Frequently Asked Questions

Allied health changes from 1 July 2027

Allied health care plays an important role in helping Veteran Card holders recover, maintain their health and independence, manage symptoms and improve quality of life.

DVA is committed to ensuring Veteran Card holders continue to receive care that is clinically appropriate, coordinated and focused on the outcomes that matter most to them.

From 1 July 2027, an annual $5,000 threshold for review of clinical effectiveness will be applied to Veteran Card holders' allied health treatment.

The $5,000 threshold is a checkpoint, not a cap on treatment. It does not automatically stop care. Rather, its purpose is to ensure treatment remains clinically appropriate and to support Veteran Card holders who require ongoing care. It is intended that DVA will work with Veteran Card holders, their GPs and treating health professionals to ensure ongoing treatment remains clinically effective and aligned with their individual health needs and goals. The checkpoint may also provide an opportunity to consider alternative or enhanced treatment options where these may improve health outcomes.

Veteran Card holders who require treatment above the threshold will be able to continue accessing allied health services while DVA considers requests for additional care, helping ensure there is no interruption to treatment.

We understand that any new review process may cause concern, particularly for Veteran Card holders with complex, chronic or permanent health conditions. For this reason, the $5,000 threshold will not apply to Veteran Card holders who are eligible for the Special Rate Disability Pension (SRDP), the Totally and Permanently Incapacitated (TPI) Pension, or who have been determined to be Catastrophically Injured.

We also recognise that Veteran Card holders will want to know that any new arrangements are easy to navigate and do not create unnecessary administration, delays or barriers to care.

The details of the checkpoint process have not yet been finalised and are being developed through consultation with veterans, families, healthcare providers, ex-service organisations and other stakeholders. A key focus of this consultation is designing a process that is timely and easy to navigate, while ensuring Veteran Card holders continue to receive the care they need with minimal disruption.

You can help shape how the new arrangements will work. DVA is engaging with veterans, families of veterans, healthcare providers and ESOs in a series of online and in person consultation

sessions. Find out more about how to participate in these consultation activities at www.dva.gov.au/allied-health-changes.

Question: Why is the Government introducing these changes to allied health funding?

Answer: These changes are designed to support Veteran Card holders in receiving allied health care that is clinically appropriate, effective and responsive to their individual health and wellbeing needs.

The changes will also remove the current 12-session Treatment Cycle, reducing the need for repeat referrals and making it easier for Veteran Card holders to access ongoing allied health treatment where clinically appropriate.

Allied health care should focus on the outcomes that matter most to each Veteran Card holder. For some, this may be recovery and improved functioning. For others, it may be managing symptoms, preventing deterioration, reducing distress or improving quality of life. A high volume of appointments does not necessarily mean meaningful improvement in health outcomes.

The new arrangements aim to support Veteran Card holders and their healthcare teams to review their treatment goals, progress and ongoing care needs.

These new arrangements will empower Veteran Card holders to partner with their healthcare team and make decisions about their health. This includes asking questions, sharing concerns and preferences, and being involved in choices about treatments and care plans. Ownership over how and where the funding is spent will increase the accountability for allied health providers for the health and wellbeing outcomes of their services and better equip Veteran Card holders to manage their wellbeing.

Question: Is the $5,000 threshold a cap on treatment?

Answer: No. The $5,000 threshold is not a cap on treatment and does not automatically stop your care. It is a checkpoint designed to ensure treatment remains clinically appropriate and effective.

Veteran Card holders who require treatment above $5,000 will continue to be able to access clinically necessary care. The threshold also provides an opportunity to review whether current treatment remains the most appropriate approach and to consider alternative or enhanced treatment options that may improve health outcomes.

Veteran Card holders approaching the threshold will be able to continue accessing treatment while requests for additional services are being considered, ensuring there is no unnecessary interruption to care.

Question: How will the new arrangements benefit Veteran Card holders?

Answer: The Australian Government is providing $169.7 million over five years from 2025–26 (and $58.8 million per year ongoing) to increase allied health provider fees.

This is the largest investment in veteran allied health provider fees in more than two decades. Increasing provider fees will improve access and choice for Veteran Card holders by encouraging more allied health providers to treat Veteran Card holders and increasing choice for those seeking treatment.

The new arrangements will also provide Veteran Card holders with greater visibility of the payments made to allied health providers on their behalf. This will help Veteran Card holders better understand how their healthcare funding is being used and support more informed discussions with their healthcare providers about treatment goals, progress and ongoing care needs.

Transparency over how and where funding is spent will strengthen accountability for allied health providers by helping Veteran Card holders better understand the services they are receiving and supporting open conversations about the effectiveness and value of their treatment.

The $5,000 threshold is not a cap on treatment. It provides a checkpoint for Veteran Card holders, their treating health professionals and DVA to review care, confirm that treatment remains clinically appropriate and support continued access where there is an ongoing clinical need. Veteran Card holders who require treatment above the $5,000 threshold will continue to be able to access clinically necessary care. It also provides an opportunity to consider whether alternative or enhanced treatment options may improve health outcomes.

