




# Treatment Eligibility at a Glance

## 2.1 ELIGIBILITY FOR MEDICAL SERVICES




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|--|--|---|---|
| <p><i>The Orange Card is for pharmaceuticals only. There are no other entitlements (medical or treatment) associated with this card.</i></p>                         |  <p>Repatriation Health Card<br/>- For All Conditions<br/>02 02 222987 00 7<br/>JOHN L VETERAN<br/>File No. NX222987<br/>Card expires or on recall 04/03</p> |  <p>Repatriation Health Card<br/>- For Specific Conditions<br/>02 02 396146 00 8<br/>JOHN L VETERAN<br/>File No. NX396146<br/>SPECIFIC<br/>Card expires or on recall 04/03</p> |  <p>Repatriation Pharmaceutical Benefits Card<br/>02 21 222987 00 8<br/>JOHN L VETERAN<br/>File No. NFX222987<br/>PHARMACEUTICALS ONLY<br/>Card expires or on recall 01/06</p> |
| <p><b>Acupuncture</b> performed by a medical practitioner in accordance with arrangements in the MBS (see section 7.4).</p>  | <p><b>YES</b></p>  | <p><b>YES</b> – for accepted disabilities.</p>  | <p><b>NO</b></p>  |
| <p><b>Diagnostic imaging</b> services provided in accordance with arrangements in the MBS.</p>   | <p><b>YES</b></p>  | <p><b>YES</b> – for accepted disabilities.</p>  | <p><b>NO</b></p>  |
| <p><b>Elective surgery</b> in public hospitals, day surgery facilities, former Repatriation Hospitals and Veteran Partnering private hospitals (see section 13).</p> | <p><b>YES</b></p>  | <p><b>YES</b> – for accepted disabilities.</p>  | <p><b>NO</b></p>  |
| <p><b>Elective surgery</b> in non-Veteran</p>  | <p><b>YES</b> – Obtain financial</p>   | <p><b>YES</b> – for accepted disabilities.</p>  |   |

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| Partnering private hospitals and private day surgery facilities (see section 13).   | authorisation before commencing treatment.  | Obtain financial authorisation before commencing treatment.   | <b>NO</b> |
| <b>Health screening</b> as defined in the MBS.  | <b>NO</b>   | <b>NO</b>   | <b>NO</b> |
| <b>Infertility treatment</b> for the partner of an eligible veteran.  | <b>NO</b>   | <b>NO</b>   | <b>NO</b> |
| <b>In-vitro fertilisation procedures</b>  | <b>NO</b>   | <b>NO</b>   | <b>NO</b> |
| <b>Medical consultations and procedures</b> listed in the MBS (some restrictions apply).  | <b>YES</b>  | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Medical consultations and procedures</b> not listed in the MBS (see section 4.4).  | In exceptional circumstances – specific criteria exist, and prior financial authorisation must be obtained. | In exceptional circumstances – specific criteria exist, and prior financial authorisation must be obtained. | <b>NO</b> |
| <b>Minor surgical procedures</b> carried out in your rooms, provided facility fees or general anaesthetic fees are not charged. | <b>YES</b>  | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Orthomolecular medicine</b>  | <b>NO</b>   | <b>NO</b>   | <b>NO</b> |
| <b>Pathology services</b> provided in accordance with arrangements in the MBS (see section 11.7).                               | <b>YES</b>  | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Psychotherapy</b> from private   | <b>YES</b> – Obtain financial   | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |

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| psychologists (see section 11.4).  | authorisation before commencing treatment. | Obtain financial authorisation before commencing treatment                            |           |
| <b>Medication reviews</b> undertaken by LMOs or pharmacists (see section 9). | <b>YES</b>                                 | <b>YES</b> - when the need for a medication review relates to an accepted disability. | <b>NO</b> |

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## 2.2 ELIGIBILITY FOR PHARMACEUTICALS

