

Personal Hygiene					
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
AU02	Button Hook	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU03	Appliances with Suction Cups	No	OT, GP, RN, S, LDO, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU04	Dressing Stick	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU05	Disposable Bed, Bath and Shampoo Kit	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU08	Appliances with Long Handles	No	OT, GP, RN, S, Physio, POD	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU13	Donning and Doffing Aids	No	OT, Pod, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU14	Elasticised Shoe Laces	No	OT, Pod, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AU16	Clothing Protectors	No, unless exceeds 6 per year	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Includes clothing protectors. Order Form – Mobility and Functional Support – D0992
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.

Personal Hygiene					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
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

Bathing					
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
AZ04	Shower - Shower Stool and Chair	No	OT, RN, Physio, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
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
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
AZ08	Bathing - Consumables and Accessories	No	OT, RN, S, GP, Pod, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Toileting					
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 Direct Order Form - Continence Products - D0988 Direct Order Form – Mobility and Functional Support – D0992
BE02	Bedside Commode Chair	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE03	Pan - Commode, Bed, and Slipper	No	OT, RN, GP, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE04	Mobile Shower Commode Chair	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
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
BE10	Raised Toilet Seat	No	OT, RN, Physio, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
BE11	Personal Hygiene, Bathing and Toileting - Maintenance and Repair	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
BE15	Toileting - Consumables and Accessories	No	OT, RN, Physio, CA, S, GP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Continence Products					
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 Direct Order Form - Continence Products - D0988
AD02	Disposable Liners/Underpads (blue underlay)	No	OT, RN, CA, S, GP, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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 Direct Order Form - Continence Products - D0988
AD05	Catheters - In-Dwelling (e.g. Foley) – Long term	No	GP, S, CA, RN, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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 washable pad). Same assessment as per item AD01 should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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 should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD08	Urine Drainage Bottle - 4 Litres (with connecting tubing)	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD09	Leg Bag (non sterile/sterile)	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD10	Penile Clamp	No	S, RN, GP, CA	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988

Continence Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD11	Catheters – Intermittent (e.g. Nelaton)	No	GP, S, CA, RN	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD12	Catheters - External (e.g. uridome / penile sheath / penile pouch)	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD13	Urine Collection Bag Hanger	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD14	Waterproof Sheet (rubberised)	No	OT, RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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 Direct Order Form - Continence Products - D0988
AD16	Occlusive Devices (e.g. anal plugs)	No	CA, S, GP, RN	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD17	Urethral Meatal Dilator	No	S, GP	Yes Continence	Product assessment should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD18	Faecal Collector – Perianal	No	RN, CA, S, GP	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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) or washable pads (AD21) firmly in place. Same assessments as per item AD01 should be undertaken. RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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 Direct Order Form - Continence Products - D0988

Continence Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AD21	Continence Pads – Re-usable/Washable	No	OT, RN, CA, GP, S	Yes Continence	Often used in conjunction with AD06 (long lasting continence briefs) or AD19 (continence briefs – short term). RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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 RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD23	Catheter Valves - Long/Short Term	No	RN, CA, GP, S	Yes Continence	Same assessments as per item AD01 should be undertaken. RAP National Guidelines Direct Order Form - Continence Products - D0988
AD24	Chair Pads - Waterproof	No	OT, RN, CA, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
AD26	Continence Absorbent Mat (for beside the bed only)	No	RN, CA, GP, S, OT, Physio	Yes Continence	RAP National Guidelines - Continence Products Direct Order Form - Continence Products - D0988
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
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
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 Direct Order Form - Continence Products - D0988

Speech Appliances					
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	<p>*Audiologist may assess for a speech processor.</p> <p>This item also includes:</p> <ul style="list-style-type: none"> 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. <p>Education and training in usage for the entitled person should be undertaken prior to provision.</p> <p>Repairs and maintenance to the communication device following the cessation of any warranty period set by the supplier should be arranged through DVA.</p> <p>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.</p> <p>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.</p> <p>Communication Device Form D1382</p>
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	<p>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.</p> <p>Following the initial request by the health provider, the client can make subsequent requests for consumables.</p>
BA08	Laryngectomy Tubes	No	SP, S, RN, GP	No	

