



Safety, Rehabilitation and Compensation Act 1988 (SRCA)
Military Rehabilitation and Compensation Act 2004 (MRCA)

Medical Treatment

Purpose

This Factsheet explains when and how 'medical treatment' costs can be paid under the:

- *Safety, Rehabilitation and Compensation Act 1988 (SRCA); and*
- *Military Rehabilitation and Compensation Act 2004 (MRCA)*

for injuries or diseases that have been caused by certain service in the Australian Defence Force (ADF) on or before 30 June 2004 under SRCA and for all service on or after 1 July 2004 under MRCA.

It explains what types of medical treatment may be covered and how the medical services may be provided.

Note: For information about health services under the *Veterans' Entitlements Act 1986 (VEA)*, refer to *Factsheet HSV 01 Purpose of Health Services Available to the Veteran Community*.

Who is eligible for medical treatment?

Treatment is available under SRCA and MRCA for clients who:

- have conditions for which liability is accepted; *and*
- are former members of the ADF; *or*
- are not currently serving in a full-time capacity.

Treatment is also provided under MRCA for partners and dependent children of deceased members who are eligible for compensation for the member's death.

Are any medical treatment costs payable while I am serving full-time or as a part-time Reserve Force member?

Members of the Permanent Forces and Reservists on continuous full-time service (CFTS) with conditions accepted by DVA access health care through the ADF, including where they are referred to internal and private service providers for health care. The ADF will meet the full cost of these services.

In some cases, a serving member's Service Chief may recommend that specific health care for the member would be more appropriately provided through the Military Rehabilitation and Compensation Commission (MRCC). In most cases this is related to the need for medium to long term treatment by specialist medical providers.

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Are medical treatment costs payable while I am a part-time Reserve Force member, a Cadet, an Officer of Cadets or Instructor?

Part-time Reserve Force members, Cadets, Officer of Cadets or Instructors of Cadets are entitled to payment of reasonable costs for reasonable medical treatment for their compensable condition/s under either SRCA or MRCA.

Treatment for some non service related medical conditions

Treatment may be provided for members and former members of the ADF with either warlike or non-warlike service who have been diagnosed with the following conditions, even when not caused by service:

- malignant cancer;
- post traumatic stress disorder;
- anxiety and depressive disorders; *or*
- pulmonary tuberculosis.

Individuals suffering from these conditions should contact DVA and they may be issued with a White Card under the *Veterans' Entitlements Act 1986* (VEA) to access treatment.

How are treatment costs covered before liability is accepted for a service related injury or disease?

The cost of treating a Reservist (on CFTS) for a service related injury or disease is covered by the ADF until their claim for the injury or disease is determined by DVA.

For others (former ADF members, Cadets and Officers and Instructors of Cadets and Reservists not on CFTS) where:

- liability has not yet been determined; *and*
- costs have been incurred for medical treatment or pharmaceuticals;

it is important to retain all receipts for presentation to DVA for consideration of reimbursement once liability has been accepted.

How are treatment costs covered after liability is accepted for a service related injury or disease?

Costs are met for treatment that has been identified as being needed for accepted conditions. The costs may be met through:

- a reimbursement pathway, *or*
- a Repatriation Health Card.

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Reimbursement pathway

All SRCA clients and some MRCA clients (where a condition needs acute care until it is stable) will be reimbursed for costs associated with reasonable treatment. Where possible DVA will make arrangements for a treating doctor or pharmacist to invoice the Department directly for treatment or pharmaceuticals. Reasonable costs for approved pharmaceutical items will be met in full.

Clients will be issued with a Treatment Authority letter that outlines their accepted conditions, and DVA's expectations for reasonable treatment categories (Primary Care, Allied Health etc). If a client accesses relevant Primary Care or is referred by their treating practitioner for treatment that meets the pre-approved categories outlined in the Treatment Authority, then an invoice can be sent to DVA. There is no requirement to contact DVA for pre-approval of treatment, as long as the treatment provided is in-line with the relevant Treatment Expectations, and is provided purely for accepted conditions.

