

**Rehabilitation Appliances Program (RAP)**

**RAP National Schedule of Equipment**

**19 February 2025**

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# Rehabilitation Appliances Program Overview

What is the Rehabilitation Appliances Program (RAP)

The Rehabilitation Appliances Program (RAP) supplies aids, equipment and modifications for eligible veterans, war widows/widowers and dependants (clients) to:

* help an assessed clinical health care need
* minimise the impact of disabilities or dysfunction
* improve quality of life
* live safely and with independence
* facilitate participation in the community
* be an adjunct to health treatment or a rehabilitation plan.

Aids, equipment and modifications will be provided from the [RAP National Schedule](https://www.dva.gov.au/providers/provider-programs/rehabilitation-appliances-program-rap-providers#schedule-equipment-docs) of Equipment (the Schedule) and the RAP National Guidelines (Guidelines). The Schedule and Guidelines are regularly reviewed to ensure they provide the most suitable items for client needs.

Guidelines have been developed to assist prescribing health providers determine the eligibility of their client, outline considerations for prescribing certain products and details the provision process. Where an item has a corresponding Guideline a link has been provided in comments column of the Schedule.

The legislative basis for the provision of RAP is Part 11 of the Treatment Principles made separately under the *Veterans’ Entitlements Act 1986* (VEA), *Military Rehabilitation and Compensation Act 2004* and *Australian Participants in British Nuclear Test and British Commonwealth Occupational Force (Treatment) Act 2006*. In addition, Part 11 of the Treatment Principles made under the VEA extends RAP to eligible clients under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988*.

Who can access RAP

Clients may be eligible for RAP if they have an assessed clinical need and either a:

* [Veteran Gold Card](https://www.dva.gov.au/health-and-treatment/veteran-healthcare-cards/veteran-gold-card)
* [Veteran White Card](https://www.dva.gov.au/health-and-treatment/veteran-healthcare-cards/veteran-white-card) and the item is for an accepted DVA health condition/s.

Refer to the [RAP Business Rules](#RAP_Business_Rules) for more guidance on eligibility for clients:

* living in residential aged care
* living in retirement villages/independent living units
* receiving services from other government services
* discharging from hospital.

Who can prescribe RAP aids, equipment or modifications

The RAP Schedule details which assessing health provider/s can assess, prescribe and order each aid, equipment or modification. This can be found under the “Assessing Health Provider” column. Refer to the [Assessing Health Provider List / Codes](#Assessing_Health_Provider_List) for the list of acronyms.

An assessing health provider may be a:

* General Practitioner (GP)
* Medical Specialist
* Registered Nurse
* Allied Health professional.

***Allied health professionals***

For allied health professionals (except for optical, dental and hearing) to be paid under DVA’s schedule of fees, you must have a valid referral from one of the following professions before assessing and prescribing aids, equipment or modifications:

* a GP
* medical specialist
* a health professional as part of hospital discharge.

If you are not listed to assess and prescribe the item, you will need to refer the client back to their GP or medical specialist. The GP or medical specialist can:

* assess and prescribe the appropriate item
* refer the client to the relevant assessing health provider for the item.

***Clients living in rural and remote areas***

If the relevant allied health professional is not locally available in a rural and remote area, items can be prescribed by:

* a GP
* medical specialist
* a health professional as part of hospital discharge.

[Contact us](#_Contact_DVA) if you need help with this.

Before Prescribing

Before prescribing aids, equipment or modifications make sure:

* the RAP Schedule lists you as an assessing health provider for the item
* you have assessed the client
* you have read any applicable [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)
* the assessment identifies that the client has a clinical need for it
* it is safe and clinically appropriate for the client’s use
* it is the most cost-effective option to improve independence and function.

As the prescribing health provider you must conduct an assessment of the client and the product to determine the most suitable item to match their clinical needs. Assessments should be undertaken before prescribing and ordering. Types of assessments recommended include (but not limited to):

• **functional assessment**; the assessment of the client’s ability to undertake the normal activities associated with daily living, including self-mobility. Assessments may include quantitative measurements of:

* muscle strength
* joint range of motion
* cognition and perception
* oedema and sensation
* qualitative activity analysis.

• **home assessment**; the assessment of the client’s functional abilities within their primary living environment including:

* environmental access, and associated risks to safe function within and around their primary living environment
* recommendations to reduce risks associated with the client’s functional abilities
* trial and review of recommended equipment (as below in Product Assessment)
* education of the client and/or carer.

• **product assessment**; undertaken in conjunction with the client’s functional and/or home assessment needs. This assessment incorporates:

* determining the best "fit" of equipment to the functional needs of the client
* knowledge of the specifications of the recommended equipment (for example, weight capacity, measurements, size and method of operation)
* physical (anthropometric) assessment of the client to meet equipment specifications
* education of the client and/or carer in the operation, maintenance and safety features of the product.

Prescribing RAP items

If prescribing, please refer to:

* The RAP Schedule – this document – lists all RAP items, if they have DVA-contracted suppliers, if prior approval is required, if supply limits apply, if a RAP National Guideline applies, relevant forms and other information.
* [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) – provides further assessment and supply criteria for some RAP items. These RAP National Guidelines should be read alongside the RAP Schedule.
* [RAP Forms](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) – order forms and assessment forms to apply for RAP items.
* [Contracted Suppliers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-contracted-suppliers) – lists the DVA-contracted suppliers, their contact details and websites.

Prior approval for RAP items

The RAP Schedule advises if prior approval is required from us. This can be found under the “Prior Approval Required” column.

Prior approval is required when:

* indicated in the RAP Schedule
* the client is living in residential aged care and the requested item is something usually provided by the residential aged care facility (refer to the [RAP in Residential Aged Care List](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care) on the DVA website)
* the item exceeds the financial or quantity limit set in the RAP Schedule
* the client is a Veteran White Card holder (to ensure the RAP item aligns with the client’s accepted DVA Condition)
* there are more items requested than is typically allowed.

How to order RAP items

***Contracted items***

The RAP Schedule advises if an item is provided by DVA-contracted suppliers. This can be found under the “Contracted Item” column.

There are several choices of contracted suppliers. The assessing health provider must source these contracted items from one of the contracted suppliers and not from someone else.

To prescribe and order most contracted items, the assessing health provider completes the relevant [RAP form](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) for the item and sends to one of the [contracted suppliers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-contracted-suppliers) listed on the form. The contracted supplier will obtain prior approval from us when required. The contracted supplier will also organise delivery, either to the assessing health provider or the client, free of charge.

For Complex Home Modifications please refer to the [National Guideline – Complex Home Modifications](https://www.dva.gov.au/sites/default/files/files/providers/rehabilitation/rapnationalguidelines-home-mods.pdf) for the process.

***Non-contracted items***

For items that do not have a contracted supplier listed under the “Contracted Item” column of the Schedule, these are non-contracted items.

To prescribe and order non-contracted items, the assessing health provider emails [rapgeneralenquiries@dva.gov.au](mailto:rapgeneralenquiries@dva.gov.au) with the following information:

* RAP item number
* details of the client (i.e. client’s name, DVA file number and health condition being treated)
* clinical justification for the item
* relevant form, if required
* details of the supplier and attach the quote/invoice for supply.

Palliative Care Aids and Appliances

If you are prescribing item/s for a client in palliative care, please mark these requests as ‘URGENT AND PALLIATIVE’ and forward to a contracted supplier.

Requesting items that do not appear on the RAP Schedule

The supply of products not on the RAP Schedule or not available from a contracted supplier can be reviewed by us.

Assessing health providers must send requests to [rapgeneralenquiries@dva.gov.au](mailto:rapgeneralenquiries@dva.gov.au)

For us to assess your request you must include:

* the client’s assessed clinical need
* how the product will meet the assessed clinical need
* whether the client has trialled the product and the outcomes, if any
* why none of the items on the RAP Schedule meets the client’s clinical need
* information about the product and any clinical evidence to support it
* details of the supplier and the product cost (attach a quote to supply)
* any other supporting documentation.

Usage, maintenance, repairs, and returns

Clients or their carers can arrange maintenance, repairs or returns with the supplier of the item. Usually the supplier’s contact details will be located on the item.

If the supplier is unable to do this or the RAP item is no longer needed, [contact us](#_Contact_DVA) for help.

Neither the client nor their carer should attempt to make repairs to an aid or appliance. An aid and appliance should be used safely and only for the purpose for which it was designed.

Moving home or interstate

Clients may take portable RAP items to their new address. Clients moving into residential aged care will need to speak to the residential aged care home about the portable RAP items they can take with them.

Clients are encouraged to tell the supplier of the portable RAP items of their new address to assist with any maintenance, repairs or returns. Usually the supplier’s contact details will be located on the item.

Any home modifications and fixed items that have been installed at the current address cannot be removed or reinstalled at the new address. If the client needs aids, equipment or modifications at the new address, please arrange a new RAP assessment so they can remain as independent as possible at the new address.

Hired items

Some DVA items are hired for an initial 12 month period and during this time the item remains the property of the RAP contracted supplier. If the client no longer requires the item within the first 12 months, the item must be returned to the contracted supplier.

After the 12 month hire period – purchase period has elapsed, the item is paid for, the equipment remains with the veteran, or if the item is not wanted, the contracted supplier can be contacted to discuss the return of the item.

# RAP Business Rules

RAP for our clients in residential aged care

Aged care homes are funded by the Commonwealth Government to provide a client’s clinical and care needs. They are required to provide the furnishings, aids and equipment necessary to meet the resident’s care, safety and comfort needs, including to accommodate the resident’s height or weight.

Where an aged care facility is funded to provide an aid or appliance, it is expected to do so. DVA does not seek to duplicate these arrangements.

However, eligible DVA clients living in a residential aged care facility may access RAP items, including personal and customised items, depending on their assessed clinical need when a facility is unable to provide the item.

The [RAP in Residential Aged Care List](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care) provides further guidance on the RAP items which may be prescribed for clients living in residential aged care. These items must not duplicate items the facility is already funded to provide.

Speak to the residential aged care home in the first instance to check if they are responsible for supplying the product to the client. If the residential aged care home is not responsible, [contact us](#_Contact_DVA) to check the client’s eligibility.