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| <i>The Orange Card is for pharmaceuticals only. There are no other entitlements (medical or treatment) associated with this card.</i> |  |    |    |
| <b>Wound dressings</b>  | <b>YES</b> – under the RPBS or RAP arrangements.                                   | <b>YES</b> – under the RPBS For accepted disabilities.  | <b>YES</b> – under the RPBS   |
| <b>Pharmaceutical Benefits Scheme (PBS) Schedule</b> – items listed in the PBS schedule (see section 8).                              | <b>YES</b> – to be prescribed under the RPBS.                                      | <b>YES</b> – (a) for accepted disabilities under the RPBS at concession rates and (b) for non-accepted disabilities under the PBS at non-concession rates (unless a Pension Concession Card (PCC) applies). | <b>YES</b> – (a) for accepted disabilities under the RPBS at concession rates and (b) for non-accepted disabilities under the PBS at non-concession rates (unless a Pension Concession Card (PCC) applies). |
| <b>Repatriation Schedule of Pharmaceutical Benefits</b> – items listed in the RPBS  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>YES</b>  |




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| schedule (see section 8).   |   |   |            |
| <b>Authority prescriptions – Pharmaceutical Benefits Scheme (PBS) Schedule</b> (see section 8).   | <b>YES</b> – to be prescribed under the RPBS. Obtain prior approval from DVA. | <b>YES</b> – (a) for accepted disabilities under the RPBS – obtain prior approval from DVA and (b) for non-accepted disabilities under the PBS – obtain prior approval from the HIC, using patient's Medicare number (DVA number not applicable). | <b>YES</b> |
| <b>Authority prescriptions – Repatriation Schedule of Pharmaceutical Benefits</b> (see section 8).  | <b>YES</b> – obtain prior approval from DVA.                                  | <b>YES</b> – for accepted disabilities. Obtain prior approval from DVA.   | <b>YES</b> |
| <b>Increased quantity and/or increased number of repeats</b> for the PBS schedule and the Repatriation Schedule of Pharmaceutical Benefits (see section 8). | <b>YES</b> – to be prescribed under the RPBS. Obtain prior approval from DVA. | <b>YES</b> – (a) for accepted disabilities under the RPBS – obtain prior approval from DVA and (b) for non-accepted disabilities under the PBS – obtain prior approval from the HIC, using patient's Medicare number (DVA number not applicable). | <b>YES</b> |

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## 2.3 ELIGIBILITY FOR REFERRAL TO MEDICAL SPECIALISTS

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| <p><b>Referral to a medical specialist who accepts up to 100 per cent of the MBS fee as full payment, and who will not levy any additional fee on the veteran</b>(see section 11.1).</p> | <p>YES</p>   | <p>YES – for accepted disabilities.</p>   | <p>NO</p>   |




## 2.4 ELIGIBILITY FOR REPORTS, PLANS AND CASE MANAGEMENT

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| <p><b>Care plans</b> in accordance with arrangements in the MBS (see section 7.4).</p>   | <p>YES</p>  | <p>YES – when the primary need for a care plan relates to an accepted disability.</p>  | <p>NO</p>  |
| <p><b>Case conferences</b> in accordance with arrangements in the MBS (see section 7.4).</p>   | <p>YES</p>  | <p>YES – when the primary need for a case conference relates to an accepted disability.</p>  | <p>NO</p>  |
| <p><b>Health assessments</b> in</p>  | <p>YES</p>  | <p>YES – when the primary need for a</p>   | <p>NO</p>  |

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| accordance with arrangements in the MBS (see section 7.4).                   |            | health assessment relates to an accepted disability.                                  |           |
| <b>Medication reviews</b> undertaken by LMOs or pharmacists (see section 9). | <b>YES</b> | <b>YES</b> – when the need for a medication review relates to an accepted disability. | <b>NO</b> |

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## 2.5 ELIGIBILITY FOR ALLIED HEALTH SERVICES


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| <b>Chiropractic / osteopathy</b> – for musculo-skeletal conditions only (see section 12.3).  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b>   |
| Community nursing (see section 12.1).  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b>   |
| <b>Dietetics from private</b>  | <b>YES</b> – Obtain financial authorisation  | <b>YES</b> – for accepted disabilities.   | <b>NO</b>   |

