



FAQ

FREQUENTLY ASKED QUESTIONS



PODCAST WEBINAR

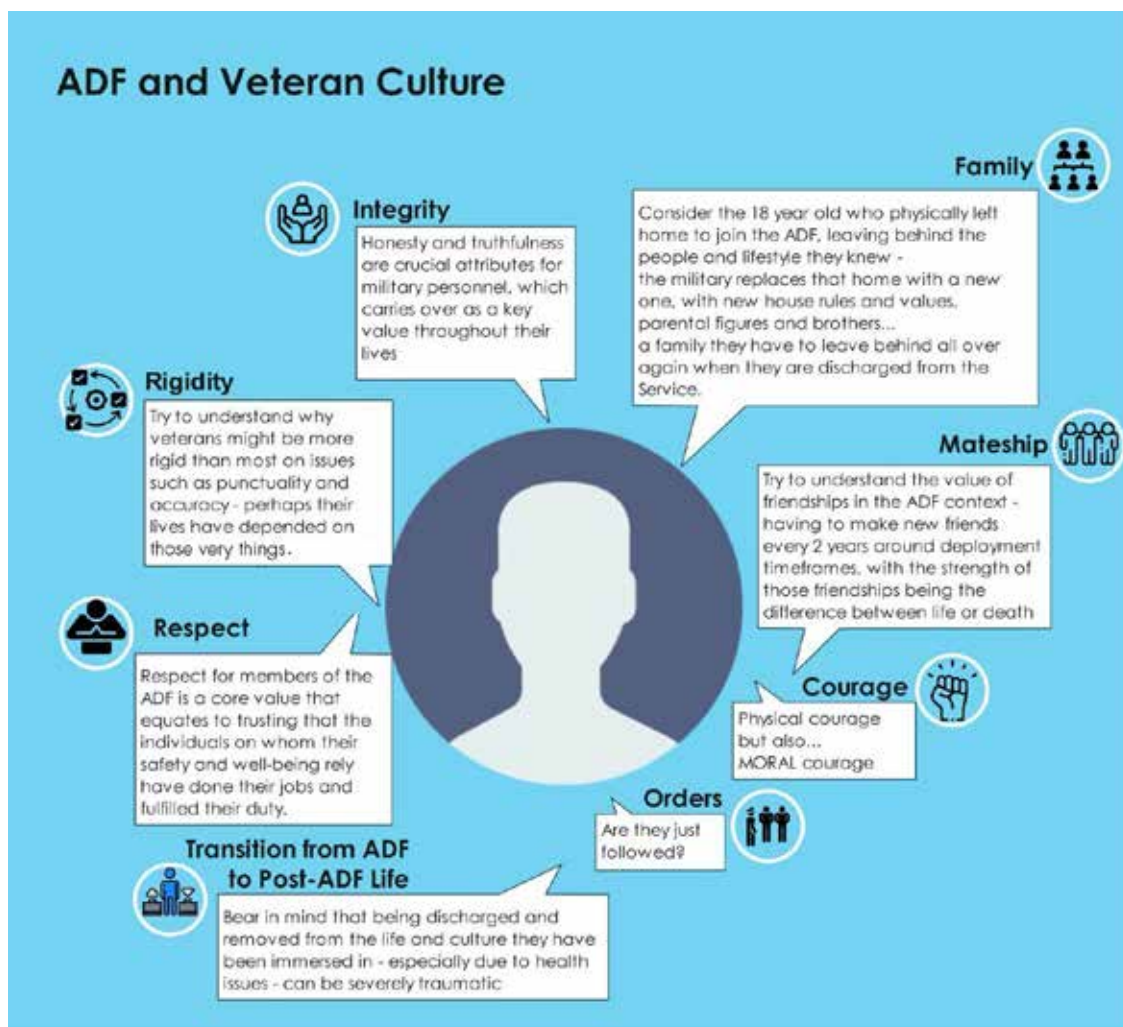
What to Teach Your Registrar About Veterans' Health

What is a Veteran?

