

# First Nations Veterans Claiming Quick Guide



Australian Government  
Department of Veterans' Affairs



To find out if your patient may be eligible for DVA support and/or services, ask them:  
Have you ever served? Do you have a Veteran Card? First Nations veterans may not have a Veteran Card or any of the supports that DVA offers. If you need help, call DVA on 1800 550 457 or veterans can call 1800 VETERAN (1800 838 372) to get a Veteran's Card or for any other assistance.

Any patient regardless of Aboriginal and Torres Strait Islander or Veteran status			Veterans' Access Payment (VAP) - claim instead of the bulk billing incentive			
ConsultationMBS Numbers			MMM Classification	Standard VAP incentive item	Tripled VAP incentive item www.dva.gov.au/providers/gp-incentive-payments	MyMedicare VAP incentive item
EXAMPLES OF COMMONLY USED CODES	Standard	3	MM1	10990	75870	75880
	6-20min	23	MM2	10991	75871	75881
	>20min	36	MM2-7 afterhours	10992	75872	75882
	>40min	44	MM3 or 4	75855	75873	75883
	Telehealth	91800	MM5	75856	75874	75884
	Telehealth	91801	MM6	75857	75875	75885
	Telehealth consult with MyMedicare	91900	MM7	75858	75876	75886
	Telehealth Long consult with MyMedicare	91910	As a GP, you may claim a supplementary VAP for services to eligible veterans and dependants based on their Modified Monash Model (MMM) classification. From 1 November 2023 higher VAP incentives can be claimed for face to face consults, MBS Level B video/telehealth consults, and video/telephone consults when your practice and patients are registered to MyMedicare.			
	www.mbsonline.gov.au/					
Aboriginal and Torres Strait Islander people			Veterans		NOTES	
SERVICE	MBS Number	DETAILS	DVA Number			
HEALTH CHECK			One off Veteran Health Check	< 30min = 701 < 45min = 703 < 60min = 705 > 60min = 707		Must have provided at least 50% of the primary health care to the patient over the last 12 months, or anticipated by the veteran to do so over the next 12 months.
	Aboriginal and Torres Strait Islander health check every 9 months	715	Annual Veteran Health Check	< 30min = MT701 < 45min = MT703 < 60min = MT705 > 60min = MT707		For those who transitioned out of ADF after 1 July 2019. Veteran Health Check only for first 5 years post-transition. Can apply VAP incentive to Annual Veteran Health Check
	Follow-up of health check with practice nurse or Aboriginal Health Worker (AHW) /First Nations Health Practitioner (FNP), 10 per calendar year	10987 93200 for video 93202 for phone			www.dva.gov.au/providers/veterans-health-check	
CHRONIC DISEASE/ ONGOING REVIEWS			One off in-person Coordinated Veterans Care (CVC) initial assessment and enrollment	UP01 (GP + practice nurse) UP02 (GP)		Veteran Gold Card holders with a chronic health condition or Veteran White Card holders with an accepted mental health condition that is chronic, who are at risk of hospitalisation may access the CVC Program if they meet the full program eligibility criteria. www.dva.gov.au/providers/CVC-program
			In-person CVC review every 90 days	UP03 (GP + practice nurse) UP04 (GP)		
	Services provided by a practice nurse, AHW, or FNP to a patient with a chronic disease, 5 per calendar year	10997 93201 for video 93203 for phone				
OTHER	Immunisation by an AHW or FNP	10988			AHW/FNP can perform the testing if appropriately trained in using a non-mydriatic retinal camera	
	Treatment of a wound by an AHW or FNP	10989				
	Annual assessment of visual acuity and bilateral retinopathy in a patient with diagnosis of diabetes	12325				
ALLIED HEALTH	If identified as a need in the health assessment, reviews by allied health practitioners, 10 per calendar year	81300-81360 depending on discipline	Allied Health treatment cycle allows a referral to last either 12 sessions, or 1 year, whichever happens first	No specific codes, requires appropriate referral. For more information on the DVA Dental and Allied Health fee schedule please see www.dva.gov.au/providers/fees-claims/dental-and-allied-health-fee-schedules		Holders of Veteran White Cards can only be referred to allied health providers relevant to their accepted conditions. www.dva.gov.au/treatment-cycle-gps
MEDICATIONS	The Close the Gap (CTG) program reduces, or removes, the co-payments for PBS-listed medications	Check for patient registration on Health Professionals Online Service (HPOS), and ensure the prescription is annotated with CTG. If your patient is not registered for CTG, you can do this on HPOS	The Repatriation Pharmaceutical Benefits Scheme (RPBS) allows access to medications that are not PBS-listed with a co-payment of \$7.70. A veteran who is registered for CTG and has a prescription annotated with CTG will be exempt from this co-payment. RPBS items are listed here: www.pbs.gov.au/browse/rpbs	Contact the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1 800 552 580 to discuss any unlisted or RPBS/PBS authority required items		RPBS also covers wound care items with the same co-payment of \$7.70. This could also be covered under CTG arrangements. Contact VAPAC at 1800 552 580 to see if specific items are available. www.dva.gov.au/concessional-medicines-under-rpbs
	First Nations people can access free dose administration aids (DAA) as part of the Eighth Community Pharmacy Agreement.	The Indigenous Dose Administration Aids (IDAA) Program is designed to assist Aboriginal and Torres Strait Islander people to manage their medicines. www.ppaonline.com.au/programs/medication-adherence-programs-2/indigenous-dose-administration-aids	Assessment of medications and use of DAA every 6 months (VSMR). DAA weekly service funding is also available to cover the cost of packing and supply. Contact VAPAC at 1 800 552 580 for authorisation	CP42 (GP) www.dva.gov.au/providers/fees-claims/fee-notes-gps-and-specialists 99647N (Pharmacist) 99648P (Pharmacist) www.dva.gov.au/providers/medicine-organiser-service		Please see the DVA website for more information: www.dva.gov.au/medicine-organiser-service
			Medication reviews	CP20 for in rooms CP21 for at home www.dva.gov.au/providers/fees-claims/fee-notes-gps-and-specialists		GPs can claim CP42 and CP20 if they conduct the medications review in their rooms