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| <b>providers</b> (only when public-funded or community services are not available – see section 12).   | prior to referral.   | Obtain financial authorisation prior to referral.   |           |
| <b>Hypnotherapy from private providers</b> (may only be provided by a psychologist who is a full member of the Australian Society of Hypnosis or the State equivalent – see section 12). | <b>YES</b> – Obtain financial authorisation prior to referral. | <b>YES</b> – for accepted disabilities. Obtain financial authorisation prior to referral. | <b>NO</b> |
| <b>Medical grade footwear</b> (may only be provided by contracted suppliers who are accessible through approved footwear prescribers – see section 12.2).                                | <b>YES</b> – Obtain financial authorisation prior to referral. | <b>YES</b> – for accepted disabilities. Obtain financial authorisation prior to referral. | <b>NO</b> |
| <b>Natural therapies</b> from herbalists, homoeopaths, iridologists, naturopaths, masseurs and acupuncturists.   | <b>NO</b>  | <b>NO</b>   | <b>NO</b> |
| <b>Occupational therapy</b> (see section 12).  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| Optometrical consultations according to arrangements in the MBS and optical dispensing from providers who participate in DVA's Optical Supplies Program (see section 12.4).              | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Orthotics from private</b>  | <b>YES</b> – Obtain financial authorisation                    | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |

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| <b>providers</b> (only when public-funded or community services are not available – see section 12).                           | prior to referral.   | Obtain financial authorisation prior to referral.   |           |
| <b>Physiotherapy from private providers</b> (see section 12).  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Podiatry</b> (see section 12).  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Psychology from private providers</b> (only when public funded or community services are not available – see section 11.5). | <b>YES</b> – Obtain financial authorisation prior to referral. | <b>YES</b> – for accepted disabilities. Obtain financial authorisation prior to referral. | <b>NO</b> |
| <b>Social work from private providers</b> (only when public funded or community services are not available (see section 12).   | <b>YES</b> – Obtain financial authorisation prior to referral. | <b>YES</b> – for accepted disabilities. Obtain financial authorisation prior to referral. | <b>NO</b> |
| <b>Speech pathology</b> (see section 12).  | <b>YES</b>   | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |

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## 2.6 ELIGIBILITY FOR COUNSELLING

|  |  |   |   |
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| <b>VVCS - Veterans and Veterans Families Counselling Service</b> (see section 17) | <b>YES</b> | <b>YES</b> | <b>NO : N/A</b> |
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## 2.7 ELIGIBILITY FOR DENTAL TREATMENT

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| <i>The Orange Card is for pharmaceuticals only. There are no other entitlements (medical or treatment) associated with this card.</i>   |  |  |  |
| <b>Dental treatment</b> (some funding limits apply and prior financial authorisation is required for some treatment) (see section 12.6) | <b>YES</b>   | <b>YES – for accepted disabilities</b>  | <b>NO</b>   |

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## 2.8 ELIGIBILITY FOR HOSPITAL ADMISSIONS

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| <i>The Orange Card is for pharmaceuticals only. There are no other entitlements (medical or treatment) associated with this card.</i> |  |  |  |
| <b>Tier 1 Facilities</b>  | <b>YES</b>   | <b>YES – for accepted disabilities when</b>   | <b>NO</b>   |




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| Public hospitals/day procedure centres, former Repatriation Hospitals and Veteran Partnering private hospitals (admit as private patient in shared accommodation, see section 13). |  | eligibility has been predetermined by the LMO.  |           |
| <b>Tier 2 Facilities</b><br>Non-Veteran Partnering contracted private hospitals and day procedure centres (see section 13).  | <b>YES</b> – only when a Tier 1 facility is not available in a reasonable time and when prior financial authorisation has been obtained.           | <b>YES</b> – for accepted disabilities (when eligibility has been predetermined by the LMO) and only when a Tier 1 facility is not available in a reasonable time and when prior financial authorisation has been obtained.           | <b>NO</b> |
| <b>Tier 3 Facilities</b><br>Non-contracted private hospitals and day procedure centres (see section 13).   | <b>YES</b> – only when a Tier 1 or Tier 2 facility is not available in a reasonable time and when prior financial authorisation has been obtained. | <b>YES</b> – for accepted disabilities (when eligibility has been predetermined by the LMO) and only when a Tier 1 or Tier 2 facility is not available in a reasonable time and when prior financial authorisation has been obtained. | <b>NO</b> |