Question: What services are included in the $5,000 threshold, and will it be enough?

Answer: The $5,000 threshold is a checkpoint, not a cap on treatment or an automatic stop to care.

In 2024-25, the median veteran use of allied health services was around $1,900 per year. With the Government's $169.7 million increase in allied health fees factored in, this is expected to increase to around $2,600 per year. Based on this, $5,000 is expected to support the needs of most Veteran Card holders, including care from multiple different allied health providers.

However, individual clinical need, not average expenditure, will remain the key consideration. Veteran Card holders who require treatment above $5,000 will continue to be able to access clinically necessary allied health care.

Allied health treatment is tailored to each Veteran Card holder's circumstances. This may include assessment, development of a treatment plan, active treatment, regular review and, where appropriate, ongoing support. Depending on individual needs, treatment may support recovery, symptom management, maintaining function, preventing deterioration, reducing distress, strengthening independence or improving quality of life.

The following fee-for-service allied health services billed under Veteran Card arrangements will count towards the $5,000 threshold:

- Chiropractic
- Diabetes education
- Dietetics
- Exercise physiology
- Neuropsychology
- Occupational therapy
- Orthotist services
- Osteopathy
- Physiotherapy
- Podiatry
- Psychology (excluding Open Arms – Veterans and Families Counselling services, which are not included in the $5,000 threshold)
- Social work
- Speech therapy

The threshold applies only to these specified allied health services. It does not include:

- Open Arms – Veterans and Families Counselling
- Dental services
- Hearing services, including services provided by Hearing Australia
- Optical and optometric services, including visual aids such as glasses
- Medical and specialist services, including General Practitioner and medical specialist services
- Veterans' Home Care services, including domestic assistance, personal care, safety-related home and garden maintenance, and respite care
- Community Nursing and Attendant Care services
- Veteran Health Checks, including the Annual Veteran Health Check and the One-off Veteran Health Check
- DVA-funded transport, including ambulance and travel assistance to obtain health care
- Radiology, pathology, X-rays, nuclear medicine imaging, ultrasound and computerised tomography
- Pharmaceutical services and oxygen
- Medical reports requested by DVA as part of a claim
- Aids and appliances provided through the Rehabilitation Appliances Program
- Most allied health treatment provided while admitted to a public or private hospital

- Kilometre allowance paid to providers who need to travel to see a veteran.

Question: I need more than $5,000 of allied health treatment per year. Will I get the treatment I need?

Answer: Yes. Veteran Card holders who need more than $5,000 in allied health services will continue to be supported.

The $5,000 threshold is a checkpoint, not a cap on treatment. It is not intended to reduce access to clinically necessary care or automatically stop treatment.

The threshold will **not** apply to Veteran Card holders who are eligible for the Special Rate Disability Pension, the Totally and Permanently Incapacitated Pension, or those who have been determined to be Catastrophically Injured.

For Veteran Card holders to whom the threshold does apply, it is intended to provide an opportunity for the Veteran Card holder, their GP, treating health professionals and DVA to review care and confirm that treatment remains clinically appropriate, effective and aligned with their individual needs and goals.

The review may result in the continuation of existing treatment where there is an ongoing clinical need. It may also provide an opportunity to consider alternative or enhanced treatment options where these may improve health outcomes.

Before a Veteran Card holder reaches the threshold, DVA will work with them and their healthcare team to review their treatment needs and, where appropriate, approve additional allied health services. Veteran Card holders will be able to continue accessing clinically necessary treatment while DVA considers requests for additional services, helping ensure there is no unnecessary interruption to care.

Question: How will “clinical need” be defined?

Answer: The detailed arrangements for determining whether there is a clinical need for allied health treatment above the threshold will be informed through the consultation.

In general, clinically necessary treatment is treatment that is supported by clinical evidence and helps address a Veteran Card holder’s health needs, goals and circumstances. This may include treatment that:

- prevents deterioration of medical condition(s), hospitalisation or loss of function;
- supports recovery following surgery, hospitalisation, acute injury or another significant health event;
- maintains essential function;
- where withdrawal of treatment would be likely to cause decline;
- achieves a defined and realistic treatment or rehabilitation outcome;

- forms part of a time-limited course of treatment that is already demonstrating evidence of benefit;
- provides an essential assessment, equipment prescription or training that cannot reasonably be delayed.

The final review process will consider relevant clinical information, including advice from a Veteran Card holder's GP and/or other treating health professionals.

Question: Will DVA consider the advice of treating medical providers in making decisions?

Answer: DVA's proposed approach includes input from both the Veteran Card holder's treating allied health provider and their GP to ensure decisions are informed by those most involved in the Veteran Card holder's care.

The final process will be informed by consultation feedback.

Question: How can I access allied health services above $5,000?

