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Compensation fees for DVA requested information

Not all claims will require additional medical information. A report and invoice should be submitted only following a request for information from DVA. Payment for work completed without a request from DVA is not guaranteed.

Listed below is the guidance on fees for services provided by GPs to be used when determining payment for work conducted for compensation purposes. Providing these reports to DVA attracts GST. The amount of GST charged should be clearly specified on your tax invoice.

The fees listed relate to work conducted in relation to requests for information to support compensation claims and do not apply to treatment services.

Payment will be made for medical services provided for compensation purposes if requested by a DVA officer. The Department will NOT pay for medical reports which are requested by other parties, including veterans or former members of the ADF, their advocates, solicitors or dependants.

One item number from each of the three guidance notes below can be billed for each request, if relevant. These fees apply to the entire request and not to each condition separately. The fees are inclusive of administrative costs, which should not be billed separately.

Telehealth consultations are generally not appropriate for completion of requests from DVA. No additional fees are payable if a telehealth assessment is necessary.

Once the relevant paperwork has been completed, use the Transaction Reference Number provided by DVA to upload your invoice and reports to the [Provider Upload Page](#). For further information regarding billing for compensation claims, please see our [Quick Tip guide](#) and the [Provider Notes for Compensation Assessments](#).

Please note:

- Fees charged above this will not be payable without prior authorisation from DVA
 - Requests for above rate fees will be granted in exceptional circumstances, primarily for practitioners with significant advanced training and expertise, or for very complex or rare conditions requiring extensive investigation.
 - DVA is consulting with the Australian Medical Association about when above-rate fees may be appropriate.
 - Requests for higher fees should be made prior to conducting the service and should be made to [@dva.gov.au](mailto:dva@dva.gov.au) or by completing [form D9551](#).
- A fee is payable per request not per condition.
- Please only provide the information / report requested.
- If further information or investigations are required DVA will advise.
- Costs for additional investigations, extraneous information or reports not specifically requested by DVA are not guaranteed.
- Clinical investigations made prior to initial claim lodgement should be billed through MBS (where eligible) rather than to DVA.
- Invoices should be itemised.
- Invoices will be subject to review and may not be payable if the above conditions are not met.

Compensation Guidance Note 1 – Consultation fees for compensation purposes

Fees effective 9 February 2026

Surgery consultations

| DVA Item No. | Description | GPs (exc. GST) |
|--------------|----------------------|----------------|
| DCC01 | Less than 20 minutes | \$49.90 |
| DCC02 | 20 to 40 minutes | \$96.56 |
| DCC03 | More than 40 minutes | \$141.35 |

Home or hospital visits

| DVA Item No. | Description | GPs (exc. GST) |
|--------------|----------------------|----------------|
| DCC04 | Less than 40 minutes | \$131.40 |
| DCC05 | More than 40 minutes | \$176.99 |

Compensation Guidance Note 2 – Completion of Medical Forms (with or without consultation)

DVA Medical Report forms, Medical Impairment Assessment forms, Diagnostic Reports, and Capacity for Work/Rehabilitation forms

| | |
|-------------------------------------|----------------|
| Cost per page (exc. GST) | \$22.55 |
| Consultation not required | |

Compensation Guidance Note 3 - Clinical Notes (can be billed in addition to the consultation fee)

| DVA Item No. | Description | GPs (exc. GST) |
|-------------------------|---|-------------------------------|
| DCN01 | A brief record of an individual's treatment. For notes which give a statement of attendance of diagnosis only, or a brief record of one or two visits. Includes provision of a standard patient health summary. | \$40.28 |
| DCN02 | A brief record of an individual's treatment, together with copies of specialist reports and/or test results. For notes which, in addition to the information supplied as in DCN01, also include specialist reports and diagnosis, or results of X-rays, pathology tests etc. | \$92.80 |
| DCN03 | A more comprehensive record of an individual's treatment, together with copies of specialist reports and/or test results. For notes which, in addition to the information supplied as in DCN02, include a summing up of the case over a period of time and/or with opinions helpful to the Department. | \$125.61 |

| DVA | Item No. Description | GPs (exc. GST) |
|-------|---|----------------------|
| DCN04 | A detailed record of an individual's treatment, together with copies of specialist reports and/or test results. | \$217.87 |
| | In exceptional cases, a higher fee (up to a maximum of \$217.87) when a practitioner is required to spend considerable time researching into records of the case and recording opinion. | |
| | DVA will rarely request or require this level of detail | |