Items that are usually provided by the residential aged care facility are indicated by a  in the [RAP in Residential Aged Care List](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care), and require prior approval and clinical justification to be supplied through RAP.

Most of the products available under the [RAP in the Residential Aged Care List](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#rap-items-for-our-clients-in-residential-aged-care) can be supplied by one of DVA’s contracted suppliers. [Contact us](#_Contact_DVA) if you need help with this.

Some products on this list require the aged care home to consent to the client having the item, as the size or nature of the item may be a safety issue. For example a recliner chair in a client’s room may restrict nursing access or a scooter may not be suitable in some facilities as it may pose a risk to other residents.

Any portable RAP products received before a client moves into residential aged care can be taken with them if the aged care home approves it.

RAP home modifications will not be undertaken in residential aged care homes.

RAP for our clients living in retirement villages or independent living units

RAP home modifications will not be undertaken in retirement villages or independent living units as they are purpose built accommodation to cater for the needs of ageing persons and operate within state or territory legislation.

RAP for our clients living in state owned housing

DVA does not provide home modifications to Government-owned homes.  The responsible State/Territory housing agency will modify residences or organise alternative accommodation, in accordance with their own procedures.

RAP for our clients receiving other government services

Some of our clients may be accessing other government services at the same time from:

* National Disability Insurance Scheme (NDIS)
* Commonwealth Home Support Program (CHSP)
* Home Care Packages.

Aids, equipment and modifications can be provided by RAP or other government services as long as it is not the same or duplicated. For example, a client could receive a walking frame from RAP, and a mobility scooter from NDIS, but not a frame or scooter from both RAP and the NDIS. [Contact us](#_Contact_DVA) if you need help with this.

RAP for our clients in hospital

RAP items may be prescribed by an assessing health provider if the client requires it:

* for greater than 30 days following discharge from a public hospital
* at the time they discharge from a private hospital.

# Other Services

Medical Grade Footwear (MGF)

Under DVA’s health care arrangements, clients with a significant deformity or abnormality of the foot and/or ankle may be provided with medical grade footwear recommended by their podiatrist or medical specialist. This includes ready-made and custom-made medical grade footwear. This footwear is not provided under RAP but through the [Medical Grade Footwear (MGF) program](https://www.dva.gov.au/providers/health-programs-and-services-our-clients/medical-grade-footwear-providers-and-suppliers).

# [Contact DVA](#_Contact_DVA)

To speak to us about RAP you can:

* call our Health Provider Line on **1800 550 457** - select Option 1 for RAP
* email: [rapgeneralenquiries@dva.gov.au](mailto:rapgeneralenquiries@dva.gov.au)

# Assessing Health Provider List/Codes

|  |  |
| --- | --- |
| A | Audiologist |
| AC | Amputee Clinic |
| At | Audiometrist |
| CA  CDE | Continence Adviser (RN or Physiotherapist Continence Adviser)  Credentialled Diabetes Educator |
| Ch | Chiropractor |
| D | Dietitian |
| DC | Diabetes Clinic |
| E | Endocrinologist |
| EP | Exercise Physiologists |
| GP | General Practitioner |
| LDO | Local Dental Officer (or dentist) |
| LVC | Low Vision Clinic |
| MH OT | Mental Health OT |
| MH SW | Mental Health Social Worker |
| O | Orthotist |
| Op | Optometrist |
| Ost | Osteopath |
| OT | Occupational Therapist |
| P | Prosthetist |
| PC | Pain Clinic |
| Physio | Physiotherapist |
| Pod | Podiatrist |
| Psych | Psychologist |
| Psychiat | Psychiatrist |
| RC | Respiratory Clinic |
| ReC | Rehabilitation Clinic |
| RN | Registered Nurse |
| S | Specialist (includes allmedical specialists in relevant field) |
| SP | Speech Pathologist |