Speech Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
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
	Humidifier (see AY03)				
	Respiratory Suction Apparatus (see AY12)				

Swallowing and Feeding Appliances					
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
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
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 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					
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	<p>An exercise bike is not intended for general fitness.</p> <p>Exercise bikes will only be supplied where the client is required:</p> <ul style="list-style-type: none"> 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) <p>This item is only to be prescribed after an initial 3 month trial AV18 to ensure that the exercise bike is suitable for ongoing supply and treatment.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV02	Pedal Exerciser	No, unless exceeds 1 per person	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>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.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
AV10	Small Exercise Equipment	No	Physio, S, OT, Ch, Ost, EP	Yes Mobility & Functional Support	<p>Small exercise equipment is not intended for general fitness.</p> <p>Small exercise equipment will only be supplied where the clients is prescribed equipment:</p> <ul style="list-style-type: none"> as part of their treatment for transitioning to a monitored exercise program that they can perform in their own environment. <p>The Health Provider is responsible for the assessment of the safe use of these items in line with best practice.</p> <p>DVA does not fund large pieces of gym and exercise equipment, or exercise equipment with moving parts (with the exception of AV01 and AV02).</p> <p>Order Form – Mobility and Functional Support – D0992</p>
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	<p>If over \$500, consider replacing the item.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Rehabilitation Exercise Equipment					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AV18	Stationary Exercise Bike – Trial (3 month)	No, unless exceeds 3 month trial period	Physio, S, Ch, Ost, EP	Yes Mobility & Functional Support	<p>An exercise bike is not intended for general fitness.</p> <p>Exercise bikes will only be supplied where the client is required:</p> <ul style="list-style-type: none"> 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) <p>An initial 3 month trial is required to ensure that the exercise bike is suitable for ongoing supply and treatment.</p> <p>For the initial 3 month trial complete the form Request for Trial Equipment - D9160.</p> <p>If at the end of the 3 months trial, an ongoing need for the equipment is required. Please see Stationary Exercise Bike AV01</p>

Treatment Machines					
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 Neuroprosthesis	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 Order Form – RAP Low Vision Products – D9257
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	<p>The assessing RN should be a Clinical Nurse Consultant in Wound Management.</p> <p>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.</p> <p>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.</p> <p>Limit treatment to 16 weeks in total for each wound in a 12 month period.</p>

Treatment Machines					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AS19	Wound Treatment Negative Pressure Equipment – Mains Power (large)	Yes	S, RN	No	Product assessment should be conducted. 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 health provider on a regular basis. Order Form – Mobility and Functional Support – D0992
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

Household Adaptive and Assistance Appliances					
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 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
AH04	Book Holder	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH06	Modified Grip Handle	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	This item should be considered prior to AH01 . Order Form – Mobility and Functional Support – D0992
AH07	Jar and Can Opener	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH08	Key Turner	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH09	Non-Slip Table Mat	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH11	Reaching Appliances	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992

Household Adaptive and Assistance Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AH12	Adaptive Scissors	No	OT, RN, Physio, GP, S	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH13	Tap Turner	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
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
AH15	Modified Vegetable Board	No	OT, RN, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AH17	Adaptive Household Appliances	No	OT, RN, Physio, GP, S, SP	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992
AS16	Medical Emergency Bracelet and Pendant	No	GP, S, RN	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 See also 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
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
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
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

Communication, Cognition and Memory Assistance					
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 See also 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
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

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF03	Coloured Toilet Seat	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF05	Key Finder	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF06	Medication Timers and Alerts	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>For example, Pill Box Reminder with alarm settings and storage compartments.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF07	Memory Jogger	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	<p>For example, Verbal Reminder Alarm with message setting.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF08	Sound and Movement Monitors	No	OT, GP, RN, S, Physio	Yes Personal Response System	<p>Includes door and room monitors.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p> <p>See also AA16 Sensor Mat</p>
BF09	Exit Reminders	No	OT, GP, RN, S, Physio	Yes Personal Response System	<p>For example, Wander Reminder System, personalised messages and infrared motion detection.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF10	Safely Home Bracelet	No	GP, RN, S	No	<p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>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.</p>
BF11	Home Safety Devices	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>Includes flood prevention bath plugs and sink plug stopper, tap cap, power point safety cover, stove guard and sink overflow detector.</p> <p>These aids aim to orient entitled persons to time and place and support independence in daily activities by compensating for diminishing cognitive skills.</p> <p>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.</p> <p>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.</p> <p>Order Form – Mobility and Functional Support – D0992</p>