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## Example of a year of health encounters for a First Nations Veteran during transition

John Yarta is a 55yo Karna man. He spent 35 years in the Royal Australian Air Force and hasn't seen a health professional since he left service 6 months ago. He has diabetes complicated by non-healing ulcers on his legs. He has a Veteran White Card with accepted conditions of osteoarthritis in both knees and generalised anxiety disorder. Since leaving Defence, none of his health conditions have been well managed.

*Please note this is just an example - your first consultations will help you co-design a suitable plan with your patient that may include other Closing the Gap or DVA funded treatment options.*

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

ELIGIBLE VETERANS

ANYONE UNDER USUAL MEDICARE ARRANGEMENTS

### January

- Introductory appointment to meet, review health and build rapport
- John encouraged to bring a support person to appointments if he would like
- Aboriginal and Torres Strait Islander health check
- Intro to, and weekly dressings by AHW
- Physiotherapy for knee OA
- Medication review
- John is enrolled in CTG



### February

- Annual Veteran Health Check with development of a management plan
- John's family have noticed some hearing issues, and the audiologist confirms bilateral hearing loss
- John discloses symptoms of Post Traumatic Stress Disorder (PTSD) as rapport is established
- Referred to Open Arms psychologist
- John is supported to submit a claim for PTSD and hearing loss. Treatment is funded under Non-Liability Health Care (NLHC) Mental Health and Provisional Access to Medical Treatment (PAMT) while claim is processed

### March

- Mental health consult
- John reports he is drinking more than he would like
- CVC consent, initial assessment and enrolment including adaption of management plan to a CVC Care Plan
- Dietitian for discussion of weight gain
- Open Arms psychologist
- Podiatry



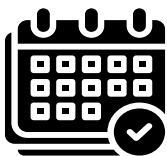
### April

- Monthly CVC follow-up with practice nurse
- Treatment cycle initiated for knee OA due to acute flare
- Physiotherapy X2 for knee OA
- Podiatry
- AHW for Flu/COVID vaccines
- Chronic condition management plan for diabetes
- Dose administration aid started with VAPAwC authorisation



### May

- Monthly CVC follow-up with practice nurse
- AHW
- Physiotherapy X2 for knee OA
- Psychologist



### June

- Monthly CVC follow-up with practice nurse
- CVC 90-day review and update of care plan
- Visual acuity check
- Physiotherapy X2 for knee OA
- Psychologist



### July

- Monthly CVC follow-up with practice nurse
- Podiatry
- Chronic condition management plan review
- Significant change in renal function noted
- Referred to nephrologist
- Physiotherapy for knee OA



### August

- Monthly CVC follow-up with practice nurse
- Dietician for diabetes and CKD
- Wound care (several visits)
- AHW for shingles vaccine
- Psychologist
- Physiotherapy for knee OA
- Referred to Open Arms group program for PTSD
- Discussion of John's smoking during service and new lung cancer screening program, referred for low-dose CT



### September

- Monthly CVC follow-up with practice nurse
- CVC 90-day review, update of care plan and arranging any screening checks
- VSMR is due, contacted VAPAC for new medication aid cycle
- Open Arms group treatment
- AHW supports John to get in touch with the local Veterans' and Families' Hub
- Physiotherapy for knee OA

### October

- Monthly CVC follow-up with practice nurse
- Podiatry
- Psychologist
- Physio for OA (treatment cycle complete, report received)
- Low-dose CT = very low risk, repeat scan in 24mos

### November

- Monthly CVC follow-up with practice nurse
- Aboriginal and Torres Strait Islander health check
- AHW review



### December

- Monthly CVC follow-up with practice nurse
- Psychologist
- AHW review
- CVC 90-day review and update of care plan, including skin check
- Assessment of knee OA and need for additional treatment cycle



After 12 months of comprehensive primary care, John has experienced improvements in his overall health and wellbeing. He reports strong family support which has positively impacted his mental health. Regular interactions with an Aboriginal Health Worker have made John feel comfortable and supported his social connection. John's chronic conditions have been managed well, and he reports feeling more mobile, and able to engage with his family and community. John is experiencing less symptoms of depression and PTSD, and is feeling more resilient, because of counselling and engagement with Open Arms. John has felt included in his treatment plans, and highlights the importance of the consistent, culturally safe care he has received. John is engaging with his local Veterans' and Families' Hub which has helped foster a sense of belonging and purpose for he and his family. He looks forward to ongoing work with his primary care team to continue his health journey.