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## 2.9 ELIGIBILITY FOR REHABILITATION AIDS AND APPLIANCES

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| <p><i>The Orange Card is for pharmaceuticals only. There are no other entitlements (medical or treatment) associated with this card.</i></p>  |   |   |  |
| <p><b>Rehabilitation aids and appliances</b>, based on clinical need, including surgical aids and domiciliary oxygen, under DVA's Rehabilitation Appliances Program (see section 15).</p> | <p><b>YES</b> – Restrictions apply to some items. Some items require prior financial authorisation – please check with the DVA State Office.</p>        | <p><b>YES</b> – for accepted disabilities. Restrictions apply to some items. Some items require prior financial authorisation – please check with the DVA State Office.</p>        | <p><b>NO</b></p>  |
| <p><b>Aids and appliances</b> provided through the HomeFront program, such as grab rails (see section 19.5).</p>  | <p><b>YES</b> – Items provided based on recommendation of a home assessor following home assessment. No DVA prior financial authorisation required.</p> | <p><b>YES</b> – for accepted disabilities. Items provided based on recommendation of a home assessor following home assessment. No DVA prior financial authorisation required.</p> | <p><b>NO</b></p>  |

## 2.10 ELIGIBILITY FOR RESIDENTIAL CARE

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| <p><i>The Orange Card is for pharmaceuticals only. There are no other entitlements (medical or treatment) associated with this card.</i></p> |  |  |  |
| <p><b>Convalescent care</b> (see</p>   | <p><b>YES</b> – refer to DVA.</p>  | <p><b>YES</b> – for accepted disabilities. Refer</p>                                  | <p><b>NO</b></p>  |

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| section 18.4).  |  | to DVA.  |           |
| <b>Emergency short-term home relief</b> (see section 18.6).                     | <b>YES</b> – refer to DVA.   | <b>YES</b> – for accepted disabilities. Refer to DVA.  | <b>NO</b> |
| <b>Nursing home and hostel care</b> (residential aged care) (see section 18.2). | Subsidy paid by DVA, but same fee arrangements apply for veterans as for all other residents, with the exception of ex-POWs receiving nursing home care. Refer to DVA. | Subsidy paid by DVA, but same fee arrangements apply for veterans as for all other residents, with the exception of ex-POWs receiving nursing home care. Refer to DVA. | <b>NO</b> |
| <b>Palliative care</b> (see section 18.5).                                      | <b>YES</b> – refer to DVA.   | <b>YES</b> – for accepted disabilities. Refer to DVA.  | <b>NO</b> |
| <b>Respite care</b> (see section 18.3).   | <b>YES</b> – refer to DVA.   | <b>YES</b> – for accepted disabilities. Refer to DVA.  | <b>NO</b> |
| Veterans' Home Care (see section 18.1).   | <b>YES</b> - refer to VHC assessment agency for assessment.  | <b>YES</b> - refer to VHC assessment agency for assessment.  | <b>NO</b> |

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## 2.11 ELIGIBILITY FOR TRAVEL ASSISTANCE

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| <i>treatment) associated with this card.</i>  |   |   |           |
| <b>Allied health providers</b> – to obtain treatment from the closest practicable allied health provider – see section 20).                             | <b>YES</b>  | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |
| <b>Ambulance transport</b> (see section 20.6).  | <b>YES.</b> Note: in some States prior financial authorisation is required, except for emergencies. | <b>YES</b> – for accepted disabilities. Note: in some states prior financial authorisation is required, except for emergencies. | <b>NO</b> |
| <b>Hearing services</b> – to obtain treatment from the closest Office of Hearing Services, accredited Australian Hearing Services centre, or accredited | <b>YES</b>  | <b>YES</b> – for accepted disabilities.   | <b>NO</b> |

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| provider (see section 16).  |            |   |           |
| <b>Hospital treatment</b> – to obtain treatment at the closest practicable hospital or day procedure centre (see section 20). | <b>YES</b> | <b>YES</b> – for accepted disabilities. | <b>NO</b> |
| <b>Medical treatment</b> – to attend the closest practicable LMO or medical specialist (see section 20).                      | <b>YES</b> | <b>YES</b> – for accepted disabilities. | <b>NO</b> |
| <b>Dental services</b> – to obtain treatment from the closest practicable provider.   | <b>YES</b> | <b>YES</b> – for accepted disabilities. | <b>NO</b> |

