



Australian Government

Department of Veterans' Affairs

REHABILITATION APPLIANCES PROGRAM (RAP)

RAP National Schedule of Equipment

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Rehabilitation Appliances Program Overview

What is the Rehabilitation Appliances Program (RAP)

The Rehabilitation Appliances Program (RAP) supplies aids, equipment and modifications for eligible veterans, war widows/widowers and dependants (clients) to:

- help an assessed clinical health care need
- minimise the impact of disabilities or dysfunction
- improve quality of life
- live safely and with independence
- facilitate participation in the community
- be an adjunct to health treatment or a rehabilitation plan.

Aids, equipment and modifications will be provided from the RAP National Schedule of Equipment (the Schedule) and the RAP National Guidelines (Guidelines). The Schedule and Guidelines are regularly reviewed to ensure they provide the most suitable items for client needs.

Guidelines have been developed to assist prescribing health providers determine the eligibility of their client, outline considerations for prescribing certain products and details the provision process. Where an item has a corresponding Guideline a link has been provided in comments column of the Schedule.

The legislative basis for the provision of RAP is Part 11 of the Treatment Principles made separately under the *Veterans' Entitlements Act 1986* (VEA), *Military Rehabilitation and Compensation Act 2004* and *Australian Participants in British Nuclear Test and British Commonwealth Occupational Force (Treatment) Act 2006*. In addition, Part 11 of the Treatment Principles made under the VEA extends RAP to eligible clients under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*.

Who can access RAP

Clients may be eligible for RAP if they have an assessed clinical need and either a:

- [Veteran Gold Card](#)
- [Veteran White Card](#) and the item is for an accepted DVA health condition/s.

Refer to the [RAP Business Rules](#) for more guidance on eligibility for clients:

- living in residential aged care
- living in retirement villages/independent living units
- receiving services from other government services
- discharging from hospital.

Who can prescribe RAP aids, equipment or modifications

The RAP Schedule details which assessing health provider/s can assess, prescribe and order each aid, equipment or modification. This can be found under the “Assessing Health Provider” column. Refer to the [Assessing Health Provider List / Codes](#) for the list of acronyms.

An assessing health provider may be a:

- General Practitioner (GP)
- Medical Specialist
- Registered Nurse
- Allied Health professional.

Allied health professionals

For allied health professionals (except for optical, dental and hearing) to be paid under DVA’s schedule of fees, you must have a valid referral from one of the following professions before assessing and prescribing aids, equipment or modifications:

- a GP
- medical specialist
- a health professional as part of hospital discharge.

If you are not listed to assess and prescribe the item, you will need to refer the client back to their GP or medical specialist. The GP or medical specialist can:

- assess and prescribe the appropriate item
- refer the client to the relevant assessing health provider for the item.

Clients living in rural and remote areas

If the relevant allied health professional is not locally available in a rural and remote area, items can be prescribed by:

- a GP
- medical specialist
- a health professional as part of hospital discharge.

[Contact us](#) if you need help with this.

Before Prescribing

Before prescribing aids, equipment or modifications make sure:

- the RAP Schedule lists you as an assessing health provider for the item
- you have assessed the client
- you have read any applicable [RAP National Guidelines](#)
- the assessment identifies that the client has a clinical need for it
- it is safe and clinically appropriate for the client's use
- it is the most cost-effective option to improve independence and function.

As the prescribing health provider you must conduct an assessment of the client and the product to determine the most suitable item to match their clinical needs. Assessments should be undertaken before prescribing and ordering. Types of assessments recommended include (but not limited to):

- **functional assessment;** the assessment of the client's ability to undertake the normal activities associated with daily living, including self-mobility. Assessments may include quantitative measurements of:
 - muscle strength
 - joint range of motion
 - cognition and perception
 - oedema and sensation
 - qualitative activity analysis.
- **home assessment;** the assessment of the client's functional abilities within their primary living environment including:
 - environmental access, and associated risks to safe function within and around their primary living environment
 - recommendations to reduce risks associated with the client's functional abilities
 - trial and review of recommended equipment (as below in Product Assessment)
 - education of the client and/or carer.
- **product assessment;** undertaken in conjunction with the client's functional and/or home assessment needs. This assessment incorporates:
 - determining the best "fit" of equipment to the functional needs of the client
 - knowledge of the specifications of the recommended equipment (for example, weight capacity, measurements, size and method of operation)
 - physical (anthropometric) assessment of the client to meet equipment specifications
 - education of the client and/or carer in the operation, maintenance and safety features of the product.

Prescribing RAP items

If prescribing, please refer to:

- The RAP Schedule – this document – lists all RAP items, if they have DVA-contracted suppliers, if prior approval is required, if supply limits apply, if a RAP National Guideline applies, relevant forms and other information.
- [RAP National Guidelines](#) – provides further assessment and supply criteria for some RAP items. These RAP National Guidelines should be read alongside the RAP Schedule.
- [RAP Forms](#) – order forms and assessment forms to apply for RAP items.
- [Contracted Suppliers](#) – lists the DVA-contracted suppliers, their contact details and websites.

Prior approval for RAP items

The RAP Schedule advises if prior approval is required from us. This can be found under the “Prior Approval Required” column.

Prior approval is required when:

- indicated in the RAP Schedule
- the client is living in residential aged care and the requested item is something usually provided by the residential aged care facility (refer to the [RAP in Residential Aged Care List](#) on the DVA website)
- the item exceeds the financial or quantity limit set in the RAP Schedule
- the client is a Veteran White Card holder (to ensure the RAP item aligns with the client’s accepted DVA Condition)
- there are more items requested than is typically allowed.

How to order RAP items

Contracted items

The RAP Schedule advises if an item is provided by DVA-contracted suppliers. This can be found under the “Contracted Item” column.

There are several choices of contracted suppliers. The assessing health provider must source these contracted items from one of the contracted suppliers and not from someone else.

To prescribe and order most contracted items, the assessing health provider completes the relevant [RAP form](#) for the item and sends to one of the [contracted suppliers](#) listed on the form. The contracted supplier will obtain prior approval from us when required. The contracted supplier will also organise delivery, either to the assessing health provider or the client, free of charge.

For Complex Home Modifications please refer to the [National Guideline – Complex Home Modifications](#) for the process.

Non-contracted items

For items that do not have a contracted supplier listed under the “Contracted Item” column of the Schedule, these are non-contracted items.

To prescribe and order non-contracted items, the assessing health provider emails rapgeneralenquiries@dva.gov.au with the following information:

- RAP item number
- details of the client (i.e. client’s name, DVA file number and health condition being treated)
- clinical justification for the item
- relevant form, if required
- details of the supplier and attach the quote/invoice for supply.

Palliative Care Aids and Appliances

If you are prescribing item/s for a client in palliative care, please mark these requests as ‘URGENT AND PALLIATIVE’ and forward to a contracted supplier.

Requesting items that do not appear on the RAP Schedule

The supply of products not on the RAP Schedule or not available from a contracted supplier can be reviewed by us.

Assessing health providers must send requests to rapgeneralenquiries@dva.gov.au

For us to assess your request you must include:

- the client’s assessed clinical need
- how the product will meet the assessed clinical need
- whether the client has trialled the product and the outcomes, if any
- why none of the items on the RAP Schedule meets the client’s clinical need
- information about the product and any clinical evidence to support it
- details of the supplier and the product cost (attach a quote to supply)
- any other supporting documentation.

Usage, maintenance, repairs, and returns

Clients or their carers can arrange maintenance, repairs or returns with the supplier of the item. Usually the supplier's contact details will be located on the item.

If the supplier is unable to do this or the RAP item is no longer needed, [contact us](#) for help.

Neither the client nor their carer should attempt to make repairs to an aid or appliance. An aid and appliance should be used safely and only for the purpose for which it was designed.

Moving home or interstate

Clients may take portable RAP items to their new address. Clients moving into residential aged care will need to speak to the residential aged care home about the portable RAP items they can take with them.

Clients are encouraged to tell the supplier of the portable RAP items of their new address to assist with any maintenance, repairs or returns. Usually the supplier's contact details will be located on the item.

Any home modifications and fixed items that have been installed at the current address cannot be removed or reinstalled at the new address. If the client needs aids, equipment or modifications at the new address, please arrange a new RAP assessment so they can remain as independent as possible at the new address.

Hired items

Some DVA items are hired for an initial 12 month period and during this time the item remains the property of the RAP contracted supplier. If the client no longer requires the item within the first 12 months, the item must be returned to the contracted supplier.

After the 12 month hire period – purchase period has elapsed, the item is paid for, the equipment remains with the veteran, or if the item is not wanted, the contracted supplier can be contacted to discuss the return of the item.

RAP Business Rules

RAP for our clients in residential aged care

Aged care homes are funded by the Commonwealth Government to provide a client's clinical and care needs. They are required to provide the furnishings, aids and equipment necessary to meet the resident's care, safety and comfort needs, including to accommodate the resident's height or weight.

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

However, eligible DVA clients living in a residential aged care facility may access RAP items, including personal and customised items, depending on their assessed clinical need when a facility is unable to provide the item.

The [RAP in Residential Aged Care List](#) provides further guidance on the RAP items which may be prescribed for clients living in residential aged care. These items must not duplicate items the facility is already funded to provide.

Speak to the residential aged care home in the first instance to check if they are responsible for supplying the product to the client. If the residential aged care home is not responsible, [contact us](#) to check the client's eligibility.

Items that are usually provided by the residential aged care facility are indicated by a Δ in the [RAP in Residential Aged Care List](#), and require prior approval and clinical justification to be supplied through RAP.

Most of the products available under the [RAP in the Residential Aged Care List](#) can be supplied by one of DVA's contracted suppliers. [Contact us](#) if you need help with this.