A Veteran can be young or old, male or female, and typically lives by the motto "once a soldier always a soldier"... with the term "soldier" applying irrespective of which branch of the Australian Defence Force (ADF) they may have represented.

The ADF/ Veteran Culture

Being a member of the ADF is not a job, but a lifestyle and culture that cannot be left behind when continuity of service is no longer an option. This culture is unique and deeply embedded in individuals with bonds forged by shared experiences that few outside the service can relate to.



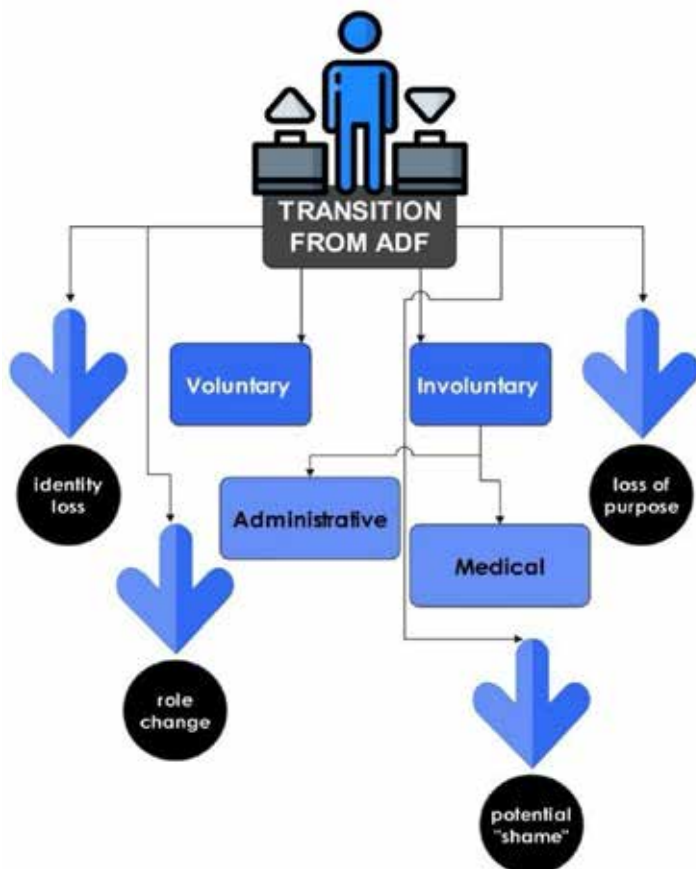
FAQ

FREQUENTLY ASKED QUESTIONS

The Transition Process

MOST Veterans transition effectively. Veterans who have served for shorter periods of time, and who have transitioned on medical or administrative grounds rather than voluntarily, have been identified as having a higher risk of suicide than the general Australian population.

Veterans are diverse in age, service, culture and experiences. Each service holds tight to its own culture but the values they hold are the same – in particular a deeply held principle of service to others.



Common Veteran Health Issues

- Musculoskeletal Conditions
- Noise induced hearing loss and tinnitus
- Post traumatic stress disorder (PTSD)
- Anxiety, depression and adjustment disorders and subsequent alcohol misuse disorders
- Occupational hazard exposures
- Veterans aged < 30 years who have transitioned for medication or administrative reasons rather than voluntarily, have been identified as the highest risk of mental health issues and self harm.