When a client is referred for certain types of treatment (non-standard injury management, indefinite referrals for allied health treatment or hospital treatment for example) then the client or provider must contact DVA to obtain prior-approval for that treatment.

Repatriation Health Card

After the condition has stabilised, MRCA clients may be eligible for a Repatriation Health Card to cover the costs of treatment:

- A White Card can be issued to cover treatment for specific conditions delivered by an approved DVA health provider who will bill DVA directly for the service provided.
- A Gold Card can be issued to cover treatment for all conditions, even those not related to service, where
 - a permanent impairment is assessed at 60 points or above, *or*
 - a permanent impairment is assessed at 30 points or above, and the person is receiving any amount of Service Pension, *or*
 - a person meets the criteria for the Special Rate Disability Pension safety net payment (SRDP).

Under the MRCA, a Gold Card can also be provided to a wholly dependent partner or dependent eligible young person who has been determined as eligible for compensation following the members' death.

Prescribed medication, for cardholders, will be supplied at the current concessional rate per item. When the annual safety net is reached there are no further charges for prescribed items for that calendar year. For detailed information on the current amounts, please refer to *Factsheet HSV92 Repatriation Pharmaceutical Benefits Scheme (RBPS)*.

However, there may be occasions where a person may have to pay a premium for a particular brand or drug prescribed by their doctor. These arrangements are the same as apply under the current VEA system.

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To assist with meeting the co-payment costs, cardholders are entitled to receive a fortnightly MRCA Supplement payment.

For further information on Repatriation Health Cards and MRCA supplement, please see Factsheets:

- *HSV 59 Eligibility for the Repatriation Health Card – For All Conditions (Gold)*
- *HSV 60 Using the Repatriation Health Card — For All Conditions (Gold)*
- *HSV 61 Repatriation Health Card - For Specific Conditions (White)*
- *MRC 40 MRCA Supplement*

What kind of medical treatment may be paid for under the SRCA and MRCA?

SRCA and MRCA clients are covered for treatment which is:

- recommended/provided by a legally qualified medical or allied health practitioner, *and*
- considered to be a clinically effective treatment for the accepted condition, *and*
- is of a reasonable cost.

MRCA clients who hold a White Card are entitled to treatment for their compensable injury or disease only, by medical and allied health providers who agree to accept the card.

MRCA clients who hold a Gold Card are entitled to treatment for any medical condition by medical and allied health providers who agree to accept the card.

Where a person is seeking treatment under a White or Gold Card, medical or specialist services are usually limited to those listed in the Medical Benefits Scheme (MBS). Exceptions can be made in special circumstances. In such cases, the treating provider will need to obtain prior approval for treatment.

The various types of medical and allied health services which DVA may provide under SRCA and MRCA will depend on an individual's needs and the recommendations of the treating practitioner. However, as a general guide these may include:

- allied health services, chiropractic, nutrition and dietetic, osteopathic occupational therapy, physiotherapy, podiatry (and footwear), psychology, social work, speech pathology;
- medical consultations and procedures listed on the Medicare Benefits Schedule (MBS);
- medical services surgical and therapeutic procedures provided by, or at the direction of, a legally qualified medical practitioner or specialist and listed on the Medicare Benefits Schedule (MBS) undertaken in public and private hospitals and day surgery facilities;
- the supply, replacement or repair of rehabilitation aids and appliances;
- the provision of pharmaceuticals, medical and surgical supplies and curative apparatus, whether in hospital or otherwise; *and*
- dental, optometry, hearing, nursing, pathology and radiology services.

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If a person is unsure about whether DVA will pay for a particular service, it is important to contact a local DVA office before having the treatment. If an existing client has not been issued with a Treatment Authority letter, they should contact DVA to ascertain whether they need to obtain one if they are covered under the SRCA or are on the reimbursement pathway under MRCA. This will reduce the risk of the person incurring treatment costs which are not covered by DVA.

What happens if my circumstances and or condition changes?

If a person's circumstances and or condition and treatment needs change, it is important to contact DVA to discuss the possible changes in treatment requirements.

What pharmaceutical benefits may be available as part of my treatment?