Some products on this list require the aged care home to consent to the client having the item, as the size or nature of the item may be a safety issue. For example a recliner chair in a client's room may restrict nursing access or a scooter may not be suitable in some facilities as it may pose a risk to other residents.

Any portable RAP products received before a client moves into residential aged care can be taken with them if the aged care home approves it.

RAP home modifications will not be undertaken in residential aged care homes.

RAP for our clients living in retirement villages or independent living units

RAP home modifications will not be undertaken in retirement villages or independent living units as they are purpose built accommodation to cater for the needs of ageing persons and operate within state or territory legislation.

RAP for our clients living in state owned housing

DVA does not provide home modifications to Government-owned homes. The responsible State/Territory housing agency will modify residences or organise alternative accommodation, in accordance with their own procedures.

RAP for our clients receiving other government services

Some of our clients may be accessing other government services at the same time from:

- National Disability Insurance Scheme (NDIS)
- Commonwealth Home Support Program (CHSP)
- Home Care Packages.

Aids, equipment and modifications can be provided by RAP or other government services as long as it is not the same or duplicated. For example, a client could receive a walking frame from RAP, and a mobility scooter from NDIS, but not a frame or scooter from both RAP and the NDIS. [Contact us](#) if you need help with this.

RAP for our clients in hospital

RAP items may be prescribed by an assessing health provider if the client requires it:

- for greater than 30 days following discharge from a public hospital
- at the time they discharge from a private hospital.

Other Services

Medical Grade Footwear (MGF)

Under DVA's health care arrangements, clients with a significant deformity or abnormality of the foot and/or ankle may be provided with medical grade footwear recommended by their podiatrist or medical specialist. This includes ready-made and custom-made medical grade footwear. This footwear is not provided under RAP but through the [Medical Grade Footwear \(MGF\) program](#).

Contact DVA

To speak to us about RAP you can:

- call our Health Provider Line on **1800 550 457** - select Option 1 for RAP
- email: rapgeneralenquiries@dva.gov.au

Assessing Health Provider List/Codes

A	Audiologist
AC	Amputee Clinic
At	Audiometrist
CA	Continence Adviser (RN or Physiotherapist Continence Adviser)
CDE	Credentialed Diabetes Educator
Ch	Chiropractor
D	Dietitian
DC	Diabetes Clinic
E	Endocrinologist
EP	Exercise Physiologists
GP	General Practitioner
LDO	Local Dental Officer (or dentist)
LVC	Low Vision Clinic
MH OT	Mental Health OT
MH SW	Mental Health Social Worker
O	Orthotist
Op	Optometrist
Ost	Osteopath
OT	Occupational Therapist
P	Prosthetist
PC	Pain Clinic
Physio	Physiotherapist
Pod	Podiatrist
Psych	Psychologist
Psychiat	Psychiatrist
RC	Respiratory Clinic
ReC	Rehabilitation Clinic
RN	Registered Nurse
S	Specialist (includes all medical specialists in relevant field)
SP	Speech Pathologist

Alarm System / Communication Appliances / Assistive Listening Devices					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AA02	Induction Loop	No	A, At, SP	No	RAP National Guidelines - Assistive listening devices Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AA04	TV Listening Device	No, unless exceeds \$770 or 1 per person	A, At	No	RAP National Guidelines - Assistive listening devices Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AA05	Monitored Personal Response Systems (PRS) including Mobile Personal Emergency Response Systems (MPERS)	No	OT, RN, Physio	Yes Personal Response System	Monitored PRS are devices which involve installation and are monitored by an emergency alarms service. MPERS are Loop Maintenance Operating System-enabled emergency response pendants that work anywhere inside and outside the home environment where there is a mobile signal. Health providers should conduct an in-home falls risk assessment, cognitive assessment, in-home assessment of the placement of the device within the home, training in the use of the equipment and follow up in usage. A key safe or lock-box can be requested as part of a PRS/MPERS installation. Prior Approval is required where a spouse still requires the device after the existing user's death. DVA will allow a period from the date of death in order to determine the spouse's potential eligibility. RAP National Guidelines – Personal Response Systems Assessment Form for the supply of Personal Response System - D9199
AA06	Microphone/FM Listening System	No, unless exceeds \$1,900 or 1 per person	A, At	No	RAP National Guidelines - Assistive listening devices Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
	Assistive Communication Device – Electronic (see BA04)				
AA10	Telephone Accessories	No	A, At, OT, SP, S	No	RAP National Guidelines - Assistive listening devices Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AA15	Alarm System / Communication Appliances / Assistive Listening Devices - Maintenance and Repairs.	No, unless exceeds \$700	S, A, OT, SP, At, RN, Physio	Refer to RAP AA Item Number	If repairs and replacements parts are more than \$632, consider replacing the item. DVA accepts financial responsibility for items not covered under the warranty period.
AA18	Wireless Streaming Device (accessory to connect hearing aids with external devices)	No, unless exceeds \$650 or 1 per person	A, At	No	RAP National Guidelines Request for Assistive Listening Devices and/or Tinnitus Devices form D9376

Tinnitus Devices					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AK02	Tinnitus Devices	Yes, limit of 1 per person	S, A, At	No	A clinical and technical consultation should be conducted to determine suitability of the equipment for the client. All hearing aids must be accessed through the Hearing Services Program (HSP) . Request for Assistive Listening Devices and/or Tinnitus Devices form D9376
AK03	Replacement Parts and/or Repairs Tinnitus Devices.	No	S, A	No	DVA accepts financial responsibility for items not covered under the warranty period. Request for Assistive Listening Devices and/or Tinnitus Devices form D9376