Psychiatrist fees

Attachment B to the Guidelines for psychiatric compensation claims

Effective 9 February 2026

Medical services covered by this guidance

The fees listed relate to work conducted in relation to requests for information to support compensation claims and do not apply to treatment services.

Payment will be made for medical services provided for compensation purposes if requested by a DVA officer. The Department will NOT pay for medical reports which are requested by other parties, including veterans or former members of the ADF, their advocates, solicitors or dependants.

Please note:

- Fees above this will not be payable without prior authorisation from DVA
 - Requests for above rate fees will be granted in exceptional circumstances, primarily for practitioners with significant advanced training and expertise, or for very complex or rare conditions requiring extensive investigation. Requests for higher fees should be made prior to conducting the service

and should be made to

@dva.gov.au or by completing

[form D9551](#).

- A fee is payable per request not per condition.
- Please only provide the information / report requested.
- If further information or investigations are required DVA will advise.
- Costs for additional investigations, extraneous information or reports not specifically requested by DVA will not be payable.
- Clinical investigations made prior to initial claim lodgement should be billed through MBS rather than to DVA.
- Invoices should be itemised.
- Invoices will be subject to review and may not be payable if the above conditions are not met.

Invoicing procedure

Once the relevant paperwork has been completed, use the Transaction Reference Number provided by DVA to upload your invoice and reports to the [Provider Upload](#) page. For further information regarding billing for compensation claims, please see our [Quick Tip guide](#) and [Provider Notes for Compensation Assessments](#).

Note

- All fees for reports and consultations provided as part of this investigation incur Goods and Services Tax (GST) if the provider is GST registered.
- An invoice cannot be paid until the related report is received by DVA.
- GST has been included in all of the rates listed below.
- Categories of the medical services which may be requested and the relevant fees are listed.
- The fees outlined represent an amount for the consultation (where required), administration costs and report-writing time.

Type of service provided and fee

| Type of service provided | Fee (GST inclusive) |
|--|---------------------|
| Providing Clinical Notes (brief copies only) | \$69.53 |
| Standard report without consultation | \$260.77 |
| Extended report without consultation | \$391.23 |

| Type of service provided | Fee (GST inclusive) |
|--|---------------------------|
| For a report that involves one standard consultation (up to one hour) that addresses all parts of the mental health report request, comments on laboratory and other investigations, and may or may not include an interview with a family member or other third party: | \$1082.64 |
| For a report that involves two standard consultations or one consultation of up to two hours' duration, that addresses all parts of the mental health report requests, comments on laboratory and other investigations, and includes interview with a family member or other third party: | \$1,553.62 |
| For a report that involves three consultations or one consultation of up to three hours' duration, that addresses all parts of the mental health report requests, comments on laboratory and other investigations, and includes an interview with a family member or other third party: | \$2027.55 |
| Administration and documentation of a clinical instrument (such as CAPS) attracts an additional fee. | \$181.83 |
| For an assessment of all specified emotional and behavioural conditions including completion of a Departmental Emotional Behavioural Impairment Worksheet. The fee includes all consultations with the veteran and family members or other third parties in which the sole or major objective was to obtain data to assess the impairment. | \$608.56 |

In exceptional circumstances, the Department may be willing to negotiate a different fee, however, prior written approval must be obtained.

Chronic Pain Honorarium Payment

Where an anaesthetist specialises in pain management, the Australian Society of Anaesthetists (ASA) may recommend that the anaesthetist have access to the Chronic Pain Honorarium.

