# **DVA Quick Tips for Health Providers**

for Compensation Claims Completing a Liability/Diagnosis form rs \*\*\*

Australian Government Department of Veterans' Affairs

**Determination of Liability**\* is the first and critical step that allows veterans to access:

### ✓ treatment at DVA's expense;

permanent impairment compensation; and a

# ✓ range of other benefits.

To assist DVA in determining liability, diagnostic and related information is required from a medical practitioner.

There are a number of different forms used for this purpose, but the **key information we need from you is the same...** 

# Ensure the medical diagnosis/es you provide are:

### Specific

- Provide the side, site and condition rather than a symptom.
- In most cases, the diagnosis will already be known, but further investigation may be required. A 'working' or presumptive diagnosis is not sufficient. DVA can fund necessary claim-related investigations.
- Provide the underlying disease rather than a pathological or clinical process (e.g. Ischaemic Heart Disease instead of angina).
- An "incidental" finding, or radiological finding should not be included unless clinically significant.

#### Current

• While historic injuries can still be assessed, they are rarely relevant to current impairment or treatment needs.

### Inclusive

• Provide all the conditions related to the veteran's claimed condition, symptoms or impairment. There may be more than one diagnosis related to the claim.

# The Basis for Diagnosis (i.e. how the diagnosis was made)

### Needs to include:

- Symptoms and signs.
- Any **relevant investigations** and **specialist input**. Forward DVA a copy of any relevant reports or correspondence.

#### Keeping in mind that:

- In general, **the evidence** that we require for a diagnosis **aligns with good clinical practice**. Page 2 of the D9287 Diagnosis Form outlines the evidence we require for commonly claimed conditions.
- **Uncommon conditions** are likely to **require more evidence** to confirm the diagnosis.
- Mental health diagnoses will *always* need to be confirmed by a psychiatrist and be based on the DSM-5 diagnostic criteria.

### Causation

For many claims, an opinion on causation is not required as the legislation provides a mechanism for assessing causation.

When asked to comment on causation:

- List the causes and significant risk factors present in your patient; the mechanism needs to be consistent with scientific literature and with the rest of the clinical history.
- Identify the specific activity, exposure, incident, or pre-existing disease. It's not sufficient to state that a condition was caused by "military service".

## The Date of Onset

- Is when the veteran first experienced symptoms or signs that would enable a medical professional to make the diagnosis.
- Is *not* the date of the precursor trauma, injury, or condition.
- Should be based on clinical notes (where possible). Backdating the onset prior to your involvement needs to be well explained, clinically reasonable, and consistent with other information.

## Aggravation

which is:

- any **permanent worsening of a condition** beyond its natural history.
- treated as a **separate entity**.

may require:

• additional information to confirm the aggravation and identify any additional or different causative factors.

# \*Liability

is the finding that the veteran's military service contributed to the development or worsening of a health condition.