Beds					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AB01	Bed - Adjustable Electrical	No, unless exceeds 1 per person	OT, RN, Physio	Yes Mobility & Functional Support	RAP National Guidelines – Adjustable Electric Beds Order Form – Mobility and Functional Support – D0992 Heating/massaging functions are not provided.
AB02	Bed Positioning Supports	No	OT, Physio, RN, POD	Yes Mobility & Functional Support	Manual and Electrical Functional, home and product assessments should be conducted. Bed wedges and supports are recommended as part of a management plan of an assessed clinical need. The item is provided for one bed only and does not include standard pillows Order Form – Mobility and Functional Support – D0992
AB03	Bed Raiser	No	OT, Physio, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AB04	Bed Board	No	OT, Physio, RN	Yes Mobility & Functional Support	This item is to be used to create a firmer transfer surface and not as a therapeutic tool. Order Form – Mobility and Functional Support – D0992
AB06	Bed Cradle	No	OT, Physio, RN, Pod	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AB08	Bed Stick	No	OT, Physio, RN	Yes Mobility & Functional Support	All clients should have a comprehensive assessment to identify any risk factors associated with use of a bed stick. Order Form – Mobility and Functional Support – D0992
AB09	Bedside Rail	No	OT, Physio, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Beds					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AB11	Medical Sheepskin – Overlay and Protectors	No	OT, Physio, RN, GP, S, Pod, Ch, Ost	Yes Mobility & Functional Support	Only consider using a medical grade sheepskin when a low pressure or pressure support surface is not tolerated. Order Form – Mobility and Functional Support – D0992
AB12	Monkey Bar / Self-Lifting Stand	No	OT, Physio, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AB13	Table – Over Bed/Chair	No	OT, Physio, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AB14	Mattress – Pressure Care	No, unless exceeds 1 per person	OT, Physio, RN	Yes Mobility & Functional Support	RAP National Guidelines - Mattresses (Pressure Care) Order Form – Mobility and Functional Support – D0992 A validated pressure care assessment is required to be completed. For example, a Braden or Waterlow scale.
AB16	Beds - Maintenance and Repair	No, unless exceeds \$500 per invoice	OT, Physio, RN, GP, S, Pod, Ch, Ost	Yes Mobility & Functional Support	Consider replacement of lower cost items. DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
AB17	Heel Elevators - Pressure Care	No	OT, Physio, RN, Pod	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 A validated pressure care assessment is required to be completed. For example, a Braden or Waterlow scale.
AB19	Bed - Consumables and Accessories	No	OT, Physio, RN, GP, S, Pod, Ch, Ost	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Chairs					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AC01	Chair - Low/High Back/Ergonomic	No	OT, Physio, RN	Yes Mobility & Functional Support	Optional extras are not provided, such as trays. Ergonomic seating may be suitable for a person who prefers to sit at a desk to undertake tasks and social engagement. DVA does not provide ergonomic chairs for work purposes. Order Form – Mobility and Functional Support – D0992
AC03	Stool – Height Adjustable	No	OT, Physio, RN	Yes Mobility & Functional Support	This may be used for meal preparation and other bench activities, such as washing dishes. Order Form – Mobility and Functional Support – D0992
AC04	Chair – Platform / Blocks	No	OT, Physio, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AC06	Chair – Electrically Operated Lift and Recline	No, unless exceeds 1 per person	OT, Physio, S	Yes Mobility & Functional Support	RAP National Guidelines - Electric Recliner Chairs Order Form – Mobility and Functional Support – D0992 Heating/massaging functions are not provided.
AC07	Footstool – Height Adjustable	No	OT, Physio, RN	Yes Mobility & Functional Support	Falls risk should be considered before ordering this item. Order Form – Mobility and Functional Support – D0992
AC08	Chair – Fallout / Water	No, unless exceeds 1 per person	OT, Physio, RN	Yes Mobility & Functional Support	This chair has inbuilt pressure care and is suitable for a frail client, such as a client receiving palliative care. Not available for clients residing in a RACF. Order Form – Mobility and Functional Support – D0992
AC09	Chair – Manual Recliner	No, unless exceeds 1 per person	OT, Physio, RN	Yes Mobility & Functional Support	A manual recliner chair is intended for use by clients with clinical conditions causing a permanent inability to transfer or sit erect. There should be evidence that physiotherapy treatment cannot improve the client's dysfunction. A manual recliner chair cannot be approved: <ul style="list-style-type: none"> • when the clinical needs can be met by current furniture or by modifying current furniture; • for comfort; • primarily for the management of back or musculoskeletal limb pain; • primarily for use as a bed; or • primarily for management of lower limb oedema*. *When treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes calf pumping exercises, regular walks and elevation of lower limbs on a bed. Order Form – Mobility and Functional Support – D0992
AC10	Chair - Maintenance and Repair	No, unless exceeds \$500 per month	OT, Physio, RN, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Chairs					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AC11	Chair - Consumables and Accessories	No	OT, Physio, RN, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Supports					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AE01	Seated Spinal Support	No	Physio, OT, Ch, Ost, RN, S, GP	Yes Mobility & Functional Support	Back supports are recommended as part of a management plan for an assessed clinical need. Magnetic/heating/vibrating items are not provided. Order Form – Mobility and Functional Support – D0992
AE04	Pressure Care Cushion	No	OT, Physio, RN, Pod, GP, Ch, Ost, S	Yes Mobility & Functional Support	A validated pressure care assessment is required to be completed. For example, a Braden or Waterlow scale. Magnetic/heating/vibrating items are not provided. Order Form – Mobility and Functional Support – D0992
AE06	Bed and Chair Supports - Maintenance and Repair	No, unless exceeds \$500 per invoice	OT, Physio, Ch, Ost, RN, S, GP	Yes Mobility & Functional Support	Consider replacement if the cost of replacement is less than \$500. DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
AE07	Bed and Chair Supports - Consumables and Accessories	No	Physio, OT, CH, OST, RN, S, GP, POD	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Mobility Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP01	Vehicle Modifications	Yes, limit of 1 per person	OT, GP	No	RAP National Guidelines - Driving Assessment and Vehicle Modifications D9517 – Driver Assessment and Training / Vehicle Modifications Medical Information Form D9381 - Authority to Install Modify - Vehicles
AP03	Crutches	No	Physio, OT, Ch, Ost, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AP04	Protective Head Wear (Helmets / Head Gear)	No	GP, RN, OT, Physio, S	Yes Mobility & Functional Support	Head gear for falls protection Safety helmets for electric scooters Order Form – Mobility and Functional Support – D0992
AP05	Electric Scooter	Yes, limit of 1 per person	OT, GP	Yes Mobility & Functional Support	Scooter Batteries see AP21 . RAP National Guidelines - Electric Mobility Aids D9300 Form - Electric Mobility Aid Part 1 Medical Information D1325 Form - Electric Mobility Aid Part 2 Assessment D9379 Form –Electric Mobility Aid Part 3 - Trial
AP07	Knee Walker and Scooter	No	Physio	Yes Mobility & Functional Support	Prescribed following referral by an orthopaedic surgeon when the surgeons protocol requires non-weight bearing of foot or ankle post-surgical care. The provision of knee walkers and scooters beyond the 3 month trial or for use for episode of care, such as post knee surgery rehabilitation. This item is only to be prescribed where there is an ongoing need for the equipment. Beyond the three month trial in AP31 Functional and safety assessment including education should be undertaken by the hospital physiotherapist for indoor and outdoor use. Order Form – Mobility and Functional Support – D0992
AP09	Transfer Equipment	No	OT, Physio, RN	Yes Mobility & Functional Support	Includes boards, slide sheets, and portable swivel pad/turntables. Order Form – Mobility and Functional Support – D0992
AP12	Walking Frame	No	Physio, OT, Ch, Ost, S, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AP13	Walking Stick	No	Physio, OT, Ch, Ost, S, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Mobility Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP14	Mobility Appliances - Consumables and Accessories	No	Physio, OT, RN, CH, OST, S, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AP16	Electric Wheelchair	Yes, limit of 1 per person	OT, GP	Yes Mobility & Functional Support	RAP National Guidelines - Electric Mobility Aids D9300 Form - Electric Mobility Aid Part 1 Medical Information D1325 Form - Electric Mobility Aid Part 2 Assessment D9379 Form –Electric Mobility Aid Part 3 - Trial
AP17	Manual Wheelchair - Standard	No	OT, Physio	Yes Mobility & Functional Support	<p>Standard manual wheelchairs may have simple adjustability.</p> <p>Detailed functional assessments should be undertaken to determine need for, and the client's ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.</p> Order Form – Mobility and Functional Support – D0992
AP18	Manual Wheelchair - Adjustable	Yes, limit of 1 per person	OT, Physio	Yes Mobility & Functional Support	<p>Adjustable manual wheelchairs have additional features to those of the Standard manual wheelchairs e.g. tilt-in-space adjustability.</p> <p>Standard manual wheelchair should be considered in the first instance, if appropriate.</p> <p>Detailed functional assessments should be undertaken to determine need for, and the client and/or carer's ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.</p> Order Form – Mobility and Functional Support – D0992
AP19	Manual Wheelchair – Specialised / Customised	Yes, limit of 1 per person	OT, Physio	Yes Mobility & Functional Support	<p>Specialised / customised manual wheelchairs are customised to meet an individual's specific seating needs and not readily transferable to another individual.</p> <p>Standard and Adjustable manual wheelchairs should be considered in the first instance.</p> <p>Detailed functional assessments should be undertaken to determine need for, and the client and/or carer's ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.</p> Order Form – Mobility and Functional Support – D0992
AP20	Training for use of Vehicle Modifications	Yes, limit of 1 per person	OT	No	RAP National Guidelines - Driving Assessment and Vehicle Modifications

Mobility Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AP21	Mobility Appliances - Maintenance and Repair	No, unless exceeds \$500 per invoice	Physio, OT, CH, OST, S, GP	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period.
AP23	Car Hoist	Yes, limit of 1 for manual wheelchair only	S, OT	No	Functional assessment should be undertaken to determine: - Functional mobility and transfers; - Alternative simpler equipment and other methods in the first instance, such as use of wheelchair carrier, quick release wheelchair axles, wheelchair accessible taxi; and - Suitable physical and cognitive skills (as assessed) to safely operate the device. The client is required to own the vehicle. Order Form – Mobility and Functional Support – D0992
AP24	Driving Assessment	Yes, limit of 1 service per person	OT, S, GP	No	RAP National Guidelines - Driving Assessment and Vehicle Modifications D9517 – Driver Assessment and Training / Vehicle Modifications Medical Information Form
AP25	Manual Wheelchair - Power Assist Device	Yes limit of 1 per person	OT, S, GP	Yes Mobility & Functional Support	A Power Assist Device for a Manual Wheelchair may, for example, enable a client to negotiate undulating terrains independently. Batteries see AP21 . RAP National Guidelines - Electric Mobility Aids D9300 Form - Electric Mobility Aid Part 1 Medical Information D1325 Form - Electric Mobility Aid Part 2 Assessment D9379 Form –Electric Mobility Aid Part 3 - Trial
AP26	Manual Wheelchair - Carer Operated Power Pack	Yes, limit of 1 per person	OT, S, GP	Yes Mobility & Functional Support	This carer operated wheelchair power pack will only be considered where the carer is unable to propel a manual wheelchair. For veterans, who are eligible to access an electric wheelchair or scooter, this device will only be considered where the veteran is unable to safely operate an electric wheelchair or scooter. RAP National Guidelines - Electric Mobility Aids D9300 Form - Electric Mobility Aid Part 1 Medical Information D1325 Form - Electric Mobility Aid Part 2 Assessment D9379 Form –Electric Mobility Aid Part 3 - Trial
AP31	Knee Walker and Scooter – Trial (3 months)	No	Physio	Yes Mobility & Functional Support	Prescribed following referral by an orthopaedic surgeon when the surgeons protocol requires non-weight bearing of foot or ankle post-surgical care. Functional and safety assessment including education should be undertaken by the hospital physiotherapist for indoor and outdoor use. If at the end of the 3 months trial, an ongoing need for the equipment is required. Please see Knee Walker and Scooter AP07 . D9160 Form - Request for trial of Equipment

Mobility Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL11	Ramp - Portable	No	OT	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Lifting Devices					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AM01	Lifting Device - Hoist	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>Includes full body hoists or standing hoists.</p> <p>Functional assessment should be undertaken to determine:</p> <ul style="list-style-type: none"> • Mobility and transfers, such as bed to chair, chair to commode • Alternative simpler methods or equipment that enables safe transfers. <p>A home trial of the hoist is to be completed where practical.</p> <p>Education and training on the safe hoist and sling operation is essential and should be undertaken in the presence of the Health Provider.</p> <p>Product assessment includes recommendation of the most appropriate type of hoist, standing vs full body, in relation to assessed functional need, individual weight and measurements.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AM02	Lifting Devices - Consumables and Accessories	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>This item is provided when the functional assessment indicates an additional specialised sling is required, such as bathing/toileting sling.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AM03	Lifting Devices - Maintenance and Repair	No	OT, Physio, RN	Yes Mobility & Functional Support	<p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
	Ceiling Hoist (see Home modifications- Complex – Prior approval required) AM04				