Other issues

Other issues that can negatively impact on a Veterans overall wellbeing and should be considered:

- Relationships and sexual health
- Homelessness
- Unemployment

Challenges of Veterans Health

- Common Veteran characteristics:
 - Lack of knowledge of Medicare and Department of Veteran Affairs (DVA)
 - Attitude of: "I'm right mate" Until I'm not – and now I need help
 - Difficulty communicating feelings
 - Often travelling around
- DVA complexity
 - They will attempt to demystify the basics
- Access to non GP Specialist services
- Regional and remote locations



FAQ

FREQUENTLY ASKED QUESTIONS

Checklist for Veterans presenting and DVA

- Advocate/DVA White card needed (for Non Liability Health if nothing else)
- Post ADF Discharge Health Assessment with your GP - one off if they transitioned before 30 June 2019; or 5 (1 annually for 5 years) if transitioned after 1 July 2019
- Establishing claims and submitting using the Repatriation Medical Authority (RMA) Statement of Principles (SoPs)
- Provisional Access to Medical Treatment (PAMT) Confirmation for the 20 most common conditions for those under the Defense-Related Claims Act (DRCA)/ Safety, Rehabilitation and Compensation Act (SRCA) and the Military Rehabilitation and Compensation Act (MRCA)
- Allied Health professionals under the DVA treatment cycle
- Medical Impairment Assessment/Permanent Impairment Assessment/Request for further information
- Ability to Work (Medical Certificate) +/- Rehabilitation services
- Care and referrals as needed – just like any other patient +/- CVC

It's not just about the ADF members themselves

- Remember the possible ongoing health impact on children and spouses of the parent or partner who might have been abruptly sent interstate (eg. for civil support tasks like bushfire or flood assistance, COVID logistics etc.) or on an overseas deployment

NB: family members of ADF personnel need to uproot their own lives when a new posting is issued - there are some supports for families in these circumstances, including Defence Liaison staff in schools near ADF bases

Veteran Health Assessments

- Veteran who is no longer serving in the Full-time service or Reserves, can have a Post Discharge ADF Health Assessment
- Purpose is to collate Veterans health issues, identify and diagnose early signs of physical or mental health issues and identify any future care needs – including possible DVA claims
- Veterans who transitioned from the ADF before 30 June 2019 are entitled to a time based, one off health assessment
- **MBS: 701; 703; 705; 707 + Veteran Incentive Payment**
- **Bulk Billing is encouraged**
- Veterans who transitioned after 1 July 2019 are entitled to a Veteran Health Assessment annually for five years post transition. These will be billed to DVA using the Veterans white or Gold card
- **DVA numbers: MT701, MT703, MT705; MT707 + Veteran Incentive Payment**
- **A Gap fee cannot be charged**
- Most GP programs have the health assessment within their programs however if not, it is available on the [DVA website](#)

MAIN ISSUES TO SEEK OUT

- Service – length, type, postings, deployments, rank
- Transition type
- Occupational hazard exposures
- Social History – support? Family? Separations/children? Home? Work?
- Injuries/Illnesses whilst in service
- Assess at risk behaviours – sexual health, EtOH, illicit drug use
- Assess mental health screening tools – PLC-C, K10, Audit
- Physical examination



FAQ


FREQUENTLY ASKED QUESTIONS

Making a Claim D2049

After a Veteran has submitted a claim DVA requires medical information to assist the delegate make a decision about liability. The most important information to provide is the diagnosis and your basis for this diagnosis.

This requires you to provide what symptoms, signs investigation findings, and if relevant, Specialist opinions were used to arrive at the diagnosis. The Veteran may provide you with either a D9287 or D2049 form to complete such as this.

