



Clinical Investigations for Compensation Claims: Quick Reference Guide

Most compensation claims can be determined using information previously obtained from routine clinical care.

Compensation assessments can be completed using previous obtained:

- Clinical history and examination findings
- Current medical records with existing imaging and pathology
- Specialist reports

The compensation process is not intended to identify previously undiagnosed conditions in the absence of a reasonable clinical suspicion. Investigations should only be undertaken when they are clinically indicated or when they have been specifically requested by DVA for claim assessment purposes. Compensation assessments should not be used to undertake investigations for conditions which are not suspected based on thorough history and examination findings.

Investigations requested by DVA

In some cases, a DVA delegate may identify specific investigations that are required to assess a compensation claim.

When DVA has requested an investigation:

- Follow the instructions provided in the Request for Information
- Consider the safety and appropriateness of this investigation for this individual. If there are any concerns, please discuss with DVA before proceeding. Providers are not obligated to arrange investigations they consider unsafe or unnecessary.
- Arrange the investigation and follow-up and manage any investigation findings
- Attach results to the report

DVA will meet the reasonable costs of investigations it has specifically requested for claim assessment purposes.

Additional clinical investigations you consider necessary for the claim

If further investigations are required to provide an accurate clinical opinion for the claim but are not available or practical via MBS funding arrangements, providers should obtain funding approval from the DVA delegate before the investigation is performed.

Not all requests for such investigations will be approved and DVA will determine whether an investigation is necessary for claim assessment purposes.

Compensation assessments should not be used to undertake clinical investigations where there is no clinical indication.

Medical providers should avoid as part of compensation assessments:

- Imaging of asymptomatic body regions
- Multi-joint, whole-limb or whole-spine imaging solely on the basis of military service
- Investigation of conditions outside the scope of the DVA request.

Clinical investigations required for routine care

During a compensation assessment, a veteran may disclose symptoms or clinical concerns that warrant further evaluation. In keeping with usual clinical practice, medical providers should order investigations when they are necessary to:

- Establish an accurate diagnosis
- Guide treatment decisions
- Monitor disease progression or response to treatment

These investigations can generally be requested and billed through normal healthcare arrangements and should not be invoiced to DVA as part of the compensation assessment.

What DVA will pay for

DVA will meet the reasonable costs associated with:

- ☒ Investigations specifically requested by a delegate
- ☒ Investigations approved in advance by a delegate

In general, DVA will not fund:

- ☒ Routine clinical investigations that would normally be undertaken through standard healthcare pathways
- ☒ Investigations undertaken without prior approval
- ☒ Testing performed for conditions which are not suspected based on thorough history and examination findings
- ☒ Investigations outside the scope of the claim assessment request

Veterans should not incur out-of-pocket costs for investigations that have been approved by DVA as part of a compensation assessment.