# 

| Alarm System / Communication Appliances / Assistive Listening Devices | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AA02 | Induction Loop | No | A, At, SP | No | [RAP National Guidelines - Assistive listening devices](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AA04 | TV Listening Device | No, unless exceeds $770 or 1 per person | A, At | No | [RAP National Guidelines - Assistive listening devices](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AA05 | Monitored Personal Response Systems (PRS) including  Mobile Personal Emergency Response Systems (MPERS) | No | OT, RN, Physio | Yes  Personal Response System | Monitored PRS are devices which involve installation and are monitored by an emergency alarms service.  MPERS are Loop Maintenance Operating System-enabled emergency response pendants that work anywhere inside and outside the home environment where there is a mobile signal.  Health providers should conduct an in-home falls risk assessment, cognitive assessment, in-home assessment of the placement of the device within the home, training in the use of the equipment and follow up in usage.  A key safe or lock-box can be requested as part of a PRS/MPERS installation.  Prior Approval is required where a spouse still requires the device after the existing user’s death. DVA will allow a period from the date of death in order to determine the spouse’s potential eligibility.  [RAP National Guidelines – Personal Response Systems](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-national-guidelines/personal-response-systems)  [Assessment Form for the supply of Personal Response System - D9199](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AA06 | Microphone/FM Listening System | No,  unless exceeds $1,900 or  1 per person | A, At | No | [RAP National Guidelines - Assistive listening devices](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
|  | Assistive Communication Device – Electronic (see [BA04](#BA04)) |  |  |  |  |
| AA10 | Telephone Accessories | No | A, At, OT, SP, S | No | [RAP National Guidelines - Assistive listening devices](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AA15 | Alarm System / Communication Appliances / Assistive Listening Devices - Maintenance and Repairs. | No,  unless exceeds $700 | S, A, OT, SP, At, RN, Physio | Refer to RAP AA Item Number | If repairs and replacements parts are more than $632, consider replacing the item.  DVA accepts financial responsibility for items not covered under the warranty period. |
| AA18 | Wireless Streaming Device (accessory to connect hearing aids with external devices) | No,  unless exceeds $650 or 1 per person | A, At | No | [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Tinnitus Devices | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AK02 | Tinnitus Devices | Yes,  limit of 1 per person | S, A, At | No | A clinical and technical consultation should be conducted to determine suitability of the equipment for the client.  All hearing aids must be accessed through the [Hearing Services Program](http://www.hearingservices.gov.au/wps/portal/hso/site/HSOHomeAbout/!ut/p/a1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOK9A03NDD0NjLwtwvzdDBwd_UJ9vNxMjAy8DYAKIoEKDHAARwNC-sP1o_AqMTCFKsBjRUFuhEGmo6IiAGbW_L4!/dl5/d5/L2dJQSEvUUt3QS80SmlFL1o2XzI4REFIOTQxSTBBNDIwQTZMVkVFTU4xNFUx/) (HSP).  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AK03 | Replacement Parts and/or Repairs Tinnitus Devices. | No | S, A | No | DVA accepts financial responsibility for items not covered under the warranty period.  [Request for Assistive Listening Devices and/or Tinnitus Devices form D9376](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Beds | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AB01 | Bed - Adjustable Electrical | No,  unless exceeds 1 per person | OT, RN, Physio | Yes  Mobility & Functional Support | [RAP National Guidelines – Adjustable Electric Beds](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  Heating/massaging functions are not provided. |
| AB02 | Bed Positioning Supports | No | OT, Physio, RN, POD | Yes  Mobility & Functional Support | Manual and Electrical Functional, home and product assessments should be conducted. Bed wedges and supports are recommended as part of a management plan of an assessed clinical need.  The item is provided for one bed only and does not include standard pillows  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB03 | Bed Raiser | No | OT, Physio, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB04 | Bed Board | No | OT, Physio, RN | Yes  Mobility & Functional Support | This item is to be used to create a firmer transfer surface and not as a therapeutic tool.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB06 | Bed Cradle | No | OT, Physio, RN, Pod | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB08 | Bed Stick | No | OT, Physio, RN | Yes  Mobility & Functional Support | All clients should have a comprehensive assessment to identify any risk factors associated with use of a bed stick.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB09 | Bedside Rail | No | OT, Physio, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB11 | Medical Sheepskin – Overlay and Protectors | No | OT, Physio, RN, GP, S, Pod, Ch, Ost | Yes  Mobility & Functional Support | Only consider using a medical grade sheepskin when a low pressure or pressure support surface is not tolerated.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB12 | Monkey Bar / Self-Lifting Stand | No | OT, Physio, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB13 | Table – Over Bed/Chair | No | OT, Physio, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB14 | Mattress – Pressure Care | No,  unless exceeds 1 per person | OT, Physio, RN | Yes  Mobility & Functional Support | [RAP National Guidelines - Mattresses (Pressure Care)](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  A validated pressure care assessment is required to be completed. For example, a Braden or Waterlow scale. |
| AB16 | Beds - Maintenance and Repair | No,  unless exceeds  $500 per invoice | OT, Physio, RN GP, S, Pod, Ch, Ost | Yes  Mobility & Functional Support | Consider replacement of lower cost items.  DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AB17 | Heel Elevators - Pressure Care | No | OT, Physio, RN Pod | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  A validated pressure care assessment is required to be completed. For example, a Braden or Waterlow scale. |
| AB19 | Bed - Consumables and Accessories | No | OT, Physio, RN, GP, S, Pod, Ch, Ost | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Chairs | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AC01 | Chair - Low/High Back/Ergonomic | No | OT, Physio, RN | Yes  Mobility & Functional Support | Optional extras are not provided, such as trays.  Ergonomic seating may be suitable for a person who prefers to sit at a desk to undertake tasks and social engagement.  DVA does not provide ergonomic chairs for work purposes.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC03 | Stool – Height Adjustable | No | OT, Physio, RN | Yes  Mobility & Functional Support | This may be used for meal preparation and other bench activities, such as washing dishes.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC04 | Chair – Platform / Blocks | No | OT, Physio, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC06 | Chair – Electrically Operated Lift and Recline | No,  unless exceeds 1 per person | OT, Physio, S | Yes  Mobility & Functional Support | [RAP National Guidelines - Electric Recliner Chairs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  Heating/massaging functions are not provided. |
| AC07 | Footstool – Height Adjustable | No | OT, Physio, RN | Yes  Mobility & Functional Support | Falls risk should be considered before ordering this item.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC08 | Chair – Fallout / Water | No,  unless exceeds 1 per person | OT, Physio, RN | Yes  Mobility & Functional Support | This chair has inbuilt pressure care and is suitable for a frail client, such as a client receiving palliative care.  Not available for clients residing in a RACF.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC09 | Chair – Manual Recliner | No,  unless exceeds 1 per person | OT, Physio, RN | Yes  Mobility & Functional Support | A manual recliner chair is intended for use by clients with clinical conditions causing a permanent inability to transfer or sit erect. There should be evidence that physiotherapy treatment cannot improve the client’s dysfunction.  A manual recliner chair cannot be approved:   * when the clinical needs can be met by current furniture or by modifying current furniture; * for comfort; * primarily for the management of back or musculoskeletal limb pain; * primarily for use as a bed; or * primarily for management of lower limb oedema\*.   \*When treating lower limb oedema it is important to be aware of current best practice that informs health providers that elevation of the feet below the level of the heart is ineffective and should be avoided. Best practice includes calf pumping exercises, regular walks and elevation of lower limbs on a bed.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC10 | Chair - Maintenance and Repair | No,  unless exceeds  $500 per month | OT, Physio, RN, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AC11 | Chair - Consumables and Accessories | No | OT, Physio, RN, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Supports | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AE01 | Seated Spinal Support | No | Physio, OT, Ch, Ost, RN, S, GP | Yes  Mobility & Functional Support | Back supports are recommended as part of a management plan for an assessed clinical need.  Magnetic/heating/vibrating items are not provided.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AE04 | Pressure Care Cushion | No | OT, Physio, RN, Pod, GP, Ch, Ost, S | Yes  Mobility & Functional Support | A validated pressure care assessment is required to be completed. For example, a Braden or Waterlow scale.  Magnetic/heating/vibrating items are not provided.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AE06 | Bed and Chair Supports - Maintenance and Repair | No,  unless exceeds  $500 per invoice | OT, Physio, Ch, Ost, RN, S, GP | Yes  Mobility & Functional Support | Consider replacement if the cost of replacement is less than $500.  DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AE07 | Bed and Chair Supports - Consumables and Accessories | No | Physio, OT, CH, OST, RN, S, GP, POD | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Mobility Appliances | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AP01 | Vehicle Modifications | Yes,  limit of 1 per person | OT, GP | No | [RAP National Guidelines - Driving Assessment and Vehicle Modifications](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [D9517 – Driver Assessment and Training / Vehicle Modifications Medical Information Form](https://www.dva.gov.au/about-us/dva-forms/d9517)  [D9381 - Authority to Install Modify - Vehicles](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP03 | Crutches | No | Physio, OT, Ch, Ost, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP04 | Protective Head Wear (Helmets / Head Gear) | No | GP, RN, OT, Physio, S | Yes  Mobility & Functional Support | Head gear for falls protection  Safety helmets for electric scooters  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP05 | Electric Scooter | Yes,  limit of 1 per person | OT, GP | Yes  Mobility & Functional Support | Scooter Batteries see [AP21](#AP21).  [RAP National Guidelines - Electric Mobility Aids](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [D9300 Form - Electric Mobility Aid Part 1 Medical Information](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D1325 Form - Electric Mobility Aid Part 2 Assessment](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D9379 Form –Electric Mobility Aid Part 3 - Trial](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP07 | Knee Walker and Scooter | No | Physio | Yes  Mobility & Functional Support | Prescribed following referral by an orthopaedic surgeon when the surgeons protocol requires non-weight bearing of foot or ankle post-surgical care.  The provision of knee walkers and scooters beyond the 3 month trial or for use for episode of care, such as post knee surgery rehabilitation. This item is only to be prescribed where there is an ongoing need for the equipment. Beyond the three month trial in [AP31](#AP31)  Functional and safety assessment including education should be undertaken by the hospital physiotherapist for indoor and outdoor use.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP09 | Transfer Equipment | No | OT, Physio, RN | Yes  Mobility & Functional Support | Includes boards, slide sheets, and portable swivel pad/turntables.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP12 | Walking Frame | No | Physio, OT, Ch, Ost, S, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP13 | Walking Stick | No | Physio, OT, Ch, Ost, S, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP14 | Mobility Appliances - Consumables and Accessories | No | Physio, OT, RN, CH, OST, S, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP16 | Electric Wheelchair | Yes,  limit of 1 per person | OT, GP | Yes  Mobility & Functional Support | [RAP National Guidelines - Electric Mobility Aids](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [D9300 Form - Electric Mobility Aid Part 1 Medical Information](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D1325 Form - Electric Mobility Aid Part 2 Assessment](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D9379 Form –Electric Mobility Aid Part 3 - Trial](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP17 | Manual Wheelchair - Standard | No | OT, Physio | Yes  Mobility & Functional Support | Standard manual wheelchairs may have simple adjustability.  Detailed functional assessments should be undertaken to determine need for, and the client’s ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP18 | Manual Wheelchair - Adjustable | Yes,  limit of 1 per person | OT, Physio | Yes  Mobility & Functional Support | Adjustable manual wheelchairs have additional features to those of the Standard manual wheelchairs e.g. tilt-in-space adjustability.  Standard manual wheelchair should be considered in the first instance, if appropriate.  Detailed functional assessments should be undertaken to determine need for, and the client and/or carer’s ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP19 | Manual Wheelchair – Specialised / Customised | Yes,  limit of 1 per person | OT, Physio | Yes  Mobility & Functional Support | Specialised / customised manual wheelchairs are customised to meet an individual’s specific seating needs and not readily transferable to another individual.  Standard and Adjustable manual wheelchairs should be considered in the first instance.  Detailed functional assessments should be undertaken to determine need for, and the client and/or carer’s ability to operate manual wheelchair. Assessment of body dimensions and weight, functional skills, and home layout and access are essential in determining the safest and most appropriate wheelchair to be provided.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP20 | Training for use of Vehicle Modifications | Yes,  limit of 1 per person | OT | No | [RAP National Guidelines - Driving Assessment and Vehicle Modifications](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) |
| AP21 | Mobility Appliances - Maintenance and Repair | No,  unless exceeds  $500 per invoice | Physio, OT, CH, OST, S, GP | Yes  Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period. |
| AP23 | Car Hoist | Yes,  limit of 1 for manual wheelchair only | S, OT | No | Functional assessment should be undertaken to determine:  - Functional mobility and transfers;  - Alternative simpler equipment and other methods in the first instance, such as use of wheelchair carrier, quick release wheelchair axles, wheelchair accessible taxi; and  - Suitable physical and cognitive skills (as assessed) to safely operate the device.  The client is required to own the vehicle.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP24 | Driving Assessment | Yes,  limit of 1 service per person | OT, S, GP | No | [RAP National Guidelines - Driving Assessment and Vehicle Modifications](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [D9517 – Driver Assessment and Training / Vehicle Modifications Medical Information Form](https://www.dva.gov.au/about-us/dva-forms/d9517) |
| AP25 | Manual Wheelchair - Power Assist Device | Yes  limit of 1 per person | OT, S, GP | Yes  Mobility & Functional Support | A Power Assist Device for a Manual Wheelchair may, for example, enable a client to negotiate undulating terrains independently.  Batteries see [AP21](#AP21).  [RAP National Guidelines - Electric Mobility Aids](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [D9300 Form - Electric Mobility Aid Part 1 Medical Information](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D1325 Form - Electric Mobility Aid Part 2 Assessment](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D9379 Form –Electric Mobility Aid Part 3 - Trial](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP26 | Manual Wheelchair - Carer Operated Power Pack | Yes,  limit of 1 per person | OT, S, GP | Yes  Mobility & Functional Support | This carer operated wheelchair power pack will only be considered where the carer is unable to propel a manual wheelchair. For veterans, who are eligible to access an electric wheelchair or scooter, this device will only be considered where the veteran is unable to safely operate an electric wheelchair or scooter.  [RAP National Guidelines - Electric Mobility Aids](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [D9300 Form - Electric Mobility Aid Part 1 Medical Information](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D1325 Form - Electric Mobility Aid Part 2 Assessment](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [D9379 Form –Electric Mobility Aid Part 3 - Trial](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AP31 | Knee Walker and Scooter – Trial (3 months) | No | Physio | Yes  Mobility & Functional Support | Prescribed following referral by an orthopaedic surgeon when the surgeons protocol requires non-weight bearing of foot or ankle post-surgical care.  Functional and safety assessment including education should be undertaken by the hospital physiotherapist for indoor and outdoor use.  If at the end of the 3 months trial, an ongoing need for the equipment is required. Please see Knee Walker and Scooter [AP07](#ap07).  [D9160 Form - Request for trial of Equipment](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL11 | Ramp - Portable | No | OT | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Lifting Devices | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AM01 | Lifting Device - Hoist | No | OT, Physio, RN | Yes  Mobility & Functional Support | Includes full body hoists or standing hoists.  Functional assessment should be undertaken to determine:   * Mobility and transfers, such as bed to chair, chair to commode * Alternative simpler methods or equipment that enables safe transfers.   A home trial of the hoist is to be completed where practical.  Education and training on the safe hoist and sling operation is essential and should be undertaken in the presence of the Health Provider.  Product assessment includes recommendation of the most appropriate type of hoist, standing vs full body, in relation to assessed functional need, individual weight and measurements.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AM02 | Lifting Devices - Consumables and Accessories | No | OT, Physio, RN | Yes  Mobility & Functional Support | This item is provided when the functional assessment indicates an additional specialised sling is required, such as bathing/toileting sling.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AM03 | Lifting Devices - Maintenance and Repair | No | OT, Physio, RN | Yes  Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
|  | Ceiling Hoist (see Home modifications- Complex – Prior approval required) [AM04](#AM04) |  |  |  |  |