IMPORTANT



Australian Government
Department of Veterans' Affairs

Injury or disease details sheet

Surname	Given name(s)	DVA file number(s) (if known)
<p>NOTE: This is not a claim form and must be used as an attachment to either the D2020 <i>Claim for Rehabilitation and Compensation</i> or D2051 <i>Claim for Liability and/or Reassessment of Compensation</i>.</p>		
<p>This section to be filled in by the claimant</p>		
<p>Please fill out one sheet per injury or disease for which you are now claiming liability. If this is a reassessment, do not complete this sheet.</p>		
<p>Please detail the injury or disease you are now claiming and describe as fully as you can the signs and symptoms that make you notice the disability (e.g. pain in lower back, shortness of breath, loss of range of movement in right arm). You are requested to ask your doctor to fill in the Medical Practitioner section on the next page before lodging your claim.</p>		
Injury or disease		
Signs and symptoms	VETERAN	
How do you believe your service caused, contributed to or aggravated this injury or disease?	VETERAN AND/OR ADVOCATE	
When did the injury happen (if applicable)?	/ /	
Has a Defence injury report been completed?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Please attach the Defence injury report. Do not know <input type="checkbox"/>	
When did you first notice signs or symptoms of the injury or disease?	/ /	
On what date did you first receive medical treatment for this injury or disease?	/ / (if known)	
Name of your treating medical practitioner/hospital/specialist	DR XYZ	
Type of treatment or consultation provided (e.g. GP, specialist)	GP PHYSIO ETC	
Has this injury or disease worsened or been aggravated since 1 July 2004?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Is a medical practitioner's account attached in relation to completion of this injury or disease details sheet?	No <input type="checkbox"/> Yes <input type="checkbox"/>	

D2049 - 03/18 - p1 of 2




FAQ

FREQUENTLY ASKED QUESTIONS

Making a Claim D9287

IMPORTANT



Australian Government
Department of Veterans' Affairs

Diagnosis Form

Please print this form and take it to a General Practitioner to complete.

This form is to be filled in by a medical practitioner.

Please supply a brief summary of the basis for each diagnosis and attach any reports you have that confirm the diagnosis. DVA will pay you for this service according to the relevant fee levels for the service.


NOTE: The claim for this condition must be lodged before payment of medical account can be made.

1. Patient's surname
2. Patient's given name(s)
3. Patient's date of birth
4. Medical diagnosis
For a list of common injuries and diseases recognised by DVA refer to www.rma.gov.au/sops

For many injuries and diseases, DVA requires diagnosis by a specialist including test or imaging reports. To check for any requirements, please refer to the next page for 50 of the most commonly claimed conditions.

5. Basis for diagnosis
6. Are there any other related diagnosed conditions that should be considered in addition to this diagnosis?
7. Please advise approximate date of onset of the injury or disease based on available notes
8. When did the claimant first consult you for this injury or disease?
9. Address of medical practice

 POSTCODE
10. Telephone of medical practice
11. Medical practitioner stamp
(Please include Provider Number)
12. Medical practitioner's signature



Date

Save

Print

Clear

D9287 - 11/19 - p1 of 2

FAQ

FREQUENTLY ASKED QUESTIONS

This list is for the top 50 most commonly claimed conditions only. Evidence that is **Essential for diagnosis** is required by DVA to make a decision. Other evidence can be provided to support the claim. After the diagnosis is received, DVA may request Preferable for diagnosis evidence and will pay for the cost.

