gov.au/providers/provider-forms>