Answer: DVA is proposing a process whereby Veteran Card holders will be notified when they are approaching the $5,000 threshold. They will then work with their allied health provider(s) and GP to submit a request for additional services. Veteran Card holders will be able to continue accessing treatment while DVA considers the request for additional services, provided the application is submitted before the threshold is reached. This will help ensure there is no unnecessary interruption to treatment.

If a review identifies that alternative or enhanced treatment options may better meet a Veteran Card holder's needs, DVA would work with the Veteran Card holder and their healthcare team to discuss appropriate next steps and available supports.

The final process will be informed by consultation feedback.

Question: How will the $5,000 threshold operate for Veteran Card holders with complex, chronic, service-related injuries or mental health conditions?

Answer: DVA recognises that some Veteran Card holders require ongoing allied health treatment to manage complex, chronic or service-related health conditions.

The $5,000 threshold will not apply to Veteran Card holders who are eligible for the Special Rate Disability Pension (SRDP), the Totally and Permanently Incapacitated (TPI) Pension, or who have been determined to be Catastrophically Injured. These veterans are more likely to require

treatment that exceeds the annual threshold, and the exemption will ensure they can continue to access clinically required allied health services without additional processes.

For those it applies to, the $5,000 threshold is intended to provide an opportunity to review care and treatment, ensuring it remains clinically appropriate, effective and aligned with the Veteran Card holder's individual needs and goals. Veteran Card holders who require treatment above the threshold will continue to be able to access clinically necessary allied health services where there is an ongoing clinical need.

DVA is consulting with veterans, families of veterans, health service providers and peaks, and ex-service organisations to help design the detailed arrangements and ensure they support Veteran Card holders with a range of health needs.

Question: How will I know how much of my $5,000 is remaining?

Answer: Similar to apps provided by private health insurers, the MyService portal will be updated to show how much of your $5,000 remains. This information will be updated in near real time, so you can keep track.

You will not be expected to calculate or keep track of this yourself. MyService will be updated to show the allied health services billed to DVA and the amount counted towards the $5,000 threshold with information updated in near real time. DVA is also proposing to send proactive notifications through MyService and other communication channels such as text messages when you are approaching the $5,000 threshold. This will help you understand where you are in the process and give you time to discuss your treatment needs with your healthcare team if a threshold is approaching. The final functionality will be informed by consultation feedback.

Question: Will the $5,000 threshold increase each year to keep up with the rising cost of treatment?

Answer: Yes, the threshold will be indexed annually on 1 July to maintain its value over time. This is consistent with existing indexation arrangements for the fees health providers receive for treating Veteran Card holders.

Question: If I need medical reports as part of my DVA claim, will the charge for those reports be included?

Answer: If DVA has requested a medical report as part of your claim, this is paid through a different arrangement and will not be included in the $5,000.

Question: Will the $5,000 threshold change how I access support through the Rehabilitation Appliances Program (RAP)?

Answer: The $5,000 threshold will not apply to the cost of aids or appliances provided through RAP. Veteran Card holders can continue to access eligible RAP aids and appliances under the existing RAP arrangements. If an allied health provider delivers a service under Veteran Card fee-for-service arrangements to assess or identify required RAP aids or appliances, that service will count towards the $5,000.

Question: If I receive allied health treatment while admitted to a public or private hospital, will this treatment be included in the $5,000 threshold?

Answer: No, most allied health treatment while admitted to a public or private hospital will not be included in the $5,000. If you receive specialised allied health services while in hospital from a non-hospital provider under exceptional circumstances arrangements, these will count towards the threshold. Your MyService app will show you in near real time what services you have received and where these are included.

Question: If I receive allied health treatment via telehealth arrangements, will this treatment be included?

Answer: Yes, any allied health treatment that is billed under Veteran Card arrangements, including via telehealth, will be included in the $5,000.

Question: How and when will I be advised of the outcome of the consultation process?

Answer: DVA will communicate the outcomes once the final arrangements have been settled. Updates will be shared through key DVA channels, including the DVA website, social media and stakeholder networks.

Question: Will my expenditure start from $0 on 1 July 2027?

Answer: Yes. The $5,000 threshold will operate on a financial year basis, starting 1 July 2027. Eligible allied health expenditure will start from $0 at the beginning of each financial year and accumulate throughout the year.

Additional information about how expenditure will be tracked and displayed through MyService will be provided before the new arrangements commence.

Question: How will DVA manage providers that are consistently over-servicing Veteran Card holders?

Answer: The purpose of the $5,000 threshold is not to penalise Veteran Card holders. Rather, it is intended to provide greater visibility of allied health treatment, support informed discussions between Veteran Card holders and their healthcare team, and help ensure treatment remains clinically appropriate and effective.

Where concerns are identified about a provider's billing or treatment practices, DVA will manage these matters through its existing provider compliance and assurance processes. Veteran Card holders whose treatment needs remain clinically necessary will continue to be supported.