Condition	Essential for diagnosis		Preferable for diagnosis	
	Specialist opinion	Imaging or other evidence	Specialist opinion	Imaging or other evidence
Achilles tendinopathy and bursitis	-	-	Orthopaedic surgeon	-
Acute articular cartilage tear	-	MRI, CT scan arthroscopy	Orthopaedic surgeon	-
Adhesive capsulitis	-	-	Orthopaedic surgeon	-
Acute meniscal tear of the knee	-	MRI, CT scan arthroscopy	Orthopaedic surgeon	-
Adjustment disorder	Psychiatrist*	-	-	-
Alcohol use disorder	Psychiatrist*	-	-	-
Anxiety disorder	Psychiatrist*	-	-	-
Asthma	-	Spirometry, pre and post	Respiratory physician	-
Carpal tunnel syndrome	-	-	Orthopaedic surgeon	Electrophysiological testing
Cervical spondylosis	-	Plain xray, MRI or CT scan	Orthopaedic surgeon	-
Chondromalacia patella	-	MRI, CT scan or arthroscopy	Orthopaedic surgeon	-
Depressive disorder	Psychiatrist*	-	-	-
Dislocation	-	-	-	Xray from time of dislocation
Epicondylitis	-	-	-	-
Erectile dysfunction	-	-	-	-
External bruise	-	-	-	-
Fracture	-	Plain xray or CT scan	-	-
Gastro-oesophageal reflux disease	-	-	Gastroenterologist	Upper GI endoscopy
Haemorrhoids	-	-	-	-
Hypertension	-	-	-	-
Iliotibial Band Syndrome	-	-	-	-
Inguinal hernia	-	-	General surgeon	-
Internal derangement of the knee	-	MRI, CT scan or arthroscopy	Orthopaedic surgeon	-
Intervertebral disc prolapse	-	MRI, CT scan	Orthopaedic surgeon	-
Irritable bowel syndrome	-	-	Gastroenterologist	Testing to exclude organic pathology
Joint instability	-	-	Orthopaedic surgeon	-
Labral tear	-	MRI, CT scan or arthroscopy	Orthopaedic surgeon	-
Lumbar spondylosis	-	Plain xray, MRI or CT scan	Orthopaedic surgeon	-
Non-melanotic malignant neoplasm of the skin	-	Histopathology	-	-
Osteoarthritis of the hip, knee, hand or foot in persons 45 years or older	-	-	-	-
Osteoarthritis - all other	-	Plain xray, MRI or CT scan or arthroscopy	Orthopaedic surgeon	-
Panic disorder	Psychiatrist*	-	-	-
Patellar tendinopathy	-	-	Orthopaedic surgeon	-
Pes planus	-	-	-	-
Physical injury due to munitions discharge, cut, stab, abrasion, laceration	-	-	-	-
Plantar fasciitis	-	-	-	-
Posttraumatic stress disorder	Psychiatrist*	-	-	-
Pterygium	-	-	-	-
Rotator cuff syndrome	-	-	Orthopaedic surgeon	Imaging or arthroscopy
Seborrhoeic keratosis	-	-	Dermatologist	-
Sensorineural hearing loss	-	Audiogram (air and bone conduction)	-	-
Shin splints	-	-	Orthopaedic surgeon	-
Sinusitis	-	-	ENT surgeon	Plain xray or CT scan
Sleep apnoea	Sleep physician	Sleep study	-	-
Solar keratosis	-	-	-	-
Spondylolisthesis and Spondylolysis	-	Plain xray, MRI or CT scan	Orthopaedic surgeon	-
Sprain and strain	-	-	-	-
Substance use disorder	Psychiatrist*	-	-	-
Thoracic spondylosis	-	Plain xray, MRI or CT scan	Orthopaedic surgeon	-
Tinea	-	-	Dermatologist	Microscopy of skin scrapings/culture
Tinnitus	-	-	-	-
Trochanteric bursitis and gluteal tendinopathy	-	-	Orthopaedic surgeon	-
Tuberculosis	Respiratory Physician	-	-	-

*Your patient can apply to DVA for treatment of their condition without a Psychiatrist diagnosis. DVA can arrange for a psychiatrist diagnosis while treatment is being provided.

D9287 - 11/19 - p2 of 2



FAQ

FREQUENTLY ASKED QUESTIONS

Provisional Access to Medical Treatment

DVA have announced the PAMT will be extended to 30 June 2022 with treatment up to December 31 2022. However PAMT provides access to care for 20 common conditions once the first claim has been submitted, so even if later rejected, the Veteran will not have to repay cost. Once the Veteran has submitted the claims they will be sent a Treatment Confirmation Form, that the GP signs, scans and sends a copy to DVA, with the Veteran keeping the original.