Orthoses					
Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Contracted Item	Comments
AR01	Support/Brace - Ankle	No, unless exceeds 3 per year	Physio, Pod, S, Ch, Ost, O, GP	Yes Mobility & Functional Support	This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR02	Support/Brace - Knee	No, unless exceeds 3 per year	Physio, S, Pod, Ch, Ost, O, GP	Yes Mobility & Functional Support	The most simple brace that meets the client's functional demands and mobility level should be prescribed This item would be provided as part of an overall rehabilitation management plan. For knee braces over \$1,300 an orthopaedic surgeon should nominate a specific brace. Order Form – Mobility and Functional Support – D0992
AR03	Support/Brace - Upper Limb	No, unless exceeds 6 items per year	Physio, S, OT, O, Ch, Ost, GP	Yes Mobility & Functional Support	This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR04	Orthotics and Orthoses - Foot	No, unless exceeds 1 pair of orthoses per year	Pod, Physio, S, O, Ch, Ost, GP	Yes Mobility & Functional Support	Includes any type of corrective or palliative device for the foot. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR08	Braces - Thoracic, Lumbar and Sacral	No, unless exceeds 2 per year	Physio, S, Ch, Ost, O, GP	Yes Mobility & Functional Support	This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR14	Supports/Belts/Binders - Medical and Surgical	No	S, GP, Physio, RN, CH, OST, O	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AR18	Collar - Cervical	No, unless exceeds 2 per year	Physio, S, Ch, Ost, GP, O	Yes Mobility & Functional Support	This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR19	Orthoses - Ankle-Foot	No, unless exceeds 2 per year	Physio, Pod, S, Ch, Ost, OT, O, GP	Yes Mobility & Functional Support	The simplest AFO to meet the client's functional level and mobility demands should be prescribed. This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR22	Medical Compression Garments	No, unless exceeds 3 pairs per 6 months and/or if the contracted / off the shelf items are not suitable, clinical justification is required	S, RN, Physio, O, OT, GP, Pod	Yes Mobility & Functional Support	Generic athletic training and recovery compression garments are not funded. RAP National Guidelines - Medical Compression Garments Order Form – Mobility and Functional Support – D0992

Orthoses					
Item No	Description of Appliance	Prior Approval required	Assessing Health Provider	Contracted Item	Comments
AR23	Lymphoedema Pump	Yes, limit of 1 per person	S, RN, Physio, OT	Yes Mobility & Functional Support	Registered Nurses, physiotherapists and occupational therapists must hold appropriate post graduate qualifications in lymphoedema treatment recognised by DVA. Order Form – Mobility and Functional Support – D0992
AR28	Protectors - Hip	No, unless exceeds 6 garments per year, plus shields	RN, Physio, S, OT, GP	Yes Mobility & Functional Support	This item would be provided as part of an overall rehabilitation management plan. Order Form – Mobility and Functional Support – D0992
AR29	Protectors - Limb	No, unless exceeds 6 items per year	RN, Physio, S, OT, GP, Pod	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AR30	Gripping Aid	No	OT, Physio, S	Yes Mobility & Functional Support	This splint may improve hand function when a neurological deficit or an injury makes gripping difficult. For example the gripping aid may enable use of equipment for a rehabilitation strengthening program, holding a racquet, handlebars or gardening tools or cutting with a knife. Order Form – Mobility and Functional Support – D0992

Footwear not obtained through Medical Grade Footwear Program					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
	Foot Orthoses/Insoles (See AR04) Footwear to accompany a Prosthetic Limb (See Prosthesis AJ07)				
AJ06	Medical/Post Operative Shoe/Boot - Temporary	No	Pod, O, S, Physio, P, RN, GP	Yes Mobility & Functional Support	These items are required temporarily to heal a particular issue. If a permanent or long term solution is required the patient is referred for MGF Program. There is no overlap of these Items. Functional and product assessments should be conducted. Order Form – Mobility and Functional Support – D0992
AR26	Orthoses and Footwear Not Obtained Through Medical Grade Footwear - Consumables and Accessories	No	Physio, POD, S, RN, CH, OST, OT, O, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 See also AU13 Donning and Doffing Aids.
AR27	Orthoses and Footwear Not Obtained Through Medical Grade Footwear - Maintenance and Repair	No	GP, OT, S, Physio, Ch, Ost, O, Pod	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992

Prostheses					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AW01	Ears - Artificial	No	GP, S	No	
AW02	Breast Prosthesis - Non-Implanted	No	GP, S, RN	No	This item refers to the breast prosthesis and the purpose designed bras.
AW03	Eye Prosthesis	No	GP, S	No	
AW04	Nose Prosthesis	No	GP, S	No	
AW06	Prosthetic Accessories	No	S, GP, Physio, P, OT, AC, RN	No	Includes bra for breast prosthesis (mastectomy bra), stump socks, silicon liners, silicon knee sleeves.
	Voice Prostheses (See BA12)				
AW07	Everyday Prosthesis	Yes	AC, S, P, Physio	No	<p>The provision of an everyday prosthesis follows assessment by the multidisciplinary prosthetic team and requires support from the Amputee Clinic team or Specialist. The request should include specific functional goals with evidence of the clinical appropriateness, prosthetic evaluation and review.</p> <p>Details of the assessment may include but not be limited to the following: stump integrity, residual limb, general muscle strength and endurance, balance, cardio-vascular fitness, the presence of comorbidities and/or psychosocial factors that may influence compliance and functional goals.</p> <p>In addition, there should be evidence of use of relevant standardised outcome measures, such as Six Minute Walk Test, Activities-Specific Balance Confidence Scale, Amputee Mobility Predictor – K level, C-Leg Evaluation Protocol, Timed Get Up and Go Test.</p> <p>Replacement of a prosthesis and componentry also requires support from the Amputee Clinic team or Specialist.</p>
AW08	Secondary Prosthesis (Also see AW13)	Yes * A second prosthesis may be provided sports or recreation if the first is for an occupational purpose.	AC, S, P, Physio	No	<p>Includes shower leg, water arm/leg, sports leg, occupational limb, cosmetic limb.</p> <p>In addition to comments in AW07, the request should include evidence of clinical appropriateness and specific need.</p> <p>When the request is for a sport specific prosthesis, such as running blade there must be evidence that the entitled person has the functional capacity and physical attributes necessary to participate in the sport as well as the resilience and commitment to pursue the sport and training.</p> <p>Replacement of a prosthesis and componentry requires support from the Amputee Clinic team or Specialist</p>
AJ07	Footwear for Prosthetic Limb	No, unless exceeds three pairs at any one time	AC, P, S, Physio, Pod	No	Shoes are funded if they are required as an essential part of a Limb Prosthesis. These can be off the shelf or when necessary through the MGF program . Limit of two pairs of funded shoes at any one time. Replacement when shoes are no longer serviceable. Note limit extended to three pairs if the client lives more than 100kms from the nearest footwear supplier.
AW10	Replacement Parts and/or Repairs for Prostheses	No, unless exceeds \$650	GP, Physio, P, OT, AC, S	No	DVA accepts financial responsibility for items not covered under the warranty period.

Prostheses					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AW13	Prosthetic Recreational Sports Aid	Yes	S, AC, P, Physio	No	<p>Limb prosthetic attachments to enable participation in recreation/sports, such as swimming freestyle aid, basketball hand.</p> <p>Detailed assessment is necessary. There should also be evidence that the entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis.</p>
AW14	Adaptive Recreational Sports Aid for Amputees	Yes	Physio, OT, S, AC, P	No	<p>Detailed assessment is necessary.</p> <p>These appliances, which are not prosthetic extensions, facilitate participation in recreation and sports with/without use of the client's prosthesis. Examples include sports specific wheelchair, adapted 3 track ski system, soccer gait aids, clamp on fishing pole.</p> <p>Sports wheelchairs may also be considered for clients who are unable to participate in their sport without the use of a wheelchair due to a neurological or musculoskeletal condition.</p> <p>There should also be evidence that entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis, such as membership of sporting club, details of coaching program.</p>

Personal Hygiene					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AU01	Bottom Wiper	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU02	Button Hook	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU03	Appliances with Suction Cups	No	OT, GP, RN, S, LDO, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU04	Dressing Stick	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU05	Disposable Bed, Bath and Shampoo Kit	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU08	Appliances with Long Handles	No	OT, GP, RN, S, Physio, POD	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU13	Donning and Doffing Aids	No	OT, Pod, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU14	Elasticised Shoe Laces	No	OT, Pod, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU16	Clothing Protectors	No, unless exceeds 6 per year	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AS12	Synthetic Wig	No	S, GP, RN	Yes Mobility & Functional Support	Issued for hair loss due to a medical condition.
AS13	Human Hair Wig	Yes, limit of 2 per person	S, GP, RN	Yes Mobility & Functional Support	Supplied to a client who is becoming bald as a result of war caused injury or disease, or as a result of malignant neoplasia, or as a result of treatment of these conditions. A synthetic wig should be considered, unless there is a clinical requirement for natural hair. DVA will not accept financial responsibility for cleaning and setting the wig.

