

20th September 2019

News Alert – DVA Treatment Cycle

The Department of Veterans Affairs (DVA) has updated their referral and reporting requirements for allied health practitioners. Here's what you need to know.

Further information on the New DVA Treatment Cycle for Allied Health is available on the DVA website here: <https://www.dva.gov.au/health-and-wellbeing/wellbeing/allied-health-treatment-cycle/allied-health-treatment-cycle-0>

New GP referrals: From October 1, 2019 DVA clients will need a referral from their GP to access allied health services. These referrals are valid for 12 months or 12 treatments, whichever occurs first. This means that if you currently have a DVA patient on an ongoing referral, then from October 1, 2019 onwards, they will need to get a referral from their GP after 12 months or 12 treatments, whichever occurs first. Whereas all new patients will need a referral from October 1, 2019. Referrals from GPs are in the same format as all referrals currently used for DVA and Medicare patients.

Issuing Patient Care Plans: At the beginning of the treatment cycle you will need to issue a Patient Care Plan. At the end of the cycle you will need to issue a report back to their GP. DVA have developed a patient care plan template. The plan requires outcome measure scores to be completed. **The association is currently working on a template resource to define outcome measure scores which will be available soon.**

End of Cycle Report: A template for the report back to the GP has been developed by DVA, and has a new item code for rebate: F900 at an amount of \$30.

Impact on referrals: Patients can continue to receive referrals for as many treatment cycles as necessary. If you believe your client will need a new referral, then you are able to request this from their GP from visit 8 onwards.

DVA Podiatry Fee Schedule

DVA has implemented a new podiatry fee schedule as of October 1, 2019. There is little change to the schedule and no change to rebate amounts, other than the introduction of the report writing fee F900.

In our negotiations with DVA we strongly advised to remove the box which appears on the first page of the schedule. Our belief is that this box may be confusing. The box reads:

The treatment cycle does not apply to the following items:

F104-117	Diagnostic
F201-386	Orthomechanical
F986-987	Consumables
F990 & F900	Reports
F984-998	Special Services
F999	Travel

In reading this statement you may think these codes are no longer claimable in the new treatment cycle. What this box is trying to convey is that a treatment cycle is mapped to consultation codes. You must always include a consultation code for each treatment, however any code in the schedule of fees may also be claimed in that treatment.

For any questions regarding the new treatment cycle process please contact our Advocacy Manager Cindy Laird: cindy.laird@podiatry.org.au