



**Australian Government**

**Department of Veterans' Affairs**

**NOTES FOR  
ALLIED HEALTH PROVIDERS  
SECTION 2(k)  
PODIATRISTS**

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

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**Providing podiatric services**

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

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

**Prior financial authorisation**

2. The specific item numbers requiring prior financial authorisation are indicated by shading and an asterisk (\*) in the DVA *Podiatrists Schedule of Fees*. Please consult this document to identify those items requiring prior financial authorisation. Fee schedules are available at:

<http://www.dva.gov.au/providers/fee-schedules/dental-and-allied-health-fee-schedules>

3. For information on how to seek prior financial authorisation, refer to Notes for Allied Health Providers Section One: General [clauses 51-56].

**Treatment thresholds/limits**

4. For information on treatment thresholds and limits refer to Notes for Allied Health Providers Section One: General [clauses 20-23].

**Treatment Cycle**

5. 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.

**Restrictions on services**

6. While all podiatric services claimed must be in accordance with the patient's clinical need, the following specific restrictions exist:
  - only one initial consultation item and one initial footwear assessment 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;
  - an initial consultation item and an initial footwear assessment item cannot be provided for the same patient on the same day;
  - a subsequent consultation and an initial consultation cannot be provided for the same patient on the same day;
  - only one subsequent consultation item per patient can be provided each day;
  - follow-up *Footwear Assessment/Fitting – Rooms, Item F019* and *Subsequent Consultation – Rooms, Item F012* may be provided on the same day, as long as the actual performance of both services can be justified by comprehensive clinical notes showing both services and comparable time taken. Preferably, appointment records showing two time slot bookings should be kept;

- if a Podiatric Diagnostic Service or Physical Podiatry item is provided on the same day as either an initial or subsequent consultation item (for the same patient), the actual performance of all services provided must be justified by comprehensive clinical notes showing details of all services. Preferably, appointment records showing additional time slot bookings should be kept;

### **Restrictions on orthomechanical items**

7. The following specific restrictions apply to the provision of Orthomechanical items from the DVA *Podiatrists Schedule of Fees*:

- DVA expects each Orthomechanical item claimed is either customised or custom-built for the patient. Standard, unmodified orthoses should not be claimed as orthomechanical items, these should be provided using either the appropriate consumables item (F986 or F987) or through DVA's Rehabilitation Appliances Program (RAP);
- only one pair of orthoses should be provided at any one time. DVA expects entitled persons to transfer the orthoses between their various shoes as necessary;
- only one each of F222 and F266 or two each of F221 and F265 can be provided within a 365 day period. Additional provision of these devices requires prior financial authorisation from DVA;
- fees for complete orthoses items (F201-F222 and F265-F268) cover the complete initial device including plain covers, posts, dispensing and follow up consultations (casting is claimed separately under F304);
- casting or 3D scanning / digitisation for the production of custom made orthoses are to be claimed separately under relevant item numbers F303 and F304.
- if an orthoses covered with a soft tissue supplement (F383 and F384) is clinically required and provided, the fee for this may be claimed in addition to the orthoses item;
- repairs or modifications made to orthoses within the first three months are included in the initial supply price; and
- item numbers for the assessment and provision of orthoses should only be claimed on the date the actual service occurs or when the item is supplied (not in advance).

### **Diabetes**

8. Where a White Card holder has a specific treatment entitlement for diabetes, full podiatry treatment may be provided if:

- the need for podiatry treatment in diabetes management is specified by the GP or specialist; and
- the podiatry problem is accepted by DVA as a condition clinically relating to diabetes.

**Toenail cutting**

9. Routine toenail cutting of non-pathological nails should only be performed if one of the following criteria is satisfied:
- the entitled person has a physical and/or mental condition which prevents them from performing this task independently, and does not have a carer who is competent to cut toenails;
  - the entitled person is taking a prescribed drug or other therapeutic substance (e.g. anti-coagulants) necessitating professional cutting of toenails;
  - the entitled person suffers from diabetes mellitus; or
  - the entitled person suffers from peripheral vascular disease.

**Note:** If the condition preventing a White Card holder from performing this task is an accepted disability, he or she may be eligible to receive this service. You should contact the Medical and Allied Health team to confirm eligibility. Refer to Notes for Allied Health Providers Section One - General [clause 149 for contact details.

10. Toenail cutting is usually completed in less than 15 minutes. A short consultation (item F010) applies. Toenail cutting claimed under the DVA Podiatrists Schedule of Fees must be performed by qualified podiatrists only.

**Surgical podiatry**

11. DVA will only accept financial responsibility for surgical podiatry items listed on the *DVA Podiatrists Schedule of Fees*.
12. Please note that the fees offered for F470, F546 and F547 include two follow-up consultations, and dressings. Consultations additional to the two follow-up consultations can only be claimed if clinically necessary, using item F010.

**Prescription of medical grade footwear**

13. Podiatrists who registered with DHS from 13 August 2007 are automatically able to prescribe medical grade footwear for entitled persons. Any podiatrist registered with DHS before this date wanting to prescribe medical grade footwear and who haven't previously done so need to contact the Medicare Australia Liaison and Contract Management section of DVA so they can be granted access to the Footwear Assessment items. Refer to Notes for Allied Health Providers Section One: General [clause 149 for contact details. Without access to these items, claims for payment will be rejected by DHS.

**Rehabilitation Appliances Program**

14. Podiatrists are recognised prescribers of certain appliances under the Department'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.

15. Further information on RAP, including which providers are eligible to prescribe RAP items, is available on the DVA website or by contacting DVA [see clause **Error! Reference source not found.** for details]. The RAP schedule of items can be found at:

<http://www.dva.gov.au/providers/provider-programmes/rehabilitation-appliances-program-rap>