Personal Hygiene					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AU17	Personal Hygiene - Consumables and Accessories	No	OT, Pod, GP, RN, LDO, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Bathing					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AZ01	Bath - Bath Board, Bench and Seat	No	OT, RN, S	Yes Mobility & Functional Support	Simplest item to meet functional need should be provided in the first instance. Trialling equipment within the home may be indicated to assist in determining the most appropriate device for the client's circumstances. Order Form – Mobility and Functional Support – D0992
AZ04	Shower - Shower Stool and Chair	No	OT, RN, Physio, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AZ06	Limbs - Waterproof Protectors	No	OT, RN, S, Pod, GP	Yes Mobility & Functional Support	Waterproof protector for cast or dressings. Order Form – Mobility and Functional Support – D0992
AZ07	Bath Lift	Yes	OT, RN, S, GP	Yes Mobility & Functional Support	Primary use of bath lift is to facilitate soaking for medical management of complex skin conditions. Referral by a medical specialist should outline the necessary medical regime. For general washing the simplest item to meet functional need is to be provided in the first instance, such as shower chair/stool, transfer bench. Order Form – Mobility and Functional Support – D0992
AZ08	Bathing - Consumables and Accessories	No	OT, RN, S, GP, Pod, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Toileting					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD04	Urinal	No	OT, RN, CA, S, GP, Physio	Yes Continence Mobility & Functional Support	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988 Direct Order Form – Mobility and Functional Support – D0992
BE02	Bedside Commode Chair	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE03	Pan - Commode, Bed, and Slipper	No	OT, RN, GP, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE04	Mobile Shower Commode Chair	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE06	Over Toilet Frame and Toilet Surround	No	OT, RN, CA, S, Physio, GP	Yes Mobility & Functional Support	A second toilet aid may be provided in cases where the client resides in a split level residence and requires access to toileting facilities on both levels. Client must have a clinical or functional need that clearly indicates provision of aid on both levels of residence, such as significant mobility impairment, chronic clinical condition where urgency and/or frequency exists. Order Form – Mobility and Functional Support – D0992
BE10	Raised Toilet Seat	No	OT, RN, Physio, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE11	Toileting - Maintenance and Repairs	No	OT, RN, CA, S, Physio, GP	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
BE15	Toileting - Consumables and Accessories	No	OT, RN, Physio, CA, S, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Continence Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD01	Bedding protection - Reusable: Draw sheet - Absorbent, waterproof backing	No	OT, RN, CA, S, GP, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD02	Disposable Liners/Underpads (blue underlay)	No	OT, RN, CA, S, GP, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD03	Catheter Drainage Bag – overnight (non-sterile/sterile) non-drainable i.e. overnight bags, only used once.	No	RN, CA, S, GP, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD05	Catheters - In-Dwelling (e.g. Foley) – Long term	No	GP, S, CA, RN, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD06	Washable Continence Briefs	No	OT, RN, CA, GP, S, Physio	Yes Continence	These briefs may already have a pad stitched in, or Velcro, or pockets to allow for the addition of a pad (i.e. an AD21 washable pad). Same assessment as per item AD01 should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD07	Continence Pads - Disposable	No	OT, RN, CA, GP, S, Physio	Yes Continence	Disposable ‘pull-ups’ are considered to be pads. Same assessments as per item AD01 should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD08	Urine Drainage Bottle - 4 Litres (with connecting tubing)	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD09	Leg Bag (non sterile/sterile)	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD10	Penile Clamp	No	S, RN, GP, CA	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988

Continence Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD11	Catheters – Intermittent (e.g. Nelaton)	No	GP, S, CA, RN	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD12	Catheters - External (e.g. uridome / penile sheath / penile pouch)	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD13	Urine Collection Bag Hanger	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD14	Waterproof Sheet (rubberised)	No	OT, RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD15	Continence Consumables	No	OT, Physio, RN, CA, GP, S	Yes Continence	Includes catheter packs, sterile gloves, cleaning agents, tubing and perineal/stoma cleansing products, sterile water and normal saline. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD16	Occlusive Devices (e.g. anal plugs)	No	CA, S, GP, RN	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD17	Urethral Meatal Dilator	No	S, GP	Yes Continence	Product assessment should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD18	Faecal Collector – Perianal	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD19	Continence Briefs - (mesh/stretch)	No	OT, RN, CA, GP, S, Physio	Yes Continence	Stretch, mesh, disposable briefs but can be washed/re-washed between 4-30 times before needing to be replaced. Used to hold either disposable pads (AD07) or washable pads (AD21) firmly in place. Same assessments as per item AD01 should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD20	Pessary Ring	No	RN, CA, GP, S	Yes Continence	Initially by GP, S, and subsequent request for supplies can be made by RN, CA or the client. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988

Continence Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD21	Continence Pads – Re-usable/Washable	No	OT, RN, CA, GP, S	Yes Continence	Often used in conjunction with AD06 (long lasting continence briefs) or AD19 (continence briefs – short term). RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD22	Catheter Drainage Bag – overnight - (non-sterile/sterile) - Drainable	No	RN, CA, GP, S	Yes Continence	Client education and follow-up should be undertaken to ensure that the client is aware of the number of usages possible per bag. For non-drainable bag see AD03 RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD23	Catheter Valves - Long/Short Term	No	RN, CA, GP, S	Yes Continence	Same assessments as per item AD01 should be undertaken. RAP National Guidelines Direct Order Form - Continence Products - D0988
AD24	Chair Pads - Waterproof	No	OT, RN, CA, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD26	Continence Absorbent Mat (for beside the bed only)	No	RN, CA, GP, S, OT, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD27	Muscle Stimulator for Continence Issues (includes appropriate electrodes and batteries)	No	Physio, CA, RN	No	Use of the muscle stimulator would be part of an overall management plan which includes a home exercise program and appropriate reviews. Instruction in use, prescription of exercises and continence education would be provided by a continence nurse or physiotherapist. Evaluation of the effectiveness of this type of intervention would be completed prior to recommendation of supply. RAP National Guidelines - Continence Products
AT10	Indwelling Pleural/Abdominal Drainage Kit	No	GP, S, RN	Yes Continence	The assessing RN should be a Clinical Nurse Consultant or nurse practitioner in palliative care. Direct Order Form - Continence Products - D0988
AD28	Replacement Parts, Repairs and Accessories	No	OT, RN, CA, S, GP, Physio	Yes Continence	DVA accepts financial responsibility for items not covered under the warranty period. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988

Speech Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BA01	Electrolarynx (also known as artificial larynx)	No	SP, S	No	This device needs to be trialled first.
BA02	Electrolarynx Consumables – Rechargeable Batteries	No	SP, S, RN, GP	No	Following the initial request by the health provider, the entitled person can make subsequent requests for the batteries.
BA03	Non-Electronic Assistive Communication Device	No	SP, S	No	Includes design, labour and manufacturing costs. For example, lamination of board, provision of folder, board-clip.
BA04	Assistive Communication Device - Electronic	Yes	SP, S A*	No	<p>*Audiologist may assess for a speech processor.</p> <p>This item also includes:</p> <ul style="list-style-type: none"> base model tablets and iPads with a protective cover to be used specifically for the purpose of running assistive speech or speech pathology software and applications. Provision for any other purpose will not be considered. personal computers and laptops, which are electronic communication systems combining hardware and software. This item is only to be issued to DVA clients with a severe communication impairment or complex communication needs. Speech Pathology software and applications. <p>Education and training in usage for the entitled person should be undertaken prior to provision.</p> <p>Repairs and maintenance to the communication device following the cessation of any warranty period set by the supplier should be arranged through DVA.</p> <p>For personal computers, laptops, tablets and iPads any additional software requirements such as antivirus programs, operating systems, word processing programs, and internet accessing fees are the responsibility of the entitled person.</p> <p>RAP National Guidelines apply. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p> <p>Communication Device Form D1382</p>
BA05	Electronic Mirror	No	SP, S	Yes Mobility & Functional Support	Issued only for the purpose of assisting clients in adjusting/fitting their voice prostheses.
BA07	Communication - Consumables and Accessories	No	SP, S, RN, GP	Yes Mobility & Functional Support	<p>For example, shower shields, cloth stoma covers, foam stoma protectors, tube holders, neck ties, double sided adhesive tape, surgical lubricant, stents for dilating puncture, catheters, gel caps, cleaning brushes for indwelling voice prostheses.</p> <p>Following the initial request by the health provider, the client can make subsequent requests for consumables.</p>
BA08	Laryngectomy Tubes	No	SP, S, RN, GP	No	

Speech Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BA09	Mouth Irrigator	No	SP, S, RN, GP	Yes Mobility & Functional Support	For post-operative head/neck surgery only.
BA12	Voice Prosthesis	No	SP, S	Yes Mobility & Functional Support	Functional and product assessments to be conducted.
BA13	Communication, Swallowing and Feeding Appliances - Maintenance and Repair	No, unless exceeds \$400 per month	SP, S, RN, GP, D, A, At	Yes Mobility & Functional Support	
BA15	Jaw Motion Rehabilitation System	No	SP, S	Yes Mobility & Functional Support	This device is used to prevent and treat trismus (lock jaw) due to head and neck radiotherapy. Order Form – Mobility and Functional Support – D0992
	Humidifier (see AY03)				
	Respiratory Suction Apparatus (see AY12)				

Swallowing and Feeding Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AS14	Enteral Feeding Pump	No	S, D, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AS15	Swallowing and Feeding - Consumables and Accessories	No	GP, RN, S, D	Yes Mobility & Functional Support	Includes feeding bags, naso-gastric tubes, peg feed tubes. Order Form – Mobility and Functional Support – D0992
BA16	Non-nutritional Thickened Fluid Products	No	SP, GP	Yes Continence	This item is for non-nutritional thickened fluid products only. Maximum of 3 months' supply at a time. Order Form - Request for Non-nutritional thickened fluid products - D9166 For nutritional items including nutritional thickened fluids, this should be requested through the Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC) on 1800 552 580.