The 20 conditions include 16 musculoskeletal, two hearing and two skin conditions, and consists of the following:

- Achilles Tendinopathy and Bursitis
- Chondromalacia Patella
- Cut, Stab and Laceration
- Dislocation
- Fracture
- Internal Derangement of the knee
- Intervertebral Disc Prolapse
- Joint Instability
- Labral Tear
- Lumbar Spondylosis
- Non-melanotic Malignant Neoplasm of the Skin
- Osteoarthritis
- Plantar Fasciitis
- Rotator Cuff Syndrome
- Sensorineural Hearing Loss
- Shin Splints
- Solar Keratosis
- Sprain and Strain
- Thoracic Spondylosis
- Tinnitus

Medical Impairment Assessments

- Once a claim is accepted, you will be asked for more medical information
- Understand the terms “Permanent” and “Stable”
- Tell the Veteran to respond as if it is an average day. Responding as their worst day could conflict with collateral information regarding their function such as rehab plans etc.
- Tell the Veteran to respond as if they’ve never served
- A covering ‘report’ can be useful to put in the actual Range of Motion (ROM) assessed but also reiterate the impact
 - Physical
 - Emotional
 - Intimate

If there is multiple claims, do the assessment over multiple consults and bill earlier consults appropriately.

Permanent and Stable

- **Permanent:** for the condition, ALL REASONABLE TREATMENT has been undertaken and the condition is NOT LIKELY to resolve. So the condition is chronic rather than in the acute phase and not going to go away. For example - amputee lower leg post surgery and prosthesis - the leg is not going to grow back!
- **Stable:** for the condition, it is UNLIKELY TO IMPROVE to any major degree. So even with the greatest analgesia and physiotherapy, the osteoarthritis is not going to go away and get better.



FAQ

FREQUENTLY ASKED QUESTIONS

Medical Impairment Assessment Billing



Australian Government
Department of Veterans' Affairs

Schedule of Fees for Medical Services Requested by Disability Compensation Section

General Practitioners

- This fee structure applies to medical services conducted at the request of the Disability Compensation Section for medico-legal services for disability pension services. Fee structure for consultations is based on the Medical Benefits Schedule.
- Invoicing Procedure:** a Tax Invoice must be lodged, attached to the completed form
- GST:** all fees for reports and consultations provided as part of this investigation incur Goods and Services Tax (GST) if the provider is GST registered.
- For prompt payment:** the correct tax invoice should be attached to the medical report form.
- Prepayment:** an invoice cannot be paid until the related report is received.

The report and the invoice should be addressed to the contact officer who requested the report, via
The Department of Veterans' Affairs, GPO Box 9998, Melbourne, 3001.

Please do not use Treatment Service Vouchers for these accounts.

SCHEDULE OF FEES (EFFECTIVE 1 JULY 2014)

GST has been included in all fees set out below

A Consultation Fee for this service must be charged to DVA via this invoice

Please note: 30 days settlement is the Departmental standard.

NOMINAL DESCRIPTION	NO. OF FORMS (if applicable) This column lists the PRE GST COST ↓	This column INCLUDES the GST ↓
Medical Impairment Assessment Forms,	___ x \$14.70 per page + \$1.47 GST	OR @\$16.17 per page <input type="checkbox"/>
Diagnostic or Medical Report Forms	___ x \$14.70 per page + \$1.47 GST	OR @\$16.17 per page <input type="checkbox"/>
Claim for Disability Pension & Application for Increase in Disability Pension (Blue)	1 x 29.95 + GST of 3.00	= \$32.95
Consultation (re forms completion) [Fee structure based on MBS. Effective 1 July 2014.]	Home or hospital visits Itm 37 < 40 mins (\$97.70) + 9.77 GST Itm 47 > 40 min (\$131.60) + 13.16 GST Surgery Consults Itm 23 < 20 min (\$37.05) + 3.71 GST Itm 36 > 20-40 min (\$71.70) + 7.17 GST Itm 44 > 40 min (\$105.55) + 10.56 GST	Home or hospital visits = \$107.47 = \$144.76 Itm 23 < 20 min \$40.76 Itm 36 > 20-40 min \$78.87 Itm 44 > 40 min \$116.11 <input type="checkbox"/>
Clinical notes [Fee structure from Section 21, 'Notes for LMOs']	Brief (\$29.95) + GST Reports, results (\$61.60) + GST DCN02/ summary (\$93.40) + GST Research records (\$162.00) + GST	\$32.95 \$67.76 \$102.74 \$178.20 <input type="checkbox"/>
Work ability form & consultation (RTA, Attendant allowance)	\$14.70 per page & \$61.60 (\$14.70 per page) + GST	\$61.60 & \$67.76 IF NEEDED
Respiratory Function Tests	Items 11506 (\$20.55) + GST 11509 (\$35.65) + GST 11503 (\$138.65) + GST (Gas Transfer)	\$22.61 \$39.22 \$152.52