| Orthoses | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AR01 | Support/Brace - Ankle | No,  unless exceeds 3 per year | Physio, Pod, S, Ch, Ost, O, GP | Yes  Mobility & Functional Support | This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR02 | Support/Brace - Knee | No,  unless exceeds 3 per year | Physio, S, Pod, Ch, Ost, O, GP | Yes  Mobility & Functional Support | The most simple brace that meets the client’s functional demands and mobility level should be prescribed  This item would be provided as part of an overall rehabilitation management plan.  For knee braces over $1,300 an orthopaedic surgeon should nominate a specific brace.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR03 | Support/Brace - Upper Limb | No,  unless exceeds 6 items per year | Physio, S, OT, O, Ch, Ost, GP | Yes  Mobility & Functional Support | This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR04 | Orthotics and Orthoses - Foot | No,  unless exceeds 1 pair of orthoses per year | Pod, Physio, S, O, Ch, Ost, GP | Yes  Mobility & Functional Support | Includes any type of corrective or palliative device for the foot.  This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR08 | Braces - Thoracic, Lumbar and Sacral | No,  unless exceeds 2 per year | Physio, S, Ch, Ost, O, GP | Yes  Mobility & Functional Support | This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR14 | Supports/Belts/Binders - Medical and Surgical | No | S, GP, Physio, RN, CH, OST, O | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR18 | Collar - Cervical | No,  unless exceeds 2 per year | Physio, S, Ch, Ost, GP, O | Yes  Mobility & Functional Support | This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR19 | Orthoses - Ankle-Foot | No,  unless exceeds 2 per year | Physio, Pod, S, Ch, Ost, OT, O, GP | Yes  Mobility & Functional Support | The simplest AFO to meet the client's functional level and mobility demands should be prescribed. This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR22 | Medical Compression Garments | No,  unless exceeds 3 pairs per 6 months and/or if the contracted / off the shelf items are not suitable, clinical justification is required | S, RN, Physio, O, OT, GP, Pod | Yes  Mobility & Functional Support | Generic athletic training and recovery compression garments are not funded.  [RAP National Guidelines - Medical Compression Garments](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR23 | Lymphoedema Pump | Yes,  limit of 1 per person | S, RN, Physio, OT | Yes  Mobility & Functional Support | Registered Nurses, physiotherapists and occupational therapists must hold appropriate post graduate qualifications in lymphoedema treatment recognised by DVA.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR28 | Protectors - Hip | No,  unless exceeds 6 garments per year, plus shields | RN, Physio, S, OT, GP | Yes  Mobility & Functional Support | This item would be provided as part of an overall rehabilitation management plan.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR29 | Protectors - Limb | No,  unless exceeds 6 items per year | RN, Physio, S, OT, GP, Pod | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR30 | Gripping Aid | No | OT, Physio, S | Yes  Mobility & Functional Support | This splint may improve hand function when a neurological deficit or an injury makes gripping difficult. For example the gripping aid may enable use of equipment for a rehabilitation strengthening program, holding a racquet, handlebars or gardening tools or cutting with a knife.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Footwear not obtained through Medical Grade Footwear Program | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
|  | Foot Orthoses/Insoles (See [AR04](#AR04))  Footwear to accompany a Prosthetic Limb (See Prosthesis [AJ07](#AJ07)) |  |  |  |  |
| AJ06 | Medical/Post Operative Shoe/Boot - Temporary | No | Pod, O, S, Physio, P, RN, GP | Yes  Mobility & Functional Support | These items are required temporarily to heal a particular issue. If a permanent or long term solution is required the patient is referred for MGF Program. There is no overlap of these Items. Functional and product assessments should be conducted.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AR26 | Orthoses and Footwear Not Obtained Through Medical Grade Footwear - Consumables and Accessories | No | Physio, POD, S, RN, CH, OST, OT, O, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  See also [AU13](#AU13) Donning and Doffing Aids. |
| AR27 | Orthoses and Footwear Not Obtained Through Medical Grade Footwear - Maintenance and Repair | No | GP, OT, S, Physio, Ch, Ost, O, Pod | Yes  Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Prostheses | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AW01 | Ears - Artificial | No | GP, S | No |  |
| AW02 | Breast Prosthesis - Non-Implanted | No | GP, S, RN | No | This item refers to the breast prosthesis and the purpose designed bras. |
| AW03 | Eye Prosthesis | No | GP, S | No |  |
| AW04 | Nose Prosthesis | No | GP, S | No |  |
| AW06 | Prosthetic Accessories | No | S, GP, Physio, P, OT, AC, RN | No | Includes bra for breast prosthesis (mastectomy bra), stump socks, silicon liners, silicon knee sleeves. |
|  | Voice Prostheses (See [BA12](#BA12)) |  |  |  |  |
| AW07 | Everyday Prosthesis | Yes | AC, S, P, Physio | No | The provision of an everyday prosthesis follows assessment by the multidisciplinary prosthetic team and requires support from the Amputee Clinic team or Specialist. The request should include specific functional goals with evidence of the clinical appropriateness, prosthetic evaluation and review.  Details of the assessment may include but not be limited to the following: stump integrity, residual limb, general muscle strength and endurance, balance, cardio-vascular fitness, the presence of comorbidities and/or psychosocial factors that may influence compliance and functional goals.  In addition, there should be evidence of use of relevant standardised outcome measures, such as Six Minute Walk Test, Activities-Specific Balance Confidence Scale, Amputee Mobility Predictor – K level, C-Leg Evaluation Protocol, Timed Get Up and Go Test.  Replacement of a prosthesis and componentry also requires support from the Amputee Clinic team or Specialist. |
| AW08 | Secondary Prosthesis  (Also see [AW13](#AW13)) | Yes  \* A second prosthesis may be provided sports or recreation if the first is for an occupational purpose. | AC, S, P, Physio | No | Includes shower leg, water arm/leg, sports leg, occupational limb, cosmetic limb.  In addition to comments in AW07, the request should include evidence of clinical appropriateness and specific need.  When the request is for a sport specific prosthesis, such as running blade there must be evidence that the entitled person has the functional capacity and physical attributes necessary to participate in the sport as well as the resilience and commitment to pursue the sport and training.  Replacement of a prosthesis and componentry requires support from the Amputee Clinic team or Specialist |
| AJ07 | Footwear for Prosthetic Limb | No,  unless exceeds three pairs at any one time | AC, P, S, Physio, Pod | No | Shoes are funded if they are required as an essential part of a Limb Prosthesis. These can be off the shelf or when necessary through the [MGF program](https://www.dva.gov.au/providers/health-programs-and-services-our-clients/medical-grade-footwear-providers-and-suppliers). Limit of two pairs of funded shoes at any one time. Replacement when shoes are no longer serviceable. Note limit extended to three pairs if the client lives more than 100kms from the nearest footwear supplier. |
| AW10 | Replacement Parts and/or Repairs for Prostheses | No,  unless exceeds  $650 | GP, Physio, P, OT, AC, S | No | DVA accepts financial responsibility for items not covered under the warranty period. |
| AW13 | Prosthetic Recreational Sports Aid | Yes | S, AC, P, Physio | No | Limb prosthetic attachments to enable participation in recreation/sports, such as swimming freestyle aid, basketball hand.  Detailed assessment is necessary. There should also be evidence that the entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis. |
| AW14 | Adaptive Recreational Sports Aid for Amputees | Yes | Physio, OT, S, AC, P | No | Detailed assessment is necessary.  These appliances, which are not prosthetic extensions, facilitate participation in recreation and sports with/without use of the client's prosthesis. Examples include sports specific wheelchair, adapted 3 track ski system, soccer gait aids, clamp on fishing pole.  Sports wheelchairs may also be considered for clients who are unable to participate in their sport without the use of a wheelchair due to a neurological or musculoskeletal condition.  There should also be evidence that entitled person has the necessary physical attributes, functional capacity and commitment to perform the activity/sport on a regular basis, such as membership of sporting club, details of coaching program. |