Communication, Cognition and Memory Assistance					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
BF12	Telecare (Tracking) Devices	No	OT, GP, Physio, S, RN	Yes Personal Response System	<p>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.</p> <p>Tracking devices are less likely to be applicable for entitled clients in the later stages of dementia.</p> <p>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.</p> <p>A record of consent by the entitled client or Enduring Power of Attorney (Medical Treatment) is necessary.</p> <p>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.</p> <p>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.</p> <p>Assessment Form for the supply of Personal Response System - D9199</p>
BF13	Cognition and Memory Assistance - Maintenance and Repair	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>Consider replacement of the item for lower cost items.</p> <p>DVA accepts financial responsibility for items not covered under the warranty period.</p> <p>Order Form – Mobility and Functional Support – D0992</p>
BF14	Cognition and Memory Assistance - Consumables and Accessories	No	OT, RN, S, Physio, GP	Yes Mobility & Functional Support	<p>Order Form – Mobility and Functional Support – D0992</p>

Palliative Care Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
	Oxygen (See Respiratory Home Therapy Appliances) Indwelling Pleural/Abdominal Drainage Kit (See Continence) 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
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
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					
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 Order Form – Mobility and Functional Support – D0992
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 Order Form – RAP Mobility & Functional Support Products - D0992 Installation: Funding of installation costs for a Smoke Alarm Package for the Hearing Impaired may be considered under 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 Refer to AL16 for installation.
AL04	Lever Tap	No	OT	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323
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 Authority to Install/Modify Form D1323
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: <ul style="list-style-type: none"> 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 Authority to Install/Modify Form D1323

Home Modifications – Non Complex – No Prior Approval Required					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
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: <ul style="list-style-type: none"> 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 Authority to Install/Modify Form D1323
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 Authority to Install/Modify Form D1323
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: <ul style="list-style-type: none"> 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 Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form D1323 . 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
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
BG04	Retractable Garden Hose	No	OT, GP, RN, S, Physio	Yes Mobility & Functional Support	Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form - D1323

Home Modifications - Complex - Prior Approval Required					
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 Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323 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 Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323
AL23	Stove Isolation Switch	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Order Form – Mobility and Functional Support – D0992 Authority to Install/Modify Form - D1323 See also Communication, Cognition and Memory Assistance
AM04	Ceiling Hoist	Yes	Physio, OT, RN	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323
AZ03	Shower Seat – Fold Down	Yes	OT, RN, S	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323
BE01	Bidet	Yes Limit one per primary residence	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323 Resources for assessing health providers
BE12	Bidet – RPZ Valve	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form (Major Modifications) - D1327 Authority to Install/Modify Form - D1323 Resources for assessing health providers

Home Modifications - Complex - Prior Approval Required					
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 Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323 For ramps lower than 190mm height, see AL21 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 Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323 For only one step modification, see AL21 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 Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323 Resources for assessing health providers
AL26	Ramp - Demountable	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323
AL28	Complex Home Modification – Other Room Modification	Yes	OT	Yes Mobility & Functional Support	RAP National Guidelines - Complex Home Modifications including lifts Home/Access Modifications Assessment Form – D1327 Authority to Install/Modify Form – D1323
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

Diabetes Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AF01	Glucose Monitor (Standard)	No	DC, GP, S, DNE, RN	Yes	<p>Specialist (S) includes Endocrinologists, diabetologists and Paediatricians Registered Nurse(RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines Order Form –Diabetes Products D9414</p>
AF02	Continuous Glucose Monitor	No	DC, GP, S, DNE, RN	Yes	<p>Specialist (S) includes Endocrinologists, Diabetologists and Paediatricians Registered Nurse(RN) includes Nurse Practitioner (diabetes)</p> <p>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.</p> <p>RAP National Guidelines Order Form –Diabetes Products D9414</p>
AF03	Insulin pumps	No	E (must request initial supply) DC, GP, S, DNE, RN	Yes	<p>Initial request MUST be requested by an Endocrinologist. Replacements can be ordered by Endocrinologists (E), Diabetes Clinic (DC), General Practitioner (GP), Specialist (S), Diabetes Nurse Educator (DNE) or Registered Nurse (RN).</p> <p>RAP National Guidelines Order Form –Diabetes Products D9414</p>
AF04	Diabetes Consumables and Accessories	No	DC, GP, S, DNE, RN	Yes	<p>Specialist (S) includes Endocrinologists, diabetologists and Paediatricians Registered Nurse(RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines Order Form –Diabetes Products D9414</p> <p>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 (NDSS), an initiative of the Australian Government. These items are available from NDSS Access Points, most typically a local pharmacy. DVA will continue to pay all co-payments for NDSS products supplied to eligible clients.</p>