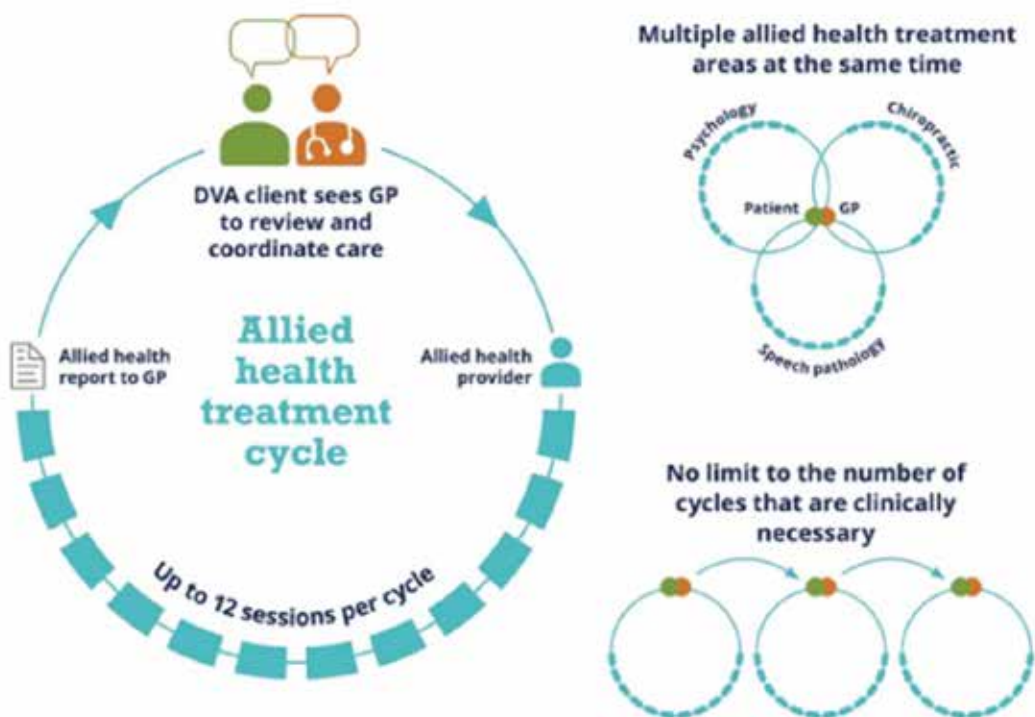
TOTAL

FAQ

FREQUENTLY ASKED QUESTIONS

Referrals – D904 and Cycle of Care

Note: For more information, DVA have developed a page that is specifically designed for GP's on the link below:
Allied health treatment cycle and referrals <https://www.dva.gov.au/providers/notes-fee-schedules-and-guidelines/allied-health-treatment-cycle-and-referrals>