| Personal Hygiene | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AU01 | Bottom Wiper | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU02 | Button Hook | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU03 | Appliances with Suction Cups | No | OT, GP, RN, S, LDO, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU04 | Dressing Stick | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU05 | Disposable Bed, Bath and Shampoo Kit | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU08 | Appliances with Long Handles | No | OT, GP, RN, S, Physio, POD | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU13 | Donning and Doffing Aids | No | OT, Pod, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU14 | Elasticised Shoe Laces | No | OT, Pod, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AU16 | Clothing Protectors | No,  unless exceeds 6 per year | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AS12 | Synthetic Wig | No | S, GP, RN | Yes  Mobility & Functional Support | Issued for hair loss due to a medical condition. |
| AS13 | Human Hair Wig | Yes,  limit of 2 per person | S, GP, RN | Yes  Mobility & Functional Support | Supplied to a client who is becoming bald as a result of war caused injury or disease, or as a result of malignant neoplasia, or as a result of treatment of these conditions.  A synthetic wig should be considered, unless there is a clinical requirement for natural hair. DVA will not accept financial responsibility for cleaning and setting the wig. |
| AU17 | Personal Hygiene - Consumables and Accessories | No | OT, Pod, GP, RN, LDO, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Bathing | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AZ01 | Bath - Bath Board, Bench and Seat | No | OT, RN, S | Yes  Mobility & Functional Support | Simplest item to meet functional need should be provided in the first instance.  Trialling equipment within the home may be indicated to assist in determining the most appropriate device for the client’s circumstances.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AZ04 | Shower - Shower Stool and Chair | No | OT, RN, Physio, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AZ06 | Limbs - Waterproof Protectors | No | OT, RN, S, Pod, GP | Yes  Mobility & Functional Support | Waterproof protector for cast or dressings.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AZ07 | Bath Lift | Yes | OT, RN, S, GP | Yes  Mobility & Functional Support | Primary use of bath lift is to facilitate soaking for medical management of complex skin conditions. Referral by a medical specialist should outline the necessary medical regime.  For general washing the simplest item to meet functional need is to be provided in the first instance, such as shower chair/stool, transfer bench.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AZ08 | Bathing - Consumables and Accessories | No | OT, RN, S, GP, Pod, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Toileting | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AD04 | Urinal | No | OT, RN, CA, S, GP, Physio | Yes  Continence  Mobility & Functional Support | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Direct Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE02 | Bedside Commode Chair | No | OT, RN, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE03 | Pan - Commode, Bed, and Slipper | No | OT, RN, GP, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE04 | Mobile Shower Commode Chair | No | OT, RN, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE06 | Over Toilet Frame and Toilet Surround | No | OT, RN, CA, S, Physio, GP | Yes  Mobility & Functional Support | A second toilet aid may be provided in cases where the client resides in a split level residence and requires access to toileting facilities on both levels. Client must have a clinical or functional need that clearly indicates provision of aid on both levels of residence, such as significant mobility impairment, chronic clinical condition where urgency and/or frequency exists.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE10 | Raised Toilet Seat | No | OT, RN, Physio, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE11 | Toileting - Maintenance and Repairs | No | OT, RN, CA, S, Physio, GP | Yes  Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE15 | Toileting - Consumables and Accessories | No | OT, RN, Physio, CA, S, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Continence Products | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AD01 | Bedding protection - Reusable:Draw sheet - Absorbent, waterproof backing | No | OT, RN, CA, S, GP, Physio | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD02 | Disposable Liners/Underpads (blue underlay) | No | OT, RN, CA, S, GP, Physio | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD03 | Catheter Drainage Bag – overnight (non-sterile/sterile) non-drainable i.e. overnight bags, only used once. | No | RN, CA, S, GP, Physio | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD05 | Catheters - In-Dwelling (e.g. Foley) – Long term | No | GP, S, CA,RN, Physio | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD06 | Washable Continence Briefs | No | OT, RN, CA, GP, S, Physio | Yes  Continence | These briefs may already have a pad stitched in, or Velcro, or pockets to allow for the addition of a pad (i.e. an [AD21](#AD21) washable pad).  Same assessment as per item [AD01](#AD01) should be undertaken.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD07 | Continence Pads - Disposable | No | OT, RN, CA, GP, S, Physio | Yes  Continence | Disposable ‘pull-ups’ are considered to be pads.  Same assessments as per item [AD01](#AD01) should be undertaken.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD08 | Urine Drainage Bottle - 4 Litres (with connecting tubing) | No | RN, CA, S, GP | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD09 | Leg Bag (non sterile/sterile) | No | RN, CA, S, GP | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD10 | Penile Clamp | No | S, RN, GP, CA | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD11 | Catheters – Intermittent (e.g. Nelaton) | No | GP, S, CA, RN | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD12 | Catheters - External (e.g. uridome / penile sheath / penile pouch) | No | RN, CA, S, GP | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD13 | Urine Collection Bag Hanger | No | RN, CA, S, GP | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD14 | Waterproof Sheet (rubberised) | No | OT, RN, CA, S, GP | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD15 | Continence Consumables | No | OT, Physio, RN, CA, GP, S | Yes  Continence | Includes catheter packs, sterile gloves, cleaning agents, tubing and perineal/stoma cleansing products, sterile water and normal saline.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD16 | Occlusive Devices (e.g. anal plugs) | No | CA, S, GP, RN | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD17 | Urethral Meatal Dilator | No | S, GP | Yes  Continence | Product assessment should be undertaken.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD18 | Faecal Collector – Perianal | No | RN, CA, S, GP | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD19 | Continence Briefs - (mesh/stretch) | No | OT, RN, CA,  GP, S, Physio | Yes  Continence | Stretch, mesh, disposable briefs but can be washed/re-washed between 4-30 times before needing to be replaced. Used to hold either disposable pads ([AD07](#AD07)) or washable pads ([AD21](#AD21)) firmly in place.  Same assessments as per item [AD01](#AD01) should be undertaken.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD20 | Pessary Ring | No | RN, CA,  GP, S | Yes  Continence | Initially by GP, S, and subsequent request for supplies can be made by RN, CA or the client.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD21 | Continence Pads –  Re-usable/Washable | No | OT, RN, CA, GP, S | Yes  Continence | Often used in conjunction with [AD06](#AD06) (long lasting continence briefs) or [AD19](#AD19) (continence briefs – short term).  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD22 | Catheter Drainage Bag – overnight - (non-sterile/sterile) - Drainable | No | RN, CA, GP, S | Yes  Continence | Client education and follow-up should be undertaken to ensure that the client is aware of the number of usages possible per bag.  For non-drainable bag see [AD03](#AD03)  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD23 | Catheter Valves - Long/Short Term | No | RN, CA, GP, S | Yes  Continence | Same assessments as per item [AD01](#AD01) should be undertaken.  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD24 | Chair Pads - Waterproof | No | OT, RN, CA, Physio | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD26 | Continence Absorbent Mat (for beside the bed only) | No | RN, CA, GP, S, OT, Physio | Yes  Continence | [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD27 | Muscle Stimulator for Continence Issues (includes appropriate electrodes and batteries) | No | Physio, CA, RN | No | Use of the muscle stimulator would be part of an overall management plan which includes a home exercise program and appropriate reviews. Instruction in use, prescription of exercises and continence education would be provided by a continence nurse or physiotherapist. Evaluation of the effectiveness of this type of intervention would be completed prior to recommendation of supply.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) |
| AT10 | Indwelling Pleural/Abdominal Drainage Kit | No | GP, S, RN | Yes  Continence | The assessing RN should be a Clinical Nurse Consultant or nurse practitioner in palliative care.  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AD28 | Replacement Parts, Repairs and Accessories | No | OT, RN, CA, S, GP, Physio | Yes  Continence | DVA accepts financial responsibility for items not covered under the warranty period.  [RAP National Guidelines - Continence Products](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Direct Order Form - Continence Products - D0988](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Speech Appliances | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| BA01 | Electrolarynx (also known as artificial larynx) | No | SP, S | No | This device needs to be trialled first. |
| BA02 | Electrolarynx Consumables – Rechargeable Batteries | No | SP, S, RN, GP | No | Following the initial request by the health provider, the entitled person can make subsequent requests for the batteries. |
| BA03 | Non-Electronic Assistive Communication Device | No | SP, S | No | Includes design, labour and manufacturing costs. For example, lamination of board, provision of folder, board-clip. |
| BA04 | Assistive Communication Device - Electronic | Yes | SP, S  A\* | No | \*Audiologist may assess for a speech processor.  This item also includes:   * base model tablets and iPads with a protective cover to be used specifically for the purpose of running assistive speech or speech pathology software and applications. Provision for any other purpose will not be considered. * personal computers and laptops, which are electronic communication systems combining hardware and software. This item is only to be issued to DVA clients with a severe communication impairment or complex communication needs. * Speech Pathology software and applications.   Education and training in usage for the entitled person should be undertaken prior to provision.  Repairs and maintenance to the communication device following the cessation of any warranty period set by the supplier should be arranged through DVA.  For personal computers, laptops, tablets and iPads any additional software requirements such as antivirus programs, operating systems, word processing programs, and internet accessing fees are the responsibility of the entitled person.  [RAP National Guidelines apply. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information.](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Communication Device Form D1382](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BA05 | Electronic Mirror | No | SP, S | Yes  Mobility & Functional Support | Issued only for the purpose of assisting clients in adjusting/fitting their voice prostheses. |
| BA07 | Communication - Consumables and Accessories | No | SP, S, RN, GP | Yes  Mobility & Functional Support | For example, shower shields, cloth stoma covers, foam stoma protectors, tube holders, neck ties, double sided adhesive tape, surgical lubricant, stents for dilating puncture, catheters, gel caps, cleaning brushes for indwelling voice prostheses.  Following the initial request by the health provider, the client can make subsequent requests for consumables. |
| BA08 | Laryngectomy Tubes | No | SP, S, RN, GP | No |  |
| BA09 | Mouth Irrigator | No | SP, S, RN, GP | Yes  Mobility & Functional Support | For post-operative head/neck surgery only. |
| BA12 | Voice Prosthesis | No | SP, S | Yes  Mobility & Functional Support | Functional and product assessments to be conducted. |
| BA13 | Communication, Swallowing and Feeding Appliances - Maintenance and Repair | No,  unless exceeds $400 per month | SP, S, RN, GP, D, A, At | Yes  Mobility & Functional Support |  |
| BA15 | Jaw Motion Rehabilitation System | No | SP, S | Yes  Mobility & Functional Support | This device is used to prevent and treat trismus (lock jaw) due to head and neck radiotherapy.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
|  | Humidifier (see [AY03](#AY03)) |  |  |  |  |
|  | Respiratory Suction Apparatus (see [AY12](#AY12)) |  |  |  |  |

| Swallowing and Feeding Appliances | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AS14 | Enteral Feeding Pump | No | S, D, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AS15 | Swallowing and Feeding - Consumables and Accessories | No | GP, RN, S, D | Yes  Mobility & Functional Support | Includes feeding bags, naso-gastric tubes, peg feed tubes.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BA16 | Non-nutritional Thickened Fluid Products | No | SP, GP | Yes  Continence | This item is for non-nutritional thickened fluid products only. Maximum of 3 months’ supply at a time.  [Order Form - Request for Non-nutritional thickened fluid products - D9166](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  For nutritional items including nutritional thickened fluids, this should be requested through the Veterans’ Affairs Pharmaceutical Approvals Centre (VAPAC) on 1800 552 580. |

| Rehabilitation Exercise Equipment | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AV01 | Stationary Exercise Bike | No,  unless not preceded by a trial | Physio, S, Ch, Ost, EP | Yes  Mobility & Functional Support | **An exercise bike is not intended for general fitness.**  Exercise bikes will only be supplied where the client is required:   * to increase cardio-vascular fitness prior to surgery * to reduce weight prior to surgery * as a rehabilitation aid following surgery (e.g. post knee surgery) * other (e.g. prescribed management or treatment plan of medical conditions such as arthritis, respiratory and neurological conditions, cancer)   This item is only to be prescribed after an initial 3 month trial [AV18](#AV18) to ensure that the exercise bike is suitable for ongoing supply and treatment.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AV02 | Pedal Exerciser | No,  unless exceeds 1 per person | Physio, S, Ch, Ost, EP | Yes  Mobility & Functional Support | The use of the pedals is expected to form part of an individually prescribed and monitored exercise program. The Health Provider is responsible for the assessment of the safe use of this item. Factors such as risk of skin tears and tripping must be considered.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AV10 | Small Exercise Equipment | No | Physio, S, OT, Ch, Ost, EP | Yes  Mobility & Functional Support | **Small exercise equipment is not intended for general fitness.**  Small exercise equipment will only be supplied where the clients is prescribed equipment:   * as part of their treatment * for transitioning to a monitored exercise program that they can perform in their own environment.   The Health Provider is responsible for the assessment of the safe use of these items in line with best practice.  DVA does not fund large pieces of gym and exercise equipment, or exercise equipment with moving parts (with the exception of [AV01](#AV01) and [AV02](#AV02)).  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AV16 | Rehabilitation Exercise Equipment and Treatment Machines - Maintenance and Repair | No,  unless exceeds  $500 per month | Physio, S, CH, OST, EP, GP, RN, PC | Yes  Mobility & Functional Support | If over $500, consider replacing the item.  DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AV18 | Stationary Exercise Bike – Trial (3 month) | No,  unless exceeds 3 month trial period | Physio, S, Ch, Ost, EP | Yes  Mobility & Functional Support | **An exercise bike is not intended for general fitness.**  Exercise bikes will only be supplied where the client is required:   * to increase cardio-vascular fitness prior to surgery * to reduce weight prior to surgery * as a rehabilitation aid following surgery (e.g. post knee surgery) * other (e.g. management of medical conditions such as arthritis, respiratory and neurological conditions, cancer)   An initial 3 month trial is required to ensure that the exercise bike is suitable for ongoing supply and treatment.  For the initial 3 month trial complete the form [Request for Trial Equipment - D9160](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms).  If at the end of the 3 months trial, an ongoing need for the equipment is required. Please see Stationary Exercise Bike [AV01](#AV01) |

