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Department of Veterans' Affairs forms

A guide for GPs

This article forms part of our 'Paperwork' series for 2011, providing information about a range of paperwork that general practitioners complete regularly. The aim of the series is to provide information on the purpose of the paperwork, and hints on how to complete it accurately. This will allow the GP to be more efficient and the patient to have an accurately completed piece of paperwork for the purpose required.

The Department of Veterans' Affairs delivers government programs for eligible veterans and their dependants. General practitioners may be required to fill in forms for clients at two points in the process: to determine initial eligibility for compensation benefits and to request services from providers. This article describes the range of documents used to determine initial eligibility for compensation benefits, healthcare services potentially covered and how to access these services.

Keywords: eligibility determination; general practice; referral and consultation

Clients of the Department of Veterans' Affairs (DVA) include war veterans, some members of the Australian Defence Force, members of the Australian Federal Police, and their dependants. They range in age from very young children of those recently killed in action through to surviving spouses of those who fought in World War I.

DVA is involved in delivering a wide range of entitlements and benefits, including those relating to healthcare. General practitioners are a vital link between clients and DVA, particularly in:

- determining initial eligibility for compensation and benefits, and
- requesting services and benefits from providers.

Determining eligibility

DVA administers several acts and assesses claims under the relevant criteria of each one. In general, eligibility for compensation and benefits starts with a claim that military service has caused a particular injury, disease or death. There are also some conditions for which eligible DVA clients can claim benefits regardless of whether the cause of the

condition is related to their military service. These include cancer, tuberculosis (TB) and post-traumatic stress disorder (PTSD). Medical evidence is often a significant element in decision making for DVA and is combined with information gathered from other sources such as a veteran's service history. Providing accurate, detailed information facilitates processing of claims and enables patients to get appropriate support as quickly as possible.

The majority of forms and documents to support compensation claims are generated to address the individual's circumstances. Generally, patients will bring appropriate forms with them to an appointment, but in some cases forms may be sent to the GP in advance.

Documents to help determine eligibility for compensation include:

- diagnostic reports: the aim is to document a specific diagnosis including an International Classification of Diseases code
- schedules of questions: these usually come as an attachment to a letter requesting a range of information from the GP that is specific to the individual patient. The aim is to document the diagnosis, possible causation, and an opinion about the link to the claimant's military service
- medical impairment assessment: commonly referred to as 'Guide to the Assessment of Rates of Veterans' Pensions' (GARP) forms and generated on a case-by-case basis. The aim is to establish the level of impairment due to service related conditions, which will determine the amount of compensation for noneconomic loss
- capacity to work assessments: these are provided on a case-by-case basis and include details of a client's accepted service related disabilities, as well as a request for an incapacity assessment from the GP. The aim of this form is to establish entitlement to compensation for loss of remuneration caused by incapacity for work

- GP medical certificates: these are requested to support claims for incapacity benefits and should contain the same information as would be provided for workers' compensation claims. A generic workers' compensation medical certificate may be used
- forms relating to the eligibility for coverage of conditions not directly related to service (eg. cancer, TB and PTSD): these each have specific forms relating to the condition that GPs may be asked to complete.

Most forms or documents are designed to allow completion during a patient consultation. In addition to medical history, some forms also require measurements to be undertaken and results recorded. If the first time a GP sees the patient is for DVA business and they do not have access to appropriate records (eg. prior medical history, defence records) please contact DVA directly (see *Resources*). The form or the covering letter from the DVA will provide the details of who the GP can contact should there be questions or concerns.

DVA may also seek specific medical evidence to assist with the determination of a claim. This would then be provided as a medical report (without a specific form). The request for medical evidence generally includes a copy of the patient's permission to provide the information to DVA. However, if the patient brings the form or request for information with them, then permission is implicit.