MBS CONSULT FEE (BB) AND VETERAN INCENTIVE PAYMENT

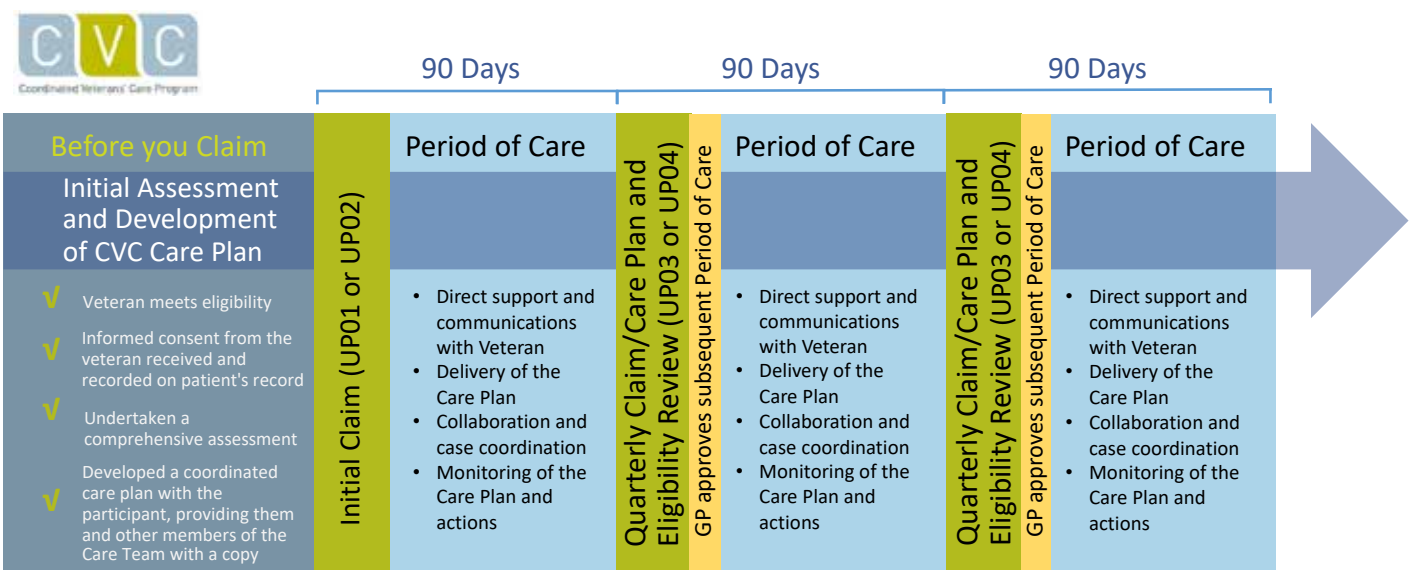
- Gold Card holders can be referred for any care that attracts an MBS number
- White card holders can be referred for any care that attracts an MBS number that is for an accepted condition
- The condition being treated needs to be annotated – this is imperative for white card holders who can only seek treatment for accepted conditions.
- Fax/send the referral to the specified provider and they will send to DVA for approval
- Transport – see online form

FAQ

FREQUENTLY ASKED QUESTIONS

Gold Card – Co-ordinated Veterans Care

CVC CLAIMING PROCESS



- This is essentially a GPMP and TCA for Gold Card Veterans who are not in residential care
- The remuneration is as follows:
 - CVC Initial Incentive Payment (UP01 with nurse co-ordinator) \$437.45
 - CVC Initial Incentive Payment (UP02 without nurse co-ordinator) \$273.40
 - CVC Quarterly Claim/Plan review (UP04 with nurse co-ordinator) \$456.50
 - CVC Quarterly Claim/Plan review (UP05 without nurse co-ordinator) \$205.50



FAQ

FREQUENTLY ASKED QUESTIONS

Resources and Courses

- Pharmacy and VAPAC: Phone 1800 552 580
- Online GP webinar event: Know Your Veteran's Health for GPs – <https://www.youtube.com/watch?v=Me5rdogajww>
- GP Resources Pack - <https://www.naphl.com.au/Handlers/Download.ashx?IDMF=1900cb74-ff86-4b59-83ef-75c022b756d4>
- Online PN and PM webinar event (CVC): Know Your Veteran's Health: An online event for Practice Managers and Practice Nurses – <https://www.youtube.com/watch?v=J4nDSjqOq-M>
- RMA SoP webpage: SOPs – Repatriation Medical Authority - <http://www.rma.gov.au/sops>
- DVA have also developed a page that is specifically designed as a central point for GP's to access relevant information: <https://www.dva.gov.au/providers/general-practitioner-information>