Rehabilitation Exercise Equipment					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AV01	Stationary Exercise Bike	No, unless not preceded by a trial	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>An exercise bike is not intended for general fitness.</p> <p>Exercise bikes will only be supplied where the client is required:</p> <ul style="list-style-type: none"> to increase cardio-vascular fitness prior to surgery to reduce weight prior to surgery as a rehabilitation aid following surgery (e.g. post knee surgery) other (e.g. prescribed management or treatment plan of medical conditions such as arthritis, respiratory and neurological conditions, cancer) <p>This item is only to be prescribed after an initial 3 month trial AV18 to ensure that the exercise bike is suitable for ongoing supply and treatment.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV02	Pedal Exerciser	No, unless exceeds 1 per person	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>The use of the pedals is expected to form part of an individually prescribed and monitored exercise program. The Health Provider is responsible for the assessment of the safe use of this item. Factors such as risk of skin tears and tripping must be considered.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV10	Small Exercise Equipment	No	Physio, S, OT, Ch, Ost, EP	Yes Mobility & Functional Support	<p>Small exercise equipment is not intended for general fitness.</p> <p>Small exercise equipment will only be supplied where the clients is prescribed equipment:</p> <ul style="list-style-type: none"> as part of their treatment for transitioning to a monitored exercise program that they can perform in their own environment. <p>The Health Provider is responsible for the assessment of the safe use of these items in line with best practice.</p> <p>DVA does not fund large pieces of gym and exercise equipment, or exercise equipment with moving parts (with the exception of AV01 and AV02).</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV16	Rehabilitation Exercise Equipment and Treatment Machines - Maintenance and Repair	No, unless exceeds \$500 per month	Physio, S, CH, OST, EP, GP, RN, PC	Yes Mobility & Functional Support	<p>If over \$500, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Rehabilitation Exercise Equipment					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AV18	Stationary Exercise Bike – Trial (3 month)	No, unless exceeds 3 month trial period	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>An exercise bike is not intended for general fitness.</p> <p>Exercise bikes will only be supplied where the client is required:</p> <ul style="list-style-type: none"> to increase cardio-vascular fitness prior to surgery to reduce weight prior to surgery as a rehabilitation aid following surgery (e.g. post knee surgery) other (e.g. management of medical conditions such as arthritis, respiratory and neurological conditions, cancer) <p>An initial 3 month trial is required to ensure that the exercise bike is suitable for ongoing supply and treatment.</p> <p>For the initial 3 month trial complete the form Request for Trial Equipment - D9160.</p> <p>If at the end of the 3 months trial, an ongoing need for the equipment is required. Please see Stationary Exercise Bike AV01</p>

Treatment Machines					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AR31	Functional Electrical Stimulation (FES) Lower Limb Neuroprosthesis	Yes, limit of 1 per person every 8 years	ReC, S, O, Physio	No	Not implanted, this external device is generally used for those with neurological deficits, such as for hemiparesis following stroke. A trial is necessary to determine suitability, effectiveness and compliance. There should be evidence that the client is attending a rehabilitation clinic or hospital and is receiving care from a multi-disciplinary team.
AR32	Hand Rehabilitation System and Neuroprosthesis	Yes, limit of 1 per person every 8 years	ReC, S, P, Physio, OT	No	Not implanted, this external device is generally used for those with neurological deficits, such as for hemiparesis following stroke. A trial is necessary to determine suitability, effectiveness and compliance. Prescription for trial should originate from the multidisciplinary rehabilitation team managing the client.
AS01	Blood Pressure Monitor	No	S, GP	Yes Mobility & Functional Support Low Vision	Only provided where there is a clinical requirement for home monitoring of blood pressure. Order Form – Mobility and Functional Support – D0992 Order Form – RAP Low Vision Products – D9257
AS11	Vacuum Enhancement Device	No	S, Physio	Yes Mobility & Functional Support	Only provided when alternative methods for overcoming impotence are not suitable.
AS18	Wound Treatment Negative Pressure Equipment – Ambulatory (small)	Yes	S, RN, Pod	No	<p>The assessing RN should be a Clinical Nurse Consultant in Wound Management.</p> <p>The assessing podiatrist should be working in a high risk foot service or have accreditation or membership as an advanced practising podiatrist in the high risk foot.</p> <p>The Assessing Health Provider should review treatment in 8 weeks and depending on the Health Provider's recommendation, a further 8 weeks of treatment may be approved.</p> <p>Limit treatment to 16 weeks in total for each wound in a 12 month period.</p>

Treatment Machines					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AS19	Wound Treatment Negative Pressure Equipment – Mains Power (large)	Yes	S, RN	No	The assessing RN must be a Clinical Nurse Consultant (CNC) in wound management. The Specialist and/or CNC must review treatment in 8 weeks and depending on the prescriber's recommendation, a further 8 weeks of treatment may be approved. Limit treatment to 16 weeks in total for each wound in a 12 month period.
BD03	TENS Machine	No	Physio, PC, Ch, Ost, S, GP	Yes Mobility & Functional Support	The provision of a TENS Machine is to be part of multi-modal treatment. It is recommended the safety, effectiveness and appropriateness of the TENS Machine is monitored by an appropriate health provider on a regular basis. Order Form – Mobility and Functional Support – D0992
BD04	Rehabilitation Exercise Equipment and Treatment Machines - Consumables and Accessories	No	Physio, S, CH, OST, EP, GP, RN, PC	Yes Mobility & Functional Support	Includes TENS Machine recharger, batteries. Order Form – Mobility and Functional Support – D0992

Household Adaptive and Assistance Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AH01	Adaptive Crockery and Cutlery	No	OT, RN, Physio, GP, S, SP	Yes Mobility & Functional Support	AH06 should be considered in the first instance. Items specifically designed for individuals with disability — for example, tea-pot tipper, dysphagia cup. Order Form – Mobility and Functional Support – D0992
AH04	Book Holder	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH06	Modified Grip Handle	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	This item should be considered prior to AH01 . Order Form – Mobility and Functional Support – D0992
AH07	Jar and Can Opener	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH08	Key Turner	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH09	Non-Slip Table Mat	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH11	Reaching Appliances	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Household Adaptive and Assistance Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AH12	Adaptive Scissors	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH13	Tap Turner	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH14	Traymobile	No	OT, RN, Physio	Yes Mobility & Functional Support	Assessment of in-home mobility and environment in which the aid is to be used should be undertaken to determine safe and appropriate use. Order Form – Mobility and Functional Support – D0992
AH15	Modified Vegetable Board	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH17	Adaptive Household Appliances	No	OT, RN, Physio, GP, S, SP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AS16	Medical Emergency Bracelet and Pendant	No	GP, S, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 See also BF08 Cognitive, Dementia and Memory Assistive Technology.
BG01	Non-Slip Mats	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BG03	Adaptive Lighting	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	For example, 3-in-1 night light and touch lamp. Order Form – Mobility and Functional Support – D0992
AH18	Household Adaptive and Assistance Appliances - Maintenance and Repair	No, unless exceeds \$250 per invoice	OT, RN, Physio, GP, S, SP	Yes Mobility & Functional Support	If costs of repairs are over \$250 consider replacement. DVA accepts financial responsibility for items not covered under the warranty period. Order Form – Mobility and Functional Support – D0992
AH19	Household Adaptive and Assistance Appliances - Consumables and Accessories	No	OT, RN, Physio, GP, S, SP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AA16	Sensor Mat	No	OT, RN, Physio	Yes Mobility & Functional Support	<p>This item may be considered to facilitate safety and independence within the home for entitled person who may wander due to dementia or cognitive and memory dysfunction.</p> <p>Types of sensor mats; bedmats, chair mats, floor mats.</p> <p>Order Form – Mobility and Functional Support – D0992</p> <p>See also BF08 Sound and Movement Monitors.</p>
BF01	Orientation Clock and Calendar	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>For example, calendar clock, day clock.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF02	Orientation Signs	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>For example, stop signs.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF03	Coloured Toilet Seat	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF05	Key Finder	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF06	Medication Timers and Alerts	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>For example, Pill Box Reminder with alarm settings and storage compartments.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF07	Memory Jogger	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>For example, Verbal Reminder Alarm with message setting.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF08	Sound and Movement Monitors	No	OT, GP, RN, S, Physio	Yes Personal Response System	<p>Includes door and room monitors.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p> <p>See also AA16 Sensor Mat</p> <p>Please also refer to RAP National Guidelines – Personal Response Systems</p>
BF09	Exit Reminders	No	OT, GP, RN, S, Physio	Yes Personal Response System	<p>For example, Wander Reminder System, personalised messages and infrared motion detection.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p> <p>Please also refer to RAP National Guidelines – Personal Response Systems</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF10	Safely Home Bracelet	No	GP, RN, S	No	<p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>The safely home bracelet is for people with dementia who tend to wander from their home. This type of bracelet is available in some States. Further information, contact the National Dementia Helpline 1800 100 500.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p>
BF11	Home Safety Devices	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>Includes flood prevention bath plugs and sink plug stopper, tap cap, power point safety cover, stove guard and sink overflow detector.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF12	Telecare (Tracking) Devices	No	OT, GP, Physio, S, RN	Yes Personal Response System	<p>These aids use satellite technology to locate a person who may have become disoriented and unable to navigate their way home or has wandered from their own familiar environment. Tracking devices can improve a person's independence and support the carer, however the assessing health provider needs to evaluate risks associated with wandering and the need for personal freedom and the right to privacy.</p> <p>Tracking devices are less likely to be applicable for entitled clients in the later stages of dementia.</p> <p>Other simpler approaches should be trialled initially. Walking has substantial benefits however there are valid ethical issues to consider before prescribing a LMOS tracking device when a person is unable to give informed consent. Clinical records should reflect collaboration between entitled client, carer, treating medical doctor and specialists, allied health providers and any other relevant person.</p> <p>A record of consent by the entitled client or Enduring Power of Attorney (Medical Treatment) is necessary.</p> <p>May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington's disease, Motor Neurone disease, Parkinson's disease. ABI can affect a person's cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.</p> <p>The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p> <p>Please also refer to RAP National Guidelines – Personal Response Systems</p>
BF13	Cognition and Memory Assistance - Maintenance and Repair	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>Consider replacement of the item for lower cost items.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF14	Cognition and Memory Assistance - Consumables and Accessories	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>Order Form – Mobility and Functional Support – D0992</p>

Palliative Care Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
	Oxygen (See Respiratory Home Therapy Appliances) Indwelling Pleural/Abdominal Drainage Kit (See Continence) AT10				
AT09	Subcutaneous Infusion Device	Yes, if purchased	GP, S, RN	No	If these are supplied on loan from community palliative care clinics, no prior approval is required.
AT12	IV Stand and Pole	No	GP, S, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AT13	Palliative Care Appliances - Consumables and Accessories	No	GP, S, RN	Yes Mobility & Functional Support	Includes cassettes and extension sets, remote reservoir adaptors. Order Form – Mobility and Functional Support – D0992
AT14	Palliative Care Appliances - Maintenance and Repair	No	GP, S, RN	Yes Mobility & Functional Support	DVA accepts financial responsibility for items not covered under the warranty period.
AT15	Infusion Pump Volumetric	Yes, limit of 1 per person	GP, S, RN	No	Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP and ask to be put through to the relevant DVA State location Medical Adviser to discuss the entitled person's need for this item. Refer to VAPAC for Baxter Pumps.

