



Australian Government
Department of Veterans' Affairs

NOTES FOR ALLIED HEALTH PROVIDERS SECTION 2(j) PHYSIOTHERAPISTS

This section of the Notes for Allied Health Providers must be read in conjunction with Section 1 – General

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Providing physiotherapy services

These Notes should be read in conjunction with Notes for Allied Health Providers Section One: General.

1. Only a physiotherapist who is registered with the Australian Health Practitioner Regulation Agency (AHPRA) and has been issued with a provider number by the the Department of Human Services (DHS) at the time of service is eligible to provide services to entitled persons.

Note: A physiotherapist with a dual degree e.g. physiotherapy/exercise physiology, who is registered with DHS in both disciplines, can only claim for one specialty type per client on the same day.

Prior financial authorisation

2. The specific item numbers requiring prior financial authorisation are indicated by shading and an asterisk (*) in the DVA *Physiotherapists Schedule of Fees*. Please refer to this document to identify items requiring prior financial authorisation.
3. Fee schedules are available at:
<http://www.dva.gov.au/providers/fee-schedules/dental-and-allied-health-fee-schedules>
4. For information on how to seek prior financial authorisation, refer to Notes for Allied Health Providers Section One: General.

Treatment thresholds/limits

5. For information on treatment thresholds and limits refer to Notes for Allied Health Providers Section One: General.

Treatment Cycle

6. For information on the treatment cycle arrangements, which came into effect on 1 October 2019, refer to Notes for Allied Health Providers Section One: General.

Treating veterans in receipt of a Totally and Permanently Incapacitated (TPI) payment

7. DVA clients in receipt of a Totally and Permanently Incapacitated (TPI) payment are exempt from the treatment cycle arrangements for physiotherapy services. It is the allied health provider's responsibility to check the client's Gold Card to ensure TPI status before they commence treatment.
8. A referral is required for a TPI veteran to receive DVA funded physiotherapy services. This referral is valid for 12 months unless it is an indefinite referral [see clauses 9-10 below].

9. A client's usual GP may provide an indefinite referral where the client has a chronic condition which requires continuing care and management. Only the GP can determine if an indefinite referral is appropriate.
10. Referrals are not required to be sent with your accounts to DHS however, **all** referrals must be kept with client records and if required, made available for auditing purposes. The health care provider must be aware of the dates of referrals as they are not able to provide services once a referral has expired. If an indefinite referral was issued, the client must be reviewed every 12 months by their usual GP to ensure the relevancy of the delivered clinical treatment to meet clinical needs.

Extended consultations (items PH30 – PH31)

11. The extended consultation items should be used when treating an entitled client in the following circumstances for treatment of:
 - two acute and unrelated areas; or
 - an acute condition when a chronic condition concurrently needs ongoing treatment.
12. Treatment of related areas, or treatment of multiple, chronic musculo-skeletal conditions, should not be claimed as an extended consultation.

Supervised aquatic physiotherapy and group physiotherapy

13. A physiotherapist can provide supervised individual or group aquatic physiotherapy or group physiotherapy to meet an entitled client's clinical needs as a part of a normal course of treatment. Supervised individual or group aquatic physiotherapy or group physiotherapy cannot be provided by a physiotherapy aide or assistant. Supervised group sessions are to contain no more than 12 participants, to ensure that the physiotherapist is able to meet the clinical needs of the entitled person.
14. Supervised individual aquatic physiotherapy and supervised group aquatic physiotherapy both have set fees. These fees cover the provision of the service to one entitled client. The cost of pool admission for the entitled client is included in the fee, and the supervising physiotherapist is responsible for organising all aspects of the pool admission*.
15. The treatment cycle referral arrangements apply to supervised individual or group aquatic physiotherapy sessions and group physiotherapy. For further information on the treatment cycle refer to Notes for Allied Health Providers Section One: General.
16. Physiotherapists are unable to claim travel costs when they travel from their rooms to a pool facility or to gymnasium facilities to provide services.

17. The Repatriation Commission and the Military Rehabilitation and Compensation Commission will not accept financial responsibility for the costs associated with:
- water exercises;
 - water aerobics;
 - recreational swimming;
 - unsupervised hydrotherapy;
 - generalised and ongoing exercise regimes or
 - general gym programs.

**The cost of pool or gym membership must never be charged to the entitled client.*

Lymphoedema treatment

18. Treatment cycle arrangements do not apply to lymphoedema treatment.
19. Only physiotherapists who hold appropriate post graduate certifications recognised by DVA can provide lymphoedema treatment to entitled clients. The physiotherapist is required to provide evidence of certifications to DVA prior to submitting any claims for payment. Forward a copy of certifications to Medicare.Australia.queries.ACT@dva.gov.au
20. Treatment for lymphoedema cannot be provided to entitled clients already receiving lymphoedema treatment from another allied health provider recognised by DVA as a lymphoedema therapist.
21. Only Item PH41 should be claimed for all aspects of clinical treatment and a limit of 20 treatments per calendar year applies. For further information please refer to the *Physiotherapist Schedule of Fees*.
22. For information on fee rates please refer to the *Physiotherapist Schedule of Fees*.

Restrictions on services

23. While all physiotherapy services claimed must be in accordance with the client's clinical need, the following specific restrictions exist:
- only one initial consultation item can be claimed per treatment cycle. Should a patient require an additional treatment cycle, their GP will issue a new referral which will result in another initial consultation.
 - a subsequent consultation cannot be provided on the same day as an initial consultation is claimed for the same client;
 - only one subsequent consultation item per patient can be provided each day
- Note: 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 DHS;

- concurrent delivery of physiotherapy and chiropractic services; or physiotherapy and osteopathic services, for the same condition in any entitled client is not permitted; and
- a physiotherapy consultation cannot be claimed on the same day as an exercise physiology service to treat the same condition. When booking a treatment session with a DVA client physiotherapists must check to ensure a DVA funded exercise physiology service is not being provided on the same day to treat the same condition.

24. Physiotherapists are able to claim a fee for the provision of the report to the entitled client's referring general practitioner at the conclusion of each treatment cycle. For information on report requirements refer to Notes for Allied Health Providers Section One: General [clauses 43-46].

Rehabilitation Appliances Program

25. Physiotherapists are recognised prescribers of certain appliances under DVA's *Rehabilitation Appliances Program* (RAP). When utilising the RAP scheme, prescribers must issue the RAP item prescription to the appropriate contracted supplier. You should contact the RAP section to obtain full details including which appliances you can prescribe, prescription forms and information on contracted RAP suppliers. Refer to Notes for Allied Health Providers Section One: General [clause 153] for contact details.