



Request for Prior Approval for Treatment or Referral to a Specialist

PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM.

Please send the completed form to DVA at health.approval@dva.gov.au, or if you do not have access to email please post the form to Health Approvals & Home Care team, Department of Veterans' Affairs, GPO Box 9998, ADELAIDE SA 5001. Please also retain a copy of the completed form for your records.

Services requiring Prior Approval are listed below and in the Dentists and Dental Specialists and Dental Prosthetists Fees Schedules.

We cannot provide prior approval over the phone, however we can provide eligibility checks.

Please call 1800 550 457 for an eligibility check.

You must not begin treatment until you receive written advice from the Department on the outcome of your prior approval request.

Eligibility for Dental Treatment

DVA beneficiaries who are eligible for treatment of all conditions are issued with a **Repatriation Health Card - For All Conditions** (GOLD CARD).

DVA beneficiaries who are eligible for treatment of only war-caused conditions and malignant neoplasia only (where DVA has accepted a claim for these conditions) are issued with a **Repatriation Health Card - For Specific Conditions** (WHITE CARD).

Prior Approval

Providers must contact DVA **before** administering the following services to be able to claim for payment:

- all services listed as Schedule B items in the Fee Schedule of Dental Services for Dentists and Dental Specialists
- all services listed as requiring prior approval in the Fee Schedule of Dental Services for Dental Prosthetists
- any service that is not listed in the fee schedules
- treatment plans which include Schedule C items for all DVA entitled persons who are exempt from the annual monetary limit
- all 'fee by negotiation' items
- the treatment of a DVA entitled person requiring the use of a general anaesthetic
- referral of a DVA beneficiary to an Orthodontist, Prosthodontist or oral medicine specialist.

Refer to the full fee schedules for items requiring prior approval.

Annual Monetary Limit

An annual monetary limit applies to most DVA beneficiaries for all items listed as Schedule C items in the fee schedule for dentists and dental specialists.

The annual monetary limit from 1 January 2015 to 30 June 2018 is \$2,488. The limit is not cumulative, so any part of the limit not expended in a calendar year cannot be used in subsequent years.

You can contact DVA on 1800 550 457 to check on an entitled person's available monetary limit.

Subject to written Prior Approval, all **ex-POWs** and entitled persons receiving dental treatment in relation to **war-caused injuries** or **malignant neoplasia** are exempt from the limit.

Freedom of Information

Under the *Freedom of Information Act 1982* the patient may obtain access to this form subject to the application of relevant exemption provisions specified in the Act.

To contact the Department of Veterans' Affairs

For information call 1800 550 457.

www.dva.gov.au



Dental Request

The Department of Veterans' Affairs requires the information provided on this form to process the request/referral. In the event of inappropriate servicing or treatment, or unprofessional conduct, the Department of Veterans' Affairs may disclose this information to the relevant state or territory registration board or professional body.

Patient details

File number

Surname

First name Initial

Address

Postcode

Date of birth / /

Provider details

Dentist/Specialist Dental Prosthetist

Name

Address

Postcode

Provider number

Phone number ()

Email

Dental charting - this chart is a guide, it does not need to be completed

Symbol key

- S** Sound tooth (not carious or filled)
- D** Decayed tooth (including both decayed and filled)
- I** Tooth indicated for extraction
- M** Tooth missing
- F** Tooth filled and not decayed
- FU** Full upper denture
- FL** Full lower denture
- PU** Partial upper denture
- PL** Partial lower denture

Prior Approval request - Important: Services requiring prior approval are listed in the Dentists and Dental Specialists and Dental Prosthetists Fees Schedules.

Treatment requested

If more space is required, please attach a separate sheet.

1 Item No. Site No. Fee to be claimed - (If no set fee, state proposed fee for consideration)

Description of service and clinical justification for treatment

2 Item No. Site No. Fee to be claimed - (If no set fee, state proposed fee for consideration)

Description of service and clinical justification for treatment

3 Item No. Site No. Fee to be claimed - (If no set fee, state proposed fee for consideration)

Description of service and clinical justification for treatment

4 Item No. Site No. Fee to be claimed - (If no set fee, state proposed fee for consideration)

Description of service and clinical justification for treatment

Referral to specialist

Name of preferred specialist

Provider number

Orthodontist Prosthodontist

Oral medicine specialist

Reason for referral