Home Modifications – Non Complex – No Prior Approval Required					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AA11	Door Bell with Signal Light (Hearing impaired appliance)	No	A, At, OT, RN, S	Yes Mobility & Functional Support	RAP National Guidelines - Assistive listening devices Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323
AA17	Smoke Alarm Package for the Hearing Impaired	No	A, At, OT S, GP	Yes Mobility & Functional Support	The smoke alarm package for the hearing impaired includes a photoelectric smoke alarm, a vibration pad and flashing light. RAP National Guidelines - Assistive listening devices Order Form – RAP Mobility & Functional Support Products - D0992 Installation: Funding of installation costs for a Smoke Alarm Package for the Hearing Impaired may be considered under AL16 . Only standard installation costs of a Smoke Alarm Package for the Hearing Impaired will be funded Order Form – RAP Mobility & Functional Support Products - D0992 Refer to AL16 for installation. Authority to Install/Modify Form D1323
AL04	Lever Tap	No	OT	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323
AL06	Fixed Non-Slip Surfacing	No	OT, Physio, RN	Yes Mobility & Functional Support	Non-slip surfacing may be requested for wet areas, such as showers, bathrooms, external stairs and ramps. Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323
AL09	Rails	No	OT	Yes Mobility & Functional Support	Includes internal and external grab rails and hand rails to access points of residence. Does not include rails for pools or spas. Rails on verandas and balustrades should be referred to DVA as they may have building code ramifications. Functional and Home Assessment should include: <ul style="list-style-type: none"> Assessment of functional mobility and consideration of other options, such as appropriate gait aid or more specific therapy program; Functional mobility within the home and the need for rail support as well as the type of rail required; and Assessment of location for rails and associated measurements and diagrams for installation. Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323

Home Modifications – Non Complex – No Prior Approval Required					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL21	Non-Complex Home Modification – Other Modification	No	OT	Yes Mobility & Functional Support	<p>Other Modifications may include wardrobe modifications, thresholds, relocation of lighting switches, step modification (only one step) and ramp modification lower than 190mm.</p> <p>Functional, home and product assessments should include:</p> <ul style="list-style-type: none"> Assessment of functional need; trial/implementation of simpler equipment, alternative techniques and where appropriate, recommend referral to other Health Provider services; and measurements and relevant drawings/diagrams for proposed minor modifications. <p>Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323</p>
AL24	Non-Complex Home Modification – Door Modification	No	OT	Yes Mobility & Functional Support	<p>Door modifications may include toilet door reversal or installation of lift off hinges, relocation of door handles and door widening.</p> <p>Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323</p>
AL25	Non-Complex Home Modification – Shower Modification	No	OT	Yes Mobility & Functional Support	<p>Shower modification may include rod for shower curtain, and shower base platform.</p> <p>RAP does not undertake general home maintenance or repairs such as regrouting shower tiles.</p> <p>Functional, home and product assessments should include:</p> <ul style="list-style-type: none"> Assessment of functional need; trial/implementation of simpler equipment; and measurements and relevant drawings/diagrams for proposed minor modifications. <p>Installations should only be carried out on one residence.</p> <p>RAP National Guidelines Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323.</p> <p>Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.</p>
AZ02	Shower – Hand Held	No	OT, RN, S	Yes Mobility & Functional Support	<p>Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323</p>
BG02	Lighting – Sensor Light	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>Including portable sensor light and external sensor.</p> <p>Needs to be installed (refer BG16). Installation of sensor lights will only occur where there is existing electrical wiring/circuits that can be used for this purpose. DVA will not install new electrical wiring/circuits.</p> <p>Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323</p>
BG04	Retractable Garden Hose	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323</p>

Home Modifications - Complex - Prior Approval Required					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL05	Stair Lift	Yes, limit of 1 per person	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323 Resources for assessing health providers
AL07	Vertical Platform Lift	Yes, limit of 1 per person	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323
AL23	Stove Isolation Switch	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form - D1323 See also Communication, Cognition and Memory Assistance
AM04	Ceiling Hoist	Yes	Physio, OT, RN	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323
AZ03	Shower Seat – Fold Down	Yes	OT, RN, S	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323
BE01	Bidet	Yes Limit one per primary residence	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323 Resources for assessing health providers
BE12	Bidet – RPZ Valve	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323 Resources for assessing health providers

Home Modifications - Complex - Prior Approval Required					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL10	Ramp – Fixed – Greater than 190mm	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323 For ramps lower than 190mm height, see AL21 Resources for assessing health providers
AL14	Step Modification – two or more steps	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323 For only one step modification, see AL21 Resources for assessing health providers
AL15	Complex Home Modification - Bathroom Modification	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323 Resources for assessing health providers
AL26	Ramp - Demountable	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323
AL28	Complex Home Modification – Other Room Modification	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323
AL22	Maintenance and Repair - Complex and Non-Complex	No, Unless exceeds \$1500	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts

Diabetes Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AF01	Glucose Monitor (Standard)	No	DC, GP, S, CDE, RN	Yes	<p>Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians</p> <p>Registered Nurse (RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines</p> <p>Order Form –Diabetes Products D9414</p>
AF02	Continuous Glucose Monitor	No	DC, GP, S, CDE, RN	Yes	<p>Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians</p> <p>Registered Nurse(RN) includes Nurse Practitioner (diabetes)</p> <p>Clients prescribed a CGM will automatically be placed on a subscription service for three (3) monthly supply of consumables. If the client does not wish to be placed on a subscription please mark this clearly on the form.</p> <p>RAP National Guidelines</p> <p>Order Form –Diabetes Products D9414</p>
AF03	Insulin pumps	No	E (must request initial supply) DC, GP, S, CDE, RN	Yes	<p>Initial request MUST be requested by an Endocrinologist.</p> <p>Replacements can be ordered by Endocrinologists (E), Diabetes Clinic (DC), General Practitioner (GP), Specialist (S), Credentialed Diabetes Educator (CDE) or Registered Nurse (RN).</p> <p>Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians</p> <p>Registered Nurse (RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines</p> <p>Order Form –Diabetes Products D9414</p>
AF04	Diabetes Consumables and Accessories	No	DC, GP, S, CDE, RN	Yes	<p>Specialist (S) includes Endocrinologists, diabetologists and Paediatricians</p> <p>Registered Nurse (RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines</p> <p>Order Form –Diabetes Products D9414</p> <p>A limited range of products enabling better self-management of diabetes is available, free of charge or at minimal cost, to those registered on the National Diabetes Services Scheme (NDSS), an initiative of the Australian Government. These items are available from NDSS Access Points, most typically a local pharmacy. DVA will continue to pay all co-payments for NDSS products supplied to eligible clients.</p>

Diabetes Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AF05	Diabetes Subscription Service	No	DC, GP, S, CDE, RN	No	<p>Specialist (S) includes Endocrinologists, diabetologists and Paediatricians Registered Nurse (RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines Order Form –Diabetes Products D9414</p> <p>Subscription Service providing CGM consumables. Clients prescribed a CGM will automatically be placed on a subscription service for three (3) monthly supply of consumables. If the client does not wish to be placed on a subscription please mark this clearly on the form.</p>
AF06	Diabetes Memberships	No	DC, GP, S, CDE, RN	No	<p>Eligible DVA clients are to seek reimbursement through Health Approvals.</p> <p>Diabetes Membership Reimbursement - D9413</p>

Low Vision Appliances (Non-Optical)					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AN01	Clock / Watch (large font, braille alarm clock / talking clock)	No	S, LVC, Op, OT	Yes Low Vision	See also BF00 Cognitive, Dementia and Memory Assistive Technology. Order Form – RAP Low Vision Products – D9257
	Guide Dog	Yes	LVC, S	Yes Low Vision	See BH02
AN03	Audio listening services, devices and software	No	S, LVC, Op, OT	Yes Low Vision	Includes library service fees, devices and software to enable eligible low vision clients to access audio books, newspapers, magazines, braille titles, podcasts and other resources Order Form – RAP Low Vision Products – D9257
AN05	Orientation and Mobility Aid Training (for visually impaired)	No	S, LVC, Op, OT	Yes Low Vision	OT's must be certified Orientation and Mobility Trainers. Includes mobility training for walking canes and electronic mobility aids. This item does not cover training related to Guide Dogs, please see BH02 . Order Form – RAP Low Vision Products – D9257
AN08	Electronic Mobility Aid	No	S, LVC, Op, OT	Yes Low Vision	To ensure clients are able to use and are comfortable with the technology they may require an assessment by an orientation and Mobility Trainer (OT). Examples of Electronic Mobility Aids include Echo-location and GPS devices. Order Form – RAP Low Vision Products – D9257
AN11	Electronic and Wearable Magnifiers	Yes, limit of 1 per person	S, LVC, Op, OT	Yes Low Vision	Electronic and wearable magnifiers, including desktop and handheld magnifiers intended for severe vision loss. Education and training in usage for the entitled person should be undertaken prior to provision RAP National Guidelines Order Form – RAP Low Vision Products – D9257
AN17	Low Vision Appliances – Miscellaneous Items	No	S, LVC, Op, OT	Yes Low Vision	For low vision clients, includes coin holders, large print teledex, needle threader, tactile marks for appliances, liquid level indicator, signature guide, canes, writing frame, vision impairment badge and large button devices. Lamps are not provided. Order Form – RAP Low Vision Products – D9257
AN18	Replacement Part and/or Repairs	No	S, LVC, Op, OT	Yes Low Vision	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – RAP Low Vision Products – D9257