Appropriate detail is vital

The information provided by the GP is essential for processing a patient's claim and determining the level of support, compensation and services available to the patient. DVA sometimes finds that responses on forms from doctors are too brief or incomplete. This usually occurs when there are two or more parts to the same question. It is important to complete all parts of all questions and provide appropriate detail as requested, as a DVA form is a medicolegal report. It will be used to assess the level of incapacity with reference to the relevant guide. Full and timely disclosure prevents delays for all, but most importantly for patients who need support. If further background or explanation is required, it is suggested that you call DVA (see *Resources*).

Patient-doctor relationship impact

DVA requests information purely for the assessment of a patient's claim and aims to minimise any

potential for conflict between doctor and patient. If a patient, or the GP, has concerns about the information requested and perceives that it has the potential to cause conflict or damage the patient-doctor relationship, DVA can arrange an independent specialist consultation or utilise treatment records as a substitute.

Requesting services

Once eligibility for compensation and benefits has been established there are two pathways for eligible patients to access treatment. Some will be entitled to reimbursement of expenses for specific conditions and receive a letter from DVA that states their accepted conditions. Most commonly GPs will see patients with a DVA repatriation health card. There are three types of cards: gold, white and orange. Each carries specific entitlements. For more extensive information on eligibility and availability of services, refer to the 'Factsheets for service providers' page on the DVA website (see *Resources*).

Gold cards

Gold cardholders are eligible for benefits to cover the full range of healthcare services within Australia. This includes medical, dental, optical care, and aids and appliances. While there are limits (eg. the medical service must be part of the Medicare Benefits Schedule, some treatments require prior financial authorisation), many allied health and other services are included, such as:

- dietetics, diabetic educators, psychology, physiotherapy, social work, osteopathy, podiatry
- respite care after an acute hospital admission
- medications on the Repatriation Pharmaceuticals Benefits Scheme (RPBS)
- rehabilitation aids and appliances (including aids for continence, mobility function and support, oxygen, diabetes, personal response systems, continuous positive airway pressure and medical grade footwear)
- community nursing
- home front assessments (available annually to assess falls risk and reduce modifiable factors)
- dose administration aid scheme for pharmaceuticals.

White cards

White cardholders are eligible for benefits to cover clinically needed services related to a specific condition. Within the limits of the diagnosis, the range of services is the same as for a gold card. If you

are unsure, always check with DVA that the condition is eligible for the referral you are making (see *Resources*).

Orange cards

Orange cardholders are eligible for pharmaceuticals on the RPBS for all medical conditions according to clinical need.

The RPBS

The RPBS includes all items on the PBS plus some private and nonprescription items (including aperients, calcium tablets, types of topical antifungals, sunscreens, moisturisers, bandages, and wound care items). Some RPBS have restricted indications (eg. all PBS items) and some items may be accessed via an authority prescription (eg. nutritional supplements). Full details are available at www.pbs.gov.au/browse/rpbs. RPBS Authority prescriptions can be obtained by calling 1800 552 580. This may be used in the same way as the PBS Authority number or to enquire about coverage for other items such as other pharmaceuticals or nutritional supplements.

Referring for services

A GP referral is required for most services. It is the responsibility of the referrer to assess the clinical need for the service. In most circumstances, GPs can use a D904 voucher – DVA request/referral (see *Resources*) or simply use a referral on letterhead paper. The 'DVA Funded Health Services' chart is available to guide GPs on how to refer for DVA funded services (see *Resources*).

Resources

- GPs with queries regarding DVA forms, eligibility, referral criteria or treatment providers can contact the DVA's health provider line on 1300 550 457 or refer to the 'Factsheets for service providers' page on the DVA website at: www.dva.gov.au/service_providers/Pages/factsheets.aspx
- To guide GPs on how to refer for DVA funded services, The 'DVA funded health services' chart is available at: www.dva.gov.au/service_providers/doctors/Documents/DVA_Funded_Health_Serv_Chart_Sep09.pdf.

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