The Chronic Pain Honorarium rules outline the following:

- an eligible anaesthetist may receive one payment per patient within a 12-month period
- the Honorarium is payable only where pain has existed for a minimum of eight weeks
- the date of service must be the last date of the quarter (for example, for dates between 1 January 2024 and 31 March 2024, the date of service keyed must be 31 March 2024)

In exceptional circumstances, more than one honorarium may be approved by DVA for a genuine new episode of pain within a 12-month period. Prior approval is required for the extra payment and must be indicated by the anaesthetist on their account. Appropriate supporting documentation must accompany the request.

Chronic Pain Honorarium fees

The latest fees are available in the [Medical Software Vendor File and Fee schedules for Medical Services](#).

Coordinated Veterans' Care program fees

See [Coordinated Veterans' Care Program \(CVC Program\)](#) for information and current fees (GPs only).

Derived fees ready reckoner for GPs

The Derived fees ready reckoner for GPs is available in the [Medical Software Vendor File and Fee schedules for Medical Services](#).

Diagnostic imaging fees

The latest diagnostic imaging fees are available in the [Medical Software Vendor File and Fee schedules for Medical Services](#).

Dose Administration Aid (DAA) service fees

Description, item number and GP fee

| Description | Item No. | GP Fee (115% MBS) ¹ |
|--|-----------------------------|--------------------------------------|
| Home Medicines Review ² | MBS 900 | \$196.05 |
| <ul style="list-style-type: none"> VAPAC authorisation Prescribe six months DAA Script for referral to community pharmacist for Veteran's Six Monthly Review (VSMR) | MBS Consult ³ | |
| Assess and review VSMR | CP42 | \$50.00 |

1. Only GPs registered with Medicare receive the higher fee (115% MBS).
2. Home Medicines Review (HMR) — also known as a Domiciliary Medication Management Review — can be claimed once in a 12-month period except where there is significant change in the patient's condition — new diagnosis, discharge from hospital. HMR is no longer a pre-requisite to commencing the DAA Service. However, DVA recommends strongly that an HMR is conducted within the first six-month cycle where no other HMR has been performed within the preceding 12 months.
3. The relevant consultation item from the Medicare Benefits Schedule will need to be claimed.

Kilometre allowance

Kilometre allowance for each kilometre after the first 10 kilometres in accordance with provisions in Section 10 of the GP notes is 76 cents per kilometre (effective 1 November 2012).

Medication review fees

Medication review items are reviewed annually on 1 July.

| DVA Item No. | Description | Fee |
|--------------|---|----------|
| CP20 | Medication review undertaken in rooms | \$117.00 |
| CP21 | Medication review undertaken at the patient's home or institution | \$153.85 |

Optical Coherence Tomography (OCT)

Ophthalmology providers can claim for Optical Coherence Tomography (OCT) services for DVA clients using the Medicare Benefits Schedule (MBS) items 11219 or 11220. It is the responsibility of the ophthalmology provider to determine which of the MBS items – 11219 or 11220 – is appropriate to claim for each DVA client.

DVA will pay 140% of the MBS fee amount when an ophthalmology provider claims MBS item 11219 or 11220 for a DVA client.

As these services are claimable through MBS items, providers will need to adhere to the MBS requirements, including restrictions on the number of times an OCT service can be claimed. Providers can check the requirements for claiming each item online at [MBS online](#).

If an ophthalmologist identifies a clinical need for an additional OCT service for an individual DVA client not covered by the MBS items, they may submit a request for prior financial approval of the treatment to DVA.

Pathology fee schedule

The Pathology Fee Schedule is available in the [Medical Software Vendor File and Fee schedules for Medical Services](#)

Psychiatrist fees

Relative Value Guide fee schedule

The Relative Value Guide (RVG) Fee Schedule is available at [Software Vendor File and Fee schedules for Medical Services](#).

Rural Enhancement Initiative

The Rural Enhancement Initiative (REI) loading of 10% continues to apply to relevant consult items for services at hospitals designated under the REI. The REI is not payable on items listed on the Repatriation Medical Fee Schedule Repatriation Medical Fee Schedule (RMFS) or RVG.

Veterans Access Payment

For information regarding Veterans Access Payment, see [Medical Services fee schedules](#).

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NO



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