| Treatment Machines | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AR31 | Functional Electrical Stimulation (FES) Lower Limb Neuroprosthesis | Yes,  limit of 1 per person every 8 years | ReC, S, O, Physio | No | Not implanted, this external device is generally used for those with neurological deficits, such as for hemiparesis following stroke. A trial is necessary to determine suitability, effectiveness and compliance. There should be evidence that the client is attending a rehabilitation clinic or hospital and is receiving care from a multi-disciplinary team. |
| AR32 | Hand Rehabilitation System and Neuroprothesis | Yes,  limit of 1 per person every 8 years | ReC, S, P, Physio, OT | No | Not implanted, this external device is generally used for those with neurological deficits, such as for hemiparesis following stroke.  A trial is necessary to determine suitability, effectiveness and compliance. Prescription for trial should originate from the multidisciplinary rehabilitation team managing the client. |
| AS01 | Blood Pressure Monitor | No | S, GP | Yes  Mobility & Functional Support  Low Vision | Only provided where there is a clinical requirement for home monitoring of blood pressure.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AS11 | Vacuum Enhancement Device | No | S, Physio | Yes  Mobility & Functional Support | Only provided when alternative methods for overcoming impotence are not suitable. |
| AS18 | Wound Treatment Negative Pressure Equipment – Ambulatory (small) | Yes | S, RN, Pod | No | The assessing RN should be a Clinical Nurse Consultant in Wound Management.  The assessing podiatrist should be working in a high risk foot service or have accreditation or membership as an advanced practising podiatrist in the high risk foot.  The Assessing Health Provider should review treatment in 8 weeks and depending on the Health Provider’s recommendation, a further 8 weeks of treatment may be approved.  Limit treatment to 16 weeks in total for each wound in a 12 month period. |
| AS19 | Wound Treatment Negative Pressure Equipment – Mains Power (large) | Yes | S, RN | No | The assessing RN must be a Clinical Nurse Consultant (CNC) in wound management. The Specialist and/or CNC must review treatment in 8 weeks and depending on the prescriber’s recommendation, a further 8 weeks of treatment may be approved.  Limit treatment to 16 weeks in total for each wound in a 12 month period. |
| BD03 | TENS Machine | No | Physio, PC, Ch, Ost, S, GP | Yes  Mobility & Functional Support | The provision of a TENS Machine is to be part of multi-modal treatment. It is recommended the safety, effectiveness and appropriateness of the TENS Machine is monitored by an appropriate heath provider on a regular basis.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BD04 | Rehabilitation Exercise Equipment and Treatment Machines - Consumables and Accessories | No | Physio, S, CH, OST, EP, GP, RN, PC | Yes  Mobility & Functional Support | Includes TENS Machine recharger, batteries.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Household Adaptive and Assistance Appliances | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AH01 | Adaptive Crockery and Cutlery | No | OT, RN, Physio, GP, S, SP | Yes  Mobility & Functional Support | [AH06](#AH06) should be considered in the first instance. Items specifically designed for individuals with disability — for example, tea-pot tipper, dysphagia cup.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH04 | Book Holder | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH06 | Modified Grip Handle | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | This item should be considered prior to [AH01](#AH01).  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH07 | Jar and Can Opener | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH08 | Key Turner | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH09 | Non-Slip Table Mat | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH11 | Reaching Appliances | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH12 | Adaptive Scissors | No | OT, RN, Physio, GP, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH13 | Tap Turner | No | OT, RN, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH14 | Traymobile | No | OT, RN, Physio | Yes  Mobility & Functional Support | Assessment of in-home mobility and environment in which the aid is to be used should be undertaken to determine safe and appropriate use.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH15 | Modified Vegetable Board | No | OT, RN, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH17 | Adaptive Household Appliances | No | OT, RN, Physio, GP, S, SP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AS16 | Medical Emergency Bracelet and Pendant | No | GP, S, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  See also [BF08](#BF08) Cognitive, Dementia and Memory Assistive Technology. |
| BG01 | Non-Slip Mats | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BG03 | Adaptive Lighting | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | For example, 3-in-1 night light and touch lamp.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH18 | Household Adaptive and Assistance Appliances - Maintenance and Repair | No,  unless exceeds  $250 per invoice | OT, RN, Physio, GP, S, SP | Yes  Mobility & Functional Support | If costs of repairs are over $250 consider replacement.  DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AH19 | Household Adaptive and Assistance Appliances - Consumables and Accessories | No | OT, RN, Physio, GP, S, SP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Communication, Cognition and Memory Assistance | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AA16 | Sensor Mat | No | OT, RN, Physio | Yes  Mobility & Functional Support | This item may be considered to facilitate safety and independence within the home for entitled person who may wander due to dementia or cognitive and memory dysfunction.  Types of sensor mats; bedmats, chair mats, floor mats.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  See also [BF08](#BF08) Sound and Movement Monitors. |
| BF01 | Orientation Clock and Calendar | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | For example, calendar clock, day clock.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF02 | Orientation Signs | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | For example, stop signs.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF03 | Coloured Toilet Seat | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF05 | Key Finder | No | OT, RN, S, Physio, GP | Yes  Mobility & Functional Support | These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF06 | Medication Timers and Alerts | No | OT, RN, S, Physio, GP | Yes  Mobility & Functional Support | For example, Pill Box Reminder with alarm settings and storage compartments.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF07 | Memory Jogger | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | For example, Verbal Reminder Alarm with message setting.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF08 | Sound and Movement Monitors | No | OT, GP, RN, S, Physio | Yes  Personal Response System | Includes door and room monitors.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Assessment Form for the supply of Personal Response System - D9199](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  See also [AA16](#AA16) Sensor Mat  Please also refer to [RAP National Guidelines – Personal Response Systems](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-national-guidelines/personal-response-systems) |
| BF09 | Exit Reminders | No | OT, GP, RN, S, Physio | Yes  Personal Response System | For example, Wander Reminder System, personalised messages and infrared motion detection.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Assessment Form for the supply of Personal Response System - D9199](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  Please also refer to [RAP National Guidelines – Personal Response Systems](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-national-guidelines/personal-response-systems) |
| BF10 | Safely Home Bracelet | No | GP, RN,  S | No | These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  The safely home bracelet is for people with dementia who tend to wander from their home. This type of bracelet is available in some States. Further information, contact the National Dementia Helpline 1800 100 500.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication. |
| BF11 | Home Safety Devices | No | OT, RN, S, Physio, GP | Yes  Mobility & Functional Support | Includes flood prevention bath plugs and sink plug stopper, tap cap, power point safety cover, stove guard and sink overflow detector.  These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF12 | Telecare (Tracking) Devices | No | OT, GP, Physio, S, RN | Yes  Personal Response System | These aids use satellite technology to locate a person who may have become disoriented and unable to navigate their way home or has wandered from their own familiar environment. Tracking devices can improve a person’s independence and support the carer, however the assessing health provider needs to evaluate risks associated with wandering and the need for personal freedom and the right to privacy.  Tracking devices are less likely to be applicable for entitled clients in the later stages of dementia.  Other simpler approaches should be trialled initially. Walking has substantial benefits however there are valid ethical issues to consider before prescribing a LMOS tracking device when a person is unable to give informed consent. Clinical records should reflect collaboration between entitled client, carer, treating medical doctor and specialists, allied health providers and any other relevant person.  A record of consent by the entitled client or Enduring Power of Attorney (Medical Treatment) is necessary.  May also be useful for managing clients with Acquired Brain Injury (ABI) resulting from trauma, disease, stroke, alcohol, drugs, hypoxia, degenerative neurological disease, Multiple Sclerosis, Huntington’s disease, Motor Neurone disease, Parkinson’s disease. ABI can affect a person’s cognitive, physical, emotional and independent function resulting in a mild to profound loss of independence.  The GP or Medical Specialist is responsible for ensuring a comprehensive assessment is conducted, such as using the Psychogeriatric Assessment Scales. The referral from the GP or Medical Specialist must specify type and stage of dementia, or ABI, and include relevant details of current co-morbidities and medication.  [Assessment Form for the supply of Personal Response System - D9199](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  Please also refer to [RAP National Guidelines – Personal Response Systems](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-national-guidelines/personal-response-systems) |
| BF13 | Cognition and Memory Assistance - Maintenance and Repair | No | OT, RN, S, Physio, GP | Yes  Mobility & Functional Support | Consider replacement of the item for lower cost items.  DVA accepts financial responsibility for items not covered under the warranty period.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BF14 | Cognition and Memory Assistance - Consumables and Accessories | No | OT, RN, S, Physio, GP | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Palliative Care Appliances | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
|  | Oxygen (See [Respiratory Home Therapy Appliances](#AY02))  Indwelling Pleural/Abdominal Drainage Kit ( See Continence) [AT10](#AT10) |  |  |  |  |
| AT09 | Subcutaneous Infusion Device | Yes, if purchased | GP, S, RN | No | If these are supplied on loan from community palliative care clinics, no prior approval is required. |
| AT12 | IV Stand and Pole | No | GP, S, RN | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AT13 | Palliative Care Appliances - Consumables and Accessories | No | GP, S, RN | Yes  Mobility & Functional Support | Includes cassettes and extension sets, remote reservoir adaptors.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AT14 | Palliative Care Appliances - Maintenance and Repair | No | GP, S, RN | Yes  Mobility & Functional Support | DVA accepts financial responsibility for items not covered under the warranty period. |
| AT15 | Infusion Pump Volumetric | Yes,  limit of 1 per person | GP, S, RN | No | Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP and ask to be put through to the relevant DVA State location Medical Adviser to discuss the entitled person’s need for this item.  Refer to VAPAC for Baxter Pumps. |