For SRCA and MRCA clients receiving treatment under the reimbursement pathway, DVA may cover the costs of pharmaceuticals prescribed or recommended by a treating doctor that are directly related to the person's accepted injury or disease. The person's treating doctor or specialist will be required to adequately prescribe all prescription medication and outline a treatment plan for the client's non-prescribed pharmaceutical needs. The practitioner may be required to supply a list of medications to DVA for approval, upon request.

MRCA White or Gold Card holders have access to medications, at DVA expense, listed on the Pharmaceutical Benefits Scheme (PBS) as well as access to an additional range of medications and dressings listed on the Repatriation Pharmaceutical Benefits Schedule (RPBS), for treatment of their compensable injury or disease.

If a particular medicine is not available on the published schedules, a treating doctor or specialist can approach the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) in DVA for approval or authority to prescribe in certain circumstances. The VAPAC can be contacted by mail at Reply Paid 9998, VAPAC, GPO Box 9998, Brisbane QLD 4001; or by telephone on 1800 552 580 which operates 24-hours a day.

For further information, please see *Factsheet HSV 92 Repatriation Pharmaceutical Benefits Scheme (RPBS)*.

Medical Treatment, *continued*

What if I incur costs in travelling to obtain medical treatment?

If it is necessary to travel to obtain medical treatment for an accepted injury or disease, travel costs will be covered if DVA is satisfied that the costs were a necessary part of accessing or obtaining treatment. In some cases, travel costs for an authorised attendant may also be covered.

You may be reimbursed for use of your private vehicle, if your return journey to the nearest appropriate provider is more than 50km.

You should discuss travelling arrangements with DVA staff before travelling to treatment.

What if I am living overseas or travelling and require medical treatment?

SRCA and MRCA clients are entitled to reimbursement for the reasonable cost of treatment for compensable injuries or diseases undertaken overseas. This applies regardless of whether the person lives overseas, or is travelling.

MRCA Repatriation Health Card holders (Gold or White) cannot use their cards to seek treatment while overseas. However, they are able to seek reimbursement for the cost of treatment, but only for compensable disease/s or injuries. More information for card holders can be found in *Factsheet HSV 65 Receiving Health Care while Overseas*.

You must advise DVA prior to undertaking overseas travel or moving to live overseas.

Any reimbursement will be limited to the costs found to be reasonable for a person receiving similar treatment in Australia. DVA does not take responsibility for any travel insurance or private health insurance costs incurred by a person who has a compensable injury or disease and is travelling or living overseas.

Disclaimer

The information contained in this factsheet is general in nature and does not take into account individual circumstances. You should not make important decisions, such as those that affect your financial or lifestyle position, e.g. retirement, on the basis of information contained in this factsheet. Where you are required to lodge a written claim for a benefit, you must take full responsibility for your decisions prior to the written claim being determined. You should seek confirmation in writing of any oral advice you receive from DVA relating to complex or important matters.

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Other Factsheets

Other Factsheets related to this topic include:

- *DVA 03 Overview of DVA Benefits and Services*
- *HSV 01 Overview of Health Services Available to the Veteran Community*
- *HSV 92 Repatriation Pharmaceutical Benefits Scheme (RPBS)*
- *MCS 01 Overview of the Safety, Rehabilitation and Compensation Act 1988 (SRCA)*
- *MCS 06 Benefits under the Safety, Rehabilitation and Compensation Act 1988 and the Defence Act 1903*
- *MRC 01 Overview of the Military Rehabilitation and Compensation Act 2004 (MRCA)*
- *MRC 02 Compensation Coverage for Members and Former Members of the Australian Defence Force*
- *MRC 14 Compensation for Wholly Dependent Partners*
- *MRC 15 Compensation for Eligible Young Persons*
- *MRC 44 Compensation for Other Dependants*

More information

All DVA Factsheets are available from DVA offices, and on the DVA website at www.dva.gov.au

DVA General Enquiries telephone number: 133 254 (metro)
or FreeCall 1800 555 254 (regional callers).

Use a normal landline phone if you can. Mobile phone calls may cost you more.

You can send an email to DVA at: GeneralEnquiries@dva.gov.au