



Audiology Prior Financial Approval Request

Privacy notice – Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Go to www.dva.gov.au/privacy for more information about how DVA manages personal information.

Important information – Prior Approval is required for all implantable, tinnitus, hearing devices and other non-standard requests for items and services not available through the Australian Government Hearing Services Program or the Medical Benefits Scheme (MBS).

When completing this form, you must attach:

- a copy of the referral (except for hearing devices);
- a clinical report, including audiogram and clinical goals, describing why you believe this is an exceptional clinical case; and
- any other relevant evidence to support the request.

Incomplete forms and forms without these attachments will not be reviewed by DVA.

Do not provide the service until a funding decision is received from DVA. If the request is for hearing devices, do not proceed with a trial or fitting until you receive a funding decision from DVA.

For further information and support to complete this form, or if the request is URGENT, please contact the Provider Hotline on **1800 550 457** (option 3, option 1).

Do not complete this form if this request is:

- part of a compensation claim. Proceed as detailed with Transaction Reference Number (TRN) advice notice which can be provided by the entitled person.
- for a standard assistive listening device or tinnitus device. These devices are provided through the DVA Rehabilitation Appliances Program. Use Form D9376 instead.

Returning this form – You can print, scan and return this form, along with the referral and clinical report, by email to health.approval@dva.gov.au

Proposed date of service

Entitled person's details

1. **DVA File number**

2. **Surname**

3. **Given name(s)**

4. **Email address**

I have confirmed with the entitled person that they would like to receive the outcome of the request via the email address provided above.

5. **Card type**

Gold White

6. **Condition being treated**

Hearing loss

Tinnitus

Other ► Please provide details

Request details

7. Type of funding request

- Implantable (e.g. cochlear / bone-anchored assessments, processors, rehabilitation, accessories)
- Tinnitus (e.g. assessment, devices, rehabilitation, accessories)
- Hearing devices (e.g. hearing aids, accessories, non-standard Assistive Listening Devices)
- Other (e.g. non-MBS)

Servicing Provider's details

8. Practitioner type

- Audiologist Audiometrist **Note:** Audiometrists may only request funding for hearing devices and accessories.

9. Practitioner name

10. Practitioner Medicare number (if applicable)

11. Clinic name and address

Postcode

12. Telephone number (including area code if applicable)

13. Email address

Referring Provider's details

14. Referring provider type

- Specialist
Note: Audiologists generally require a referral from an ENT for implant assessments, processors, switch on and rehabilitation, and certain non-MBS items such as tinnitus services or vestibular audiology.
- GP
- Allied Health Provider e.g. psychologist, OT, other audiologist (please describe)

- Other/Not applicable (please describe)

15. Name of referring provider (if same as Servicing Provider, write 'as above')

16. Referring provider Medicare number (if applicable)

17. Telephone number (including area code if applicable)

18. Email address

Details of treatment/service and clinical justification

19. Is this request for hearing devices only?

No ► *Continue to next question*

Yes ► **Go to Hearing device requests on the next page**

20. Description of treatment/service requested

21. Clinical reason(s) for request

Attach relevant clinical information as required

22. Item number/treatment/service/accessory (if applicable)

Item number/treatment/service/accessory	Cost
	\$
	\$
	\$
	\$
	\$

23. Are you requesting hearing devices?

No ► **Go to Declaration**

Yes ► *Continue to next question*

Hearing device requests

There are many types of fully subsidised hearing devices available through the Australian Government Hearing Services Program at <https://hearingservices.gov.au/>. Fully subsidised hearing devices may include features such as adaptive noise reduction, adaptive directional microphones, multichannel compression, feedback cancellation, direct wireless streaming and connectivity, multiple listening programs, adaptive tinnitus programs and remote programming.

Use this form only if the range of features available in fully subsidised hearing devices through the Australian Government Hearing Services Program have been considered and there are specific reason(s) for requesting hearing devices with additional features.

DVA can consider funding for hearing devices in exceptional circumstances, such as when they cannot be supplied through the Hearing Services Program, or when the entitled person's health and/or personal circumstances and wellbeing are significantly affected by hearing loss and the entitled person is unable to access specialist hearing services.

Specialist hearing services are available at Hearing Australia. See https://hearingservices.gov.au/wps/portal/hso/site/eligibility/clientinfo/hearing_services_available_through_the%20program/specialist%20hearing%20services/ or go to <https://hearingservices.gov.au/> and enter 'specialist hearing services' in the search bar. An entitled person may be eligible for specialist services with a three-frequency average hearing loss of 80dB or more in the better ear; or if an eligible person's hearing loss either prevents effective communication in their daily environment, or is caused or aggravated by significant physical, intellectual, mental, emotional or social disability. Some eligible people may have physical or mental health conditions in addition to hearing loss and/or tinnitus that may be relevant to your request.

24. Is the entitled person eligible to access specialist hearing services via Community Service Obligation (CSO) at Hearing Australia?

These services may include access to a greater range of hearing devices with more features and more services and supports.

No Please explain the reason(s) why the entitled person is not eligible to access specialist hearing services at Hearing Australia.

Yes currently accessing CSO – **Stop completing this form and review what can be provided under CSO funding.**

Yes however are unable or have chosen not to receive CSO services
Please explain the reason(s) why

25. Proposed hearing device details

Hearing device	Cost after HSP subsidy
	\$
	\$

26. Previous hearing device details
(if applicable)

Note: If you are recommending replacement of current devices please provide reason(s).

27. Has the entitled person been given a choice from the range of fully subsidised hearing devices through the Australian Government Hearing Services Program which are appropriate for the entitled person's audiological needs, as required by Hearing Services Program (Voucher) Instrument 2019 clause 45(1)*?

No

Yes

* Includes hearing devices through the Australian Government Hearing Services Program.

28. Has the entitled person been supplied item(s) from the range of Assistive Listening Devices (ALDs) available through the DVA Rehabilitation Appliances Program (RAP) to help address specific listening and communication goals?

No

Yes

29. Please explain why the fully subsidised devices and/or ALDs would not meet the person's needs

30. Please explain why the item(s) are being requested. How will the item(s)' specific features help the client manage their hearing loss and meet their communication needs and goals? Provide supporting evidence as required

Declaration

31. Provider's declaration

I declare that:

- I am the servicing hearing practitioner named in this request and the information I have provided is true and correct to the best of my knowledge, and
- I have attached:
 - a referral specific to the requested service (except for hearing devices)
 - clinical report, and
 - other relevant information required to support this request.

Provider's signature



Date

Please send completed form, referral and clinical report to health.approval@dva.gov.au

For help and guidance call Provider Hotline on **1800 550 457** (option 3, option 1).