



DEFENCE FORCE WELFARE ASSOCIATION

DVA FEES FOR MEDICAL & ALLIED HEALTHCARE

www.dfwa.org.au/policy/dva-fees

Objectives

Veterans should not need to rely on the good-will of health care providers, or to pay privately, to receive treatment for accepted conditions.

Fees paid by DVA should not deter providers from taking on veteran clients.

Background

Veterans who have an injury or illness because of their Defence Force service are entitled to have treatment for that condition paid for by the Department of Veterans' Affairs (DVA).

Some veterans are entitled to have all medical expenses, regardless of whether or not an injury or illness is service related, paid for by the Commonwealth, such as:

- Veterans with significant permanent impairment.
- Veterans with operational service who are 70 years of age or older.
- Served in Japan during occupation.
- Participated in British nuclear testing.
- Blind veterans with some permanent impairment.

Providers are generally not permitted to charge a gap fee for DVA clients. Some services such as pharmaceuticals, hearing, optometry, and dentistry, veterans may pay extra (for example, eyewear frames about a certain amount or high-cost dental procedures).

These arrangements are consistent with modern expectations of workplace injury compensation, and importantly, the unique nature of military service.

DVA Fees Limit Access to Healthcare

DVA provides payments to healthcare providers when they treat veteran clients. The payments are set by DVA through its fee schedules, which vary for different healthcare professionals.

Many veterans have difficulty accessing health care and treatment related to their accepted Defence Service-related conditions because they are unable to find providers who accept DVA clients.

Many health care providers will not take on new DVA clients, because in many cases, the fees paid are significantly lower than those paid by private patients, NDIS, Comcare or state-based workers compensation schemes. In some settings the fees paid to providers may not cover costs.

Many health care providers feel obligated out of charity or good will to provide services to veterans, despite receiving lower fees. Relying on goodwill of providers is not a sustainable funding model.

The Government has committed to funding veterans' treatment, for service-related conditions. The growing gap between the fees paid by DVA to providers and those paid by private patient or other schemes is an issue affecting veterans' access to healthcare. The current funding model is not sustainable.

Veterans should not need to rely on the good-will of health care providers, or to pay privately, to receive treatment for accepted conditions. Fees paid by DVA should not deter providers from taking on veteran clients.

Examples

Below are examples of the differences between fees paid by DVA, and those paid by other agencies and privately.

General Practice

General practice is the appropriate setting for preventive health care and care coordination. Having a regular GP is associated with fewer barriers and more positive attitudes to health system navigation and may provide better engagement with and coordination of care.

GPs are critical to the good health of veterans who often have complex medical needs.

The table below compares the fees paid for a standard level B in rooms consultation with a GP (Medicare Benefits Schedule Item 23).

DVA Fee (Including Veterans' Access Payment for Metro area)	AMA Standard Fee (Comcare, NSW iCare, Qld Workcover)	Extended Medicare Safety Net Out-of-Pocket Cap
\$52.65	\$86.00	\$117.30

Mental Health Accredited Social Worker

Accredited Mental Health Social Workers deliver clinical social work services in a mental health setting using a range of evidence-based strategies. They help individuals to resolve psychological problems, the associated social and other environmental problems, and improve their quality of life. Social workers recognise the broader implications of an individual having a mental illness and the impact on friends, family, work, and education.

The table below compares the fees paid for a one-hour consultation (ongoing/subsequent consultation) with a Mental Health Accredited Social Worker. Note that Open Arms is a DVA direct service provider.

DVA Fee	Open Arms Fee	NSW iCare	Australian Association of Social Workers Recommended Fee	Extended Medicare Safety Net Out-of-Pocket Cap
\$117.20	\$157.30	\$158.80	\$240.00	\$274.50

Specialist

Medical specialists are doctors who have completed advanced education and training in a specific area of medicine. You usually need a letter of referral from your general practitioner (GP) to make an appointment to see a specialist.

The table below compares the fees paid for an initial in-rooms consultation with a specialist (Medicare Benefits Schedule Item 104).

DVA Fee	AMA Standard Fee (Comcare, NSW iCare, Qld Workcover)	Extended Medicare Safety Net Out-of-Pocket Cap
\$122.00	\$188.00	\$271.05