DVA Quick Tips for Health ProvidersFor Compensation Claims

Completing Impairment Assessment forms & Incapacity forms



Impairment Assessment Forms

An Impairment Assessment aims to determine the impact of the veteran's service-related medical conditions.

The forms will ask for information such as:

- the severity of the disease;
- previous and current treatment;
- the veteran's functional status;
- a small number of examination findings; and
- common investigation results.

Impairment Guides – GARP (for VEA and MRCA) & PIG (Comcare Part 2, for DRCA) – are used by DVA to convert this information into an overall impairment rating, which is used to calculate the amount of compensation.

Apportionment

Under MRCA and VEA, *all conditions* **contributing to an impairment need to be identified**, and their relative contribution to the impairment estimated. This process is known as **apportionment**. You may be asked to apportion all conditions individually, or between groups of conditions. The forms will guide you as to what apportionment is required.

Assessing in Isolation

Under DRCA, we need to assess the impact of the condition 'in **isolation'**; that is, as if the veteran is otherwise healthy and normal. This can be a clinically non-intuitive process, but it is a legally necessary one.

In both cases, we are seeking a reasonable estimate based on your clinical judgement. Factors to consider might include the nature of the symptoms from each condition, the severity of pathology, treatment requirements and the specific activities most affected.

Permanent

means 'likely to continue indefinitely'

- Most chronic and degenerative diseases would be considered permanent from the date of diagnosis.
- Acute conditions and injuries are not usually permanent unless there is residual impairment once treatment is finalised.

Stable

means the condition is unlikely to improve to a significant degree.

- A condition is not likely to be considered stable if there has been a recent exacerbation of symptoms, a significant change in a treatment regime, or if there is pending surgery.
- A condition can still be considered stable if it has a fluctuating course (e.g. mental health conditions), or if it presents intermittently (e.g. asthma, migraines).
- The 'date of stability' is when the current level of impairment was reached.

When conducting a medical assessment:

A formal report is not usually required. Your answers to the questions on the forms provide all the information required for an assessment.

Questions may seem repetitive, but this is often necessary to ensure comprehensive assessment.

Where a condition has a fluctuating or variable course, describe the average impairment.

An unusual or severe impairment may require a more comprehensive assessment or objective testing.

You might consider further investigations if the impairment is inconsistent with the usual effects of a condition, as this may indicate the presence of other diagnoses.

New investigations are rarely needed, but it's helpful to provide previous test reports if available.

This is not a one-off process. If the condition later deteriorates, the veteran can request that another assessment is undertaken at that time, and more compensation may be payable.

Treatment Recommendations

The veteran remains eligible for treatment, regardless of the level or permanence of impairment.

You may be asked to:

• identify any treatments which are likely to reduce impairment or improve function. More severe impairment may require consideration of more intensive treatment.

And/or

 (if treatment is ongoing), indicate the likely level of impairment following completion. This allows us to provide some compensation for this condition while treatment is being undertaken.

Incapacity forms

Incapacity payments are **compensation for economic loss due to the inability** (or reduced ability) **to work**. These payments are only available if one or more service caused conditions are contributing to the incapacity. Incapacity payment recipients also receive assistance with vocational rehabilitation, coordination of medical management, and psychosocial support.

When detailing the **cause of Incapacity**, list:

- the **specific diagnoses** (i.e. not the generic "medical condition" or symptoms), and
- all conditions which are affecting the capacity for work.

Note that:

• More detail may be required if a condition listed does not usually cause incapacity for work.

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