Diabetes Products					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AF05	Diabetes Subscription Service	No	DC, GP, S, DNE, RN	No	<p>Specialist (S) includes Endocrinologists, diabetologists and Paediatricians Registered Nurse(RN) includes Nurse Practitioner (diabetes)</p> <p>RAP National Guidelines Order Form –Diabetes Products D9414</p> <p>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.</p>
AF06	Diabetes Memberships	No	DC, GP, S, DNE, RN	No	<p>Eligible DVA clients are to seek reimbursement through Health Approvals.</p> <p>Diabetes Membership Reimbursement</p>

Low Vision Appliances (Non-Optical)					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AN01	Clock (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
	Guide Dog	Yes	LVC, S	Yes Low Vision	See BH02
AN03	Library Service Fee for Talking Books	No	S, LVC, Op, OT	Yes Low Vision	Vision Australia and VisAbility also provide a library service free of charge to people who meet the clinical criteria. Vision Australia. Blindness and low vision services VisAbility Order Form – RAP Low Vision Products – D9257
AN05	Orientation and Mobility 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 aid. Order Form – RAP Low Vision Products – D9257
AN08	Electronic Mobility Aid	No	S, LVC, Op,OT	Yes Low Vision	Order Form – RAP Low Vision Products – D9257
AN09	Talking Book Device (Daisy Player)	No	S, LVC, OT, Op	Yes Low Vision	Order Form – RAP Low Vision Products – D9257
AN11	Desktop Electronic Magnifier	Yes, limit of 1 per person	S, LVC, Op	Yes Low Vision	A desktop electronic magnifier refers to a desk based device that is not portable or hand held, using an electronic video camera working with a monitor. Education and training in usage for the entitled person should be undertaken prior to provision. Contact the DVA Provider Line on 1800 550 457 and select option 1, then option 2, for RAP for further information. RAP National Guidelines Order Form – RAP Low Vision Products – D9257
AN13	Reading software and reading devices	No	S, LVC, Op	Yes Low Vision	Order Form – RAP Low Vision Products – D9257
AN15	Watch – Wrist (low vision)	No	S, LVC, Op, OT	Yes Low Vision	Order Form – RAP Low Vision Products – D9257
AN17	Low Vision Appliances – Miscellaneous Items	No	S, LVC, OT, Op	Yes Low Vision	Includes coin holders, large print teledex, needle threader, tactile marks for appliances, liquid level indicator, signature guide, white cane, ID cane, writing frame and vision impairment badge. Lamps are not provided. Order Form – RAP Low Vision Products – D9257

Low Vision Appliances (Non-Optical)					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AN18	Replacement Part and/or Repairs	No	S, LVC, OT, Op	Yes Low Vision	DVA accepts financial responsibility for items not covered under the warranty period. Order Form – RAP Low Vision Products – D9257
AN19	TV Connected Video Magnifier	Yes	S, LVC, Op	No	This item is used like a mouse for the computer. It allows images to be displayed on television or computer screen up to 24x magnification and can be used in a variety of formats, such as newspapers, prescription bottles.
AN20	Hand held electronic magnifier	No, unless exceeds 1 item per 5 years	LVC, S, Op	Yes Low Vision	This item is an electronic version of a standard handheld magnifier. It would assist with reading food labels and prices etc. while shopping. Order Form – RAP Low Vision Products – D9257