Low Vision Appliances (Non-Optical)					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AN20	Hand held electronic magnifier	No, unless exceeds 1 item per 5 years	S, LVC, Op, OT	Yes Low Vision	Portable Battery Operated Video Magnifier. This item is an electronic version of a standard handheld magnifier. It would assist with reading food labels and prices etc during shopping. Handheld magnifiers for severe vision loss should be listed under AN11 . Order Form – RAP Low Vision Products – D9257

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
Sub-Category: Non-Invasive Ventilation – Positive Airway Pressure (PAP)					
AY01	Non-Invasive Ventilation - PAP – Fixed Level	No, unless it exceeds 1 per person	RC, S	Yes PAP	RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140 RAP Item AY22 if this is the client's first referral to RAP for a Non-Invasive Ventilation - PAP machine.
AY14	Non-Invasive Ventilation - PAP – Bi-Level	No, unless it exceeds 1 per person	RC, S	Yes PAP	RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140 RAP Item AY22 if this is the client's first referral to RAP for a Non-Invasive Ventilation - PAP machine.
AY17	Non-Invasive Ventilation - PAP – Maintenance and Repair	No	RC, S	Yes PAP	DVA accepts financial responsibility for items not covered under the warranty period. RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140
AY19	Non-Invasive Ventilation - PAP – Consumables and Accessories	No	RC, GP, Physio, RN, S	Yes PAP	Includes masks, filters, tubing, battery. Masks should be replaced regularly as clinically required. NOTE: A specialised PAP pillow to accommodate tubing may be considered on a case by case basis, subject to Prior Approval processes, as this is not a contracted item. RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AY22	Non-Invasive Ventilation - PAP – Device Trial	No, unless exceeds 3 trials per person in a 24 month period	RC, S	Yes PAP	<p>Clients prescribed a PAP machine with no previous history of a PAP from RAP will complete a mandatory trial for up to 30 days. The trial will ensure the PAP therapy is tolerated by the client before a PAP machine is supplied.</p> <p>Clients already using a PAP from RAP, but require an upgrade or a new machine for clinical reasons, may complete a trial for up to 30 days to determine the most appropriate replacement PAP machine.</p> <p>Up to three trials can occur if a client needs to test different machines.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY23	Non-Invasive Ventilation - PAP – Auto Titrating	No, unless exceeds 1 per person	RC, S	Yes PAP	<p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p> <p>RAP Item AY22 if this is the client's first referral to RAP for a Non-Invasive Ventilation - PAP machine.</p>
AY24	Non-Invasive Ventilation - PAP – Recycled	No, unless exceeds 1 per person	RC, S	Yes PAP	<p>This item number is for Fixed Level, Bi-Level and Auto Titrating PAP machines that have been recycled to an as-new condition for re-supply.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY25	Non-Invasive Ventilation - PAP – Data Report to DVA or Prescriber	No	RC, S	Yes PAP	RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure
AY28	Non-Invasive Ventilation - PAP – Travel Continuous Positive Airway Pressure (CPAP) – Short-Term Rental	No	RC, S	Yes PAP	<p>Short term rental of a travel CPAP machine for up to three months.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY29	Non-Invasive Ventilation - PAP – Mask Trial	No, unless exceeds 1 trial per person in a 12 month period	RC, S	Yes PAP	<p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY30	Non-Invasive Ventilation - PAP – Education and Follow Up	No, unless exceeds \$500 in a 12 month period	RC, S	Yes PAP	RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure
AY31	Non-Invasive Ventilation - PAP – Non-Contracted Item (Exceptional Circumstances)	Yes	RC, S	No	<p>In exceptional circumstances only.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
Sub-Category: Domiciliary Medical Oxygen Therapy (DMOT)					
AY02	Oxygen – Concentrator	No	RC, S	Yes Oxygen	For oxygen concentrators only. Refer to AY26 for oxygen cylinders. RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY16	Oxygen – Consumables and Accessories	No	RC, GP, Physio, RN, S	Yes Oxygen	Includes masks, carry bag, trolley. Masks should be replaced regularly as clinically required. RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY26	Oxygen - Cylinder	No	RC, S	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY27	Oxygen – Concentrator – Data Report to DVA or Prescriber	No	RC, S	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy
AY32	Oxygen – Education, Follow Up, Refresher Training	No, unless exceeds 2 sessions per person in a 12 month period	RC, S	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy
AY33	Oxygen or Other Respiratory Aids and Appliances – Non-Contracted Item (Exceptional Circumstances)	Yes	RC, S	No	In exceptional circumstances only. RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
Sub-Category: Other Respiratory Aids and Appliances					
AY03	Other Respiratory Aids and Appliances – Humidifier	No	GP, S, RN, Physio, RC	Yes Oxygen	Vaporisers have been removed from RAP. Humidifiers are limited to clients receiving domiciliary medical oxygen therapy or clients with a tracheostomy or laryngectomy. PAP machines already include a humidification function. RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY05	Other Respiratory Aids and Appliances – Nebuliser	No	GP, S, RN, Physio, RC	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AY07	Other Respiratory Aids and Appliances – Peak Flow Meter	No	GP, S, RN, Physio, RC	Yes Oxygen	RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY08	Other Respiratory Aids and Appliances – Sleep Apnoea Positional Therapy Device	No	GP, S, RN, Physio, RC	Yes Oxygen	Body position devices that discourage supine sleep. Simplest item to meet functional need should be provided in the first instance. RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY12	Other Respiratory Aids and Appliances – Respiratory Suction Apparatus	No	RC, RN, S, Physio, GP, SP	Yes Oxygen	RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY15	Other Respiratory Aids and Appliances – Spacer	No	GP, S, RN, Physio, RC	Yes Oxygen	RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY18	Other Respiratory Aids and Appliances – Oscillating Positive Expiratory Pressure (PEP) Device	No	S, Physio, RC, GP	Yes Oxygen	RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY20	Other Respiratory Aids and Appliances – Inspiratory Muscle Trainer	No	GP, Physio, S, RC, SP	Yes Oxygen	This product is prescribed for clients with asthma, bronchitis, Chronic Obstructive Pulmonary Disease. DVA will not pay for this item as part of fitness training. RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY21	Other Respiratory Aids and Appliances – Consumables and Accessories	No	GP, S, Physio, RN, RC	Yes Oxygen	Includes masks, carry bag, battery. Masks should be replaced regularly as clinically required. RAP National Guideline – Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804

Assistance Dogs					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BH01	Psychiatric Assistance Dog	Yes, limit of 1 per person	Psych, Psychiat, MH OT, MH SW	Yes	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH02	Guide Dog	Yes, limit of 1 per person	LVC, S	Yes Low Vision	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH03	Mobility Assistance Dog	Yes, limit of 1 per person	S, OT	No	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH04	Hearing Assistance Dog	Yes, limit of 1 per person	A, At, OT, S	No	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH05	Upkeep Costs for Psychiatric Assistance Dogs	No, up to \$645 per quarter	Psych, Psychiat, MH OT, MH SW, LVC, S, OT, A, At	No	DVA will accept financial responsibility for reasonable upkeep costs and maintenance of a psychiatric assistance dog supplied by DVA. Applications for reimbursement should be submitted on an D9401 – Claim for assistance dog expenses and must be supported by paid itemised accounts or receipts. RAP National Guidelines - Assistance Dogs
BH06	Upkeep Costs for Assistance Dogs (Guide, Hearing and Mobility)	No, up to \$645 per quarter	A, At, OT, S, LVC	No	DVA will accept financial responsibility for reasonable upkeep costs and maintenance of an assistance dog (Guide, Hearing and Mobility) supplied by DVA. Applications for reimbursement should be submitted on an D9401 – Claim for assistance dog expenses and must be supported by paid itemised accounts or receipts. RAP National Guidelines - Assistance Dogs

Stoma Appliances
DVA is responsible for the costs of membership of a Stoma Association and the postage of stoma supplies. Please contact the Stoma Association in your State for further information.

Labour					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AL16	Home Modification - Labour	No	A, At, OT, RN, S, Physio, GP	Yes Mobility & Functional Support	This item number covers the actual labour costs required.
BG16	MFS - Labour	No	OT, RN, CA, S, Physio, GP, POD, LDO, EP, OST, CH, O	Yes Mobility & Functional Support	This item number covers the actual labour costs required.

Delivery, Testing, Registrations and Inspections		
Item No	Description of Appliance	
DD01	Continence	
DD02	Diabetes	
DD03	Personal Response System	
DD04	Oxygen	
DD05	Positive Airway Pressure	
DD06	Mobility Functional Support	
DD07	Low Vision Appliances	
DD10	Other	
DD16	Installation of Equipment	
DD17	Test and Tag	
BE13	Bidet - RPZ Valve Registration and Inspection	