| Home Modifications – Non Complex – No Prior Approval Required | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AA11 | Door Bell with Signal Light (Hearing impaired appliance) | No | A, At, OT, RN,  S | Yes  Mobility & Functional Support | [RAP National Guidelines - Assistive listening devices](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AA17 | Smoke Alarm Package for the Hearing Impaired | No | A, At, OT S, GP | Yes  Mobility & Functional Support | The smoke alarm package for the hearing impaired includes a photoelectric smoke alarm, a vibration pad and flashing light.  [RAP National Guidelines - Assistive listening devices](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – RAP Mobility & Functional Support Products - D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  **Installation:**  Funding of installation costs for a Smoke Alarm Package for the Hearing Impaired may be considered under [AL16](#AL16).  Only standard installation costs of a Smoke Alarm Package for the Hearing Impaired will be funded [Order Form – RAP Mobility & Functional Support Products - D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  Refer to [AL16](#AL16) for installation.  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL04 | Lever Tap | No | OT | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL06 | Fixed Non-Slip Surfacing | No | OT, Physio, RN | Yes  Mobility & Functional Support | Non-slip surfacing may be requested for wet areas, such as showers, bathrooms, external stairs and ramps.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL09 | Rails | No | OT | Yes  Mobility & Functional Support | Includes internal and external grab rails and hand rails to access points of residence.  Does not include rails for pools or spas.  Rails on verandas and balustrades should be referred to DVA as they may have building code ramifications.  Functional and Home Assessment should include:   * Assessment of functional mobility and consideration of other options, such as appropriate gait aid or more specific therapy program; * Functional mobility within the home and the need for rail support as well as the type of rail required; and * Assessment of location for rails and associated measurements and diagrams for installation.   [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL21 | Non-Complex Home Modification – Other Modification | No | OT | Yes  Mobility & Functional Support | Other Modifications may include wardrobe modifications, thresholds, relocation of lighting switches, step modification (**only** one step) and ramp modification lower than 190mm.  Functional, home and product assessments should include:   * Assessment of functional need; * trial/implementation of simpler equipment, alternative techniques and where appropriate, recommend referral to other Health Provider services; and * measurements and relevant drawings/diagrams for proposed minor modifications.   [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL24 | Non-Complex Home Modification – Door Modification | No | OT | Yes  Mobility & Functional Support | Door modifications may include toilet door reversal or installation of lift off hinges, relocation of door handles and door widening.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL25 | Non-Complex Home Modification – Shower Modification | No | OT | Yes  Mobility & Functional Support | Shower modification may include rod for shower curtain, and shower base platform.  RAP does not undertake general home maintenance or repairs such as regrouting shower tiles.  Functional, home and product assessments should include:   * Assessment of functional need; * trial/implementation of simpler equipment; and * measurements and relevant drawings/diagrams for proposed minor modifications.   Installations should only be carried out on one residence.  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms).  Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. |
| AZ02 | Shower – Hand Held | No | OT, RN, S | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BG02 | Lighting – Sensor Light | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | Including portable sensor light and external sensor.  Needs to be installed (refer BG16).  Installation of sensor lights will only occur where there is existing electrical wiring/circuits that can be used for this purpose.  DVA will not install new electrical wiring/circuits.  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BG04 | Retractable Garden Hose | No | OT, GP, RN, S, Physio | Yes  Mobility & Functional Support | [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| **Home Modifications - Complex - Prior Approval Required** | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AL05 | Stair Lift | Yes,  limit of 1 per person | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form (Major Modifications) - D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form - D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Resources for assessing health providers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#resources-for-assessing-health-providers) |
| AL07 | Vertical Platform Lift | Yes,  limit of 1 per person | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form (Major Modifications) - D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form - D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL23 | Stove Isolation Switch | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – Mobility and Functional Support – D0992](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form - D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  See also [Communication, Cognition and Memory Assistance](#Cognition) |
| AM04 | Ceiling Hoist | Yes | Physio, OT, RN | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form – D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form – D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AZ03 | Shower Seat – Fold Down | Yes | OT, RN, S | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form (Major Modifications) - D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form - D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BE01 | Bidet | Yes  Limit one per primary residence | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form (Major Modifications) - D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form - D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Resources for assessing health providers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#resources-for-assessing-health-providers) |
| BE12 | Bidet – RPZ Valve | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form (Major Modifications) - D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form - D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Resources for assessing health providers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#resources-for-assessing-health-providers) |

| Home Modifications - Complex - Prior Approval Required | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AL10 | Ramp – Fixed – Greater than 190mm | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form – D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form – D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  For ramps lower than 190mm height, [see AL21](#AL21)  [Resources for assessing health providers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#resources-for-assessing-health-providers) |
| AL14 | Step Modification – two or more steps | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form – D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form – D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  For only one step modification, [see AL21](#AL21)  [Resources for assessing health providers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#resources-for-assessing-health-providers) |
| AL15 | Complex Home Modification - Bathroom Modification | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form – D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form – D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Resources for assessing health providers](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-overview#resources-for-assessing-health-providers) |
| AL26 | Ramp - Demountable | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form – D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form – D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL28 | Complex Home Modification – Other Room Modification | Yes | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Home/Access Modifications Assessment Form – D1327](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  [Authority to Install/Modify Form – D1323](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AL22 | Maintenance and Repair - Complex and Non-Complex | No,  Unless exceeds $1500 | OT | Yes  Mobility & Functional Support | [RAP National Guidelines - Complex Home Modifications including lifts](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) |

| **Diabetes Products** | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AF01 | Glucose Monitor (Standard) | No | DC, GP, S, CDE, RN | Yes | Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians  Registered Nurse (RN) includes Nurse Practitioner (diabetes)  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form –Diabetes Products D9414](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AF02 | Continuous Glucose Monitor | No | DC, GP, S, CDE, RN | Yes | Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians  Registered Nurse(RN) includes Nurse Practitioner (diabetes)  Clients prescribed a CGM will automatically be placed on a subscription service for three (3) monthly supply of consumables. If the client does not wish to be placed on a subscription please mark this clearly on the form.  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form –Diabetes Products D9414](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AF03 | Insulin pumps | No | E (must request initial supply)  DC, GP, S, CDE, RN | Yes | Initial request **MUST** be requested by an Endocrinologist.  Replacements can be ordered by Endocrinologists (E), Diabetes Clinic (DC), General Practitioner (GP), Specialist (S), Credentialled Diabetes Educator (CDE) or Registered Nurse (RN).  Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians  Registered Nurse (RN) includes Nurse Practitioner (diabetes)  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form –Diabetes Products D9414](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AF04 | Diabetes Consumables and Accessories | No | DC, GP, S, CDE, RN | Yes | Specialist (S) includes Endocrinologists, diabetologists and Paediatricians  Registered Nurse (RN) includes Nurse Practitioner (diabetes)  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form –Diabetes Products D9414](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  A limited range of products enabling better self-management of diabetes is available, free of charge or at minimal cost, to those registered on the [National Diabetes Services Scheme](https://www.ndss.com.au/) (NDSS), an initiative of the Australian Government. These items are available from [NDSS Access Points](https://osd.ndss.com.au/search/), most typically a local pharmacy. DVA will continue to pay all co-payments for NDSS products supplied to eligible clients. |
| AF05 | Diabetes Subscription Service | No | DC, GP, S, CDE, RN | No | Specialist (S) includes Endocrinologists, diabetologists and Paediatricians  Registered Nurse (RN) includes Nurse Practitioner (diabetes)  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form –Diabetes Products D9414](https://www.dva.gov.au/get-support/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  Subscription Service providing CGM consumables.  Clients prescribed a CGM will automatically be placed on a subscription service for three (3) monthly supply of consumables. If the client does not wish to be placed on a subscription please mark this clearly on the form. |
| AF06 | Diabetes Memberships | No | DC, GP, S, CDE, RN | No | Eligible DVA clients are to seek reimbursement through Health Approvals.  [Diabetes Membership Reimbursement - D9413](https://www.dva.gov.au/about-us/dva-forms/diabetes-membership-reimbursement) |