Respiratory Home Therapy Appliances					
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 Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140 RAP Item 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 Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140 RAP Item 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 Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140
AY19	Non-Invasive Ventilation - PAP – Consumables and Accessories	No	RC, GP, Physio, RN, S	Yes PAP	Includes masks, filters, tubing, 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 Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AY22	Non-Invasive Ventilation - PAP – Device Trial	No, unless exceeds 3 trials per person in a 24 month period	RC, S	Yes PAP	<p>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.</p> <p>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.</p> <p>Up to three trials can occur if a client needs to test different machines.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY23	Non-Invasive Ventilation - PAP – Auto Titrating	No, unless exceeds 1 per person	RC, S	Yes PAP	<p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p> <p>RAP Item AY22 if this is the client’s first referral to RAP for a Non-Invasive Ventilation - PAP machine.</p>
AY24	Non-Invasive Ventilation - PAP – Recycled	No, unless exceeds 1 per person	RC, S	Yes PAP	<p>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.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY25	Non-Invasive Ventilation - PAP – Data Report to DVA or Prescriber	No	RC, S	Yes PAP	RAP National Guidelines 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	<p>Short term rental of a travel CPAP machine for up to three months.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY29	Non-Invasive Ventilation - PAP – Mask Trial	No, unless exceeds 1 trial per person in a 12 month period	RC, S	Yes PAP	<p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>
AY30	Non-Invasive Ventilation - PAP – Education and Follow Up	No, unless exceeds \$500 in a 12 month period	RC, S	Yes PAP	RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure
AY31	Non-Invasive Ventilation - PAP – Non-Contracted Item (Exceptional Circumstances)	Yes	RC, S	No	<p>In exceptional circumstances only.</p> <p>RAP National Guidelines for Non-Invasive Ventilation – Positive Airway Pressure Application for Positive Airway Pressure (PAP) Equipment Form D9140</p>

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
Sub-Category: Domiciliary Medical Oxygen Therapy (DMOT)					
AY02	Oxygen – Concentrator	No	RC, S	Yes Oxygen	For oxygen concentrators only. Refer to AY26 for oxygen cylinders. RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
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 - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY26	Oxygen - Cylinder	No	RC, S	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY27	Oxygen – Concentrator – Data Report to DVA or Prescriber	No	RC, S	Yes Oxygen	RAP National Guideline - 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 - 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 - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
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 - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY05	Other Respiratory Aids and Appliances – Nebuliser	No	GP, S, RN, Physio, RC	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804

Respiratory Home Therapy Appliances					
Item No	Description of Appliance	Prior Approval Required	Assessing Health Provider	Contracted Item	Comments
AY07	Other Respiratory Aids and Appliances – Peak Flow Meter	No	GP, S, RN, Physio, RC	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
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 - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY12	Other Respiratory Aids and Appliances – Respiratory Suction Apparatus	No	RC, RN, S, Physio, GP, SP	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY15	Other Respiratory Aids and Appliances – Spacer	No	GP, S, RN, Physio, RC	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
AY18	Other Respiratory Aids and Appliances – Oscillating Positive Expiratory Pressure (PEP) Device	No	S, Physio, RC, GP	Yes Oxygen	RAP National Guideline - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
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 - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804
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 - Domiciliary Medical Oxygen Therapy Application for Domiciliary Medical Oxygen Therapy and/or Other Respiratory Aids and Appliances Form D0804

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 Request for Assistance Dog Form D9356
BH02	Guide Dog	Yes, limit of 1 per person	LVC, S	Yes Low Vision	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH03	Mobility Assistance Dog	Yes, limit of 1 per person	S, OT	No	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH04	Hearing Assistance Dog	Yes, limit of 1 per person	A, At, OT, S	No	RAP National Guidelines - Assistance Dogs Request for Assistance Dog Form D9356
BH05	Upkeep Costs for Psychiatric Assistance Dogs	No, up to \$603 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 and must be supported by paid itemised accounts or receipts. RAP National Guidelines - Assistance Dogs
BH06	Upkeep Costs for Assistance Dogs (Guide, Hearing and Mobility)	No, up to \$603 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 and must be supported by paid itemised accounts or receipts. RAP National Guidelines - Assistance Dogs

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.

Delivery, Testing, Registrations and Inspections		
Item No	Description of Appliance	
DD01	Continance	
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	