| **Low Vision Appliances (Non-Optical)** | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AN01 | Clock / Watch (large font, braille alarm clock / talking clock) | No | S, LVC, Op, OT | Yes  Low Vision | See also BF00 Cognitive, Dementia and Memory Assistive Technology.  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
|  | Guide Dog | Yes | LVC, S | Yes  Low Vision | See [BH02](#BH02) |
| AN03 | Audio listening services, devices and software | No | S, LVC, Op, OT | Yes  Low Vision | Includes library service fees, devices and software to enable eligible low vision clients to access audio books, newspapers, magazines, braille titles, podcasts and other resources  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AN05 | Orientation and Mobility Aid Training (for visually impaired) | No | S, LVC, Op, OT | Yes  Low Vision | OT’s must be certified Orientation and Mobility Trainers.  Includes mobility training for walking canes and electronic mobility aids. This item does not cover training related to Guide Dogs, please see [BH02](#BH02).  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AN08 | Electronic Mobility Aid | No | S, LVC, Op, OT | Yes  Low Vision | To ensure clients are able to use and are comfortable with the technology they may require an assessment by an orientation and Mobility Trainer (OT).  Examples of Electronic Mobility Aids include Echo-location and GPS devices.  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AN11 | Electronic and Wearable Magnifiers | Yes,  limit of 1 per person | S, LVC, Op, OT | Yes  Low Vision | Electronic and wearable magnifiers, including desktop and handheld magnifiers intended for severe vision loss. Education and training in usage for the entitled person should be undertaken prior to provision  [RAP National Guidelines](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AN17 | Low Vision Appliances – Miscellaneous Items | No | S, LVC, Op, OT | Yes  Low Vision | For low vision clients, includes coin holders, large print teledex, needle threader, tactile marks for appliances, liquid level indicator, signature guide, canes, writing frame, vision impairment badge and large button devices.  Lamps are not provided.  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AN18 | Replacement Part and/or Repairs | No | S, LVC, Op, OT | Yes  Low Vision | DVA accepts financial responsibility for items not covered under the warranty period.  Order Form – RAP Low Vision Products – D9257 |
| AN20 | Hand held electronic magnifier | No, unless exceeds 1 item per 5 years | S, LVC, Op, OT | Yes  Low Vision | Portable Battery Operated Video Magnifier. This item is an electronic version of a standard handheld magnifier. It would assist with reading food labels and prices etc during shopping. Handheld magnifiers for severe vision loss should be listed under [AN11](https://www.dva.gov.au/node/14750).  [Order Form – RAP Low Vision Products – D9257](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Respiratory Home Therapy Appliances | | | | | |
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| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| **Sub-Category: Non-Invasive Ventilation – Positive Airway Pressure (PAP)** | | | | | |
| AY01 | Non-Invasive Ventilation - PAP – Fixed Level | No, unless it exceeds 1 per person | RC, S | Yes  PAP | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  RAP Item [AY22](#AY22) if this is the client’s first referral to RAP for a Non-Invasive Ventilation - PAP machine. |
| AY14 | Non-Invasive Ventilation - PAP – Bi-Level | No, unless it exceeds 1 per person | RC, S | Yes  PAP | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  RAP Item [AY22](#AY22) if this is the client’s first referral to RAP for a Non-Invasive Ventilation - PAP machine. |
| AY17 | Non-Invasive Ventilation - PAP – Maintenance and Repair | No | RC, S | Yes  PAP | DVA accepts financial responsibility for items not covered under the warranty period.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY19 | Non-Invasive Ventilation - PAP – Consumables and Accessories | No | RC, GP, Physio, RN, S | Yes  PAP | Includes masks, filters, tubi  ng, battery. Masks should be replaced regularly as clinically required. NOTE: A specialised PAP pillow to accommodate tubing may be considered on a case by case basis, subject to Prior Approval processes, as this is not a contracted item.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY22 | Non-Invasive Ventilation - PAP – Device Trial | No, unless exceeds 3 trials per person in a 24 month period | RC, S | Yes  PAP | Clients prescribed a PAP machine with no previous history of a PAP from RAP will complete a mandatory trial for up to 30 days. The trial will ensure the PAP therapy is tolerated by the client before a PAP machine is supplied.  Clients already using a PAP from RAP, but require an upgrade or a new machine for clinical reasons, may complete a trial for up to 30 days to determine the most appropriate replacement PAP machine.  Up to three trials can occur if a client needs to test different machines.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY23 | Non-Invasive Ventilation - PAP – Auto Titrating | No, unless exceeds 1 per person | RC, S | Yes  PAP | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms)  RAP Item [AY22](#AY22) if this is the client’s first referral to RAP for a Non-Invasive Ventilation - PAP machine. |
| AY24 | Non-Invasive Ventilation - PAP – Recycled | No, unless exceeds 1 per person | RC, S | Yes  PAP | This item number is for Fixed Level, Bi-Level and Auto Titrating PAP machines that have been recycled to an as-new condition for re-supply.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY25 | Non-Invasive Ventilation - PAP – Data Report to DVA or Prescriber | No | RC, S | Yes  PAP | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure |
| AY28 | Non-Invasive Ventilation - PAP – Travel Continuous Positive Airway Pressure (CPAP) – Short-Term Rental | No | RC, S | Yes  PAP | Short term rental of a travel CPAP machine for up to three months.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY29 | Non-Invasive Ventilation - PAP – Mask Trial | No, unless exceeds 1 trial per person in a 12 month period | RC, S | Yes  PAP | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY30 | Non-Invasive Ventilation - PAP – Education and Follow Up | No, unless exceeds $500 in a 12 month period | RC, S | Yes  PAP | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure |
| AY31 | Non-Invasive Ventilation - PAP – Non-Contracted Item (Exceptional Circumstances) | Yes | RC, S | No | In exceptional circumstances only.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)s for Non-Invasive Ventilation – Positive Airway Pressure  [Application for Positive Airway Pressure (PAP) Equipment Form D9140](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| **Sub-Category: Domiciliary Medical Oxygen Therapy (DMOT)** | | | | | |
| AY02 | Oxygen – Concentrator | No | RC, S | Yes  Oxygen | For oxygen concentrators only. Refer to [AY26](#AY26) for oxygen cylinders.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY16 | Oxygen – Consumables and Accessories | No | RC, GP, Physio, RN, S | Yes  Oxygen | Includes masks, carry bag, trolley. Masks should be replaced regularly as clinically required.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY26 | Oxygen - Cylinder | No | RC, S | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY27 | Oxygen – Concentrator – Data Report to DVA or Prescriber | No | RC, S | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy |
| AY32 | Oxygen – Education, Follow Up, Refresher Training | No, unless exceeds 2 sessions per person in a 12 month period | RC, S | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy |
| AY33 | Oxygen or Other Respiratory Aids and Appliances – Non-Contracted Item (Exceptional Circumstances) | Yes | RC, S | No | In exceptional circumstances only.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| **Sub-Category: Other Respiratory Aids and Appliances** | | | | | |
| AY03 | Other Respiratory Aids and Appliances – Humidifier | No | GP, S, RN, Physio, RC | Yes  Oxygen | Vaporisers have been removed from RAP. Humidifiers are limited to clients receiving domiciliary medical oxygen therapy or clients with a tracheostomy or laryngectomy. PAP machines already include a humidification function.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY05 | Other Respiratory Aids and Appliances – Nebuliser | No | GP, S, RN, Physio, RC | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY07 | Other Respiratory Aids and Appliances – Peak Flow Meter | No | GP, S, RN, Physio, RC | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY08 | Other Respiratory Aids and Appliances – Sleep Apnoea Positional Therapy Device | No | GP, S, RN, Physio, RC | Yes  Oxygen | Body position devices that discourage supine sleep.  Simplest item to meet functional need should be provided in the first instance.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY12 | Other Respiratory Aids and Appliances – Respiratory Suction Apparatus | No | RC, RN, S, Physio, GP, SP | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY15 | Other Respiratory Aids and Appliances – Spacer | No | GP, S, RN, Physio, RC | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY18 | Other Respiratory Aids and Appliances – Oscillating Positive Expiratory Pressure (PEP) Device | No | S, Physio, RC, GP | Yes  Oxygen | [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY20 | Other Respiratory Aids and Appliances – Inspiratory Muscle Trainer | No | GP, Physio, S, RC, SP | Yes  Oxygen | This product is prescribed for clients with asthma, bronchitis, Chronic Obstructive Pulmonary Disease. DVA will not pay for this item as part of fitness training.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| AY21 | Other Respiratory Aids and Appliances – Consumables and Accessories | No | GP, S, Physio, RN, RC | Yes  Oxygen | Includes masks, carry bag, battery. Masks should be replaced regularly as clinically required.  [RAP National Guideline](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) - Domiciliary Medical Oxygen Therapy  [Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |

| Assistance Dogs | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| BH01 | Psychiatric Assistance Dog | Yes,  limit of 1 per person | Psych,  Psychiat, MH OT, MH SW | Yes | [RAP National Guidelines - Assistance Dogs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistance Dog Form D9356](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BH02 | Guide Dog | Yes,  limit of 1 per person | LVC, S | Yes  Low Vision | [RAP National Guidelines - Assistance Dogs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistance Dog Form D9356](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BH03 | Mobility Assistance Dog | Yes,  limit of 1 per person | S, OT | No | [RAP National Guidelines - Assistance Dogs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistance Dog Form D9356](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BH04 | Hearing Assistance Dog | Yes,  limit of 1 per person | A, At, OT, S | No | [RAP National Guidelines - Assistance Dogs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines)  [Request for Assistance Dog Form D9356](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-schedule-forms) |
| BH05 | Upkeep Costs for Psychiatric Assistance Dogs | No, up to $624 per quarter | Psych,  Psychiat, MH OT, MH SW, LVC, S, OT, A, At | No | DVA will accept financial responsibility for reasonable upkeep costs and maintenance of a psychiatric assistance dog supplied by DVA.  Applications for reimbursement should be submitted on an [D9401 – Claim for assistance dog expenses](https://www.dva.gov.au/about-us/dva-forms/claim-assistance-dog-expenses) and must be supported by paid itemised accounts or receipts.  [RAP National Guidelines - Assistance Dogs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) |
| BH06 | Upkeep Costs for Assistance Dogs (Guide, Hearing and Mobility) | No, up to $624 per quarter | A, At, OT, S, LVC | No | DVA will accept financial responsibility for reasonable upkeep costs and maintenance of an assistance dog (Guide, Hearing and Mobility) supplied by DVA.  Applications for reimbursement should be submitted on an [D9401 – Claim for assistance dog expenses](https://www.dva.gov.au/about-us/dva-forms/claim-assistance-dog-expenses) and must be supported by paid itemised accounts or receipts.  [RAP National Guidelines - Assistance Dogs](https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines) |

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| Stoma Appliances |
| DVA is responsible for the costs of membership of a Stoma Association and the postage of stoma supplies.  Please contact the Stoma Association in your State for further information. |

| Labour | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description of Appliance** | **Prior Approval Required** | **Assessing Health Provider** | **Contracted Item** | **Comments** |
| AL16 | Home Modification - Labour | No | A, At, OT, RN, S, Physio, GP | Yes  Mobility & Functional Support | This item number covers the actual labour costs required. |
| BG16 | MFS - Labour | No | OT, RN, CA, S, Physio, GP, POD, LDO, EP, OST, CH, O | Yes  Mobility & Functional Support | This item number covers the actual labour costs required. |

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| Delivery, Testing, Registrations and Inspections | | |
| **Item No** | **Description of Appliance** |  |
| dd01 | Continence |  |
| DD02 | Diabetes |
| DD03 | Personal Response System |
| DD04 | Oxygen |
| DD05 | Positive Airway Pressure |
| DD06 | Mobility Functional Support |
| DD07 | Low Vision Appliances |
| DD10 | Other |
| DD16 | Installation of Equipment |
| DD17 | Test and Tag |
| BE13 | Bidet - RPZ Valve Registration and Inspection |