



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

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The Hon Dan Tehan MP
Minister for Veterans' Affairs
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

Email: minister@dva.gov.au

To The Hon Mr Tehan MP,

RE: Claiming for skin cancer services for Department of Veterans Affairs (DVA) White Card holders

On behalf of the Australasian College of Dermatologists, I am writing to bring to your attention a number of issues relating to Medicare Benefits Schedule (MBS) skin cancer service claims for DVA White Card holders, recently experienced by Fellows of the College.

The Australasian College of Dermatologists is the leading authority in Australia for dermatology, providing information, advocacy and advice to individuals, communities, government and other health stakeholders concerning dermatological practice in Australia. Our focus is to train and maintain highly qualified dermatologist specialists who work to improve outcomes in skin health of individuals and communities.

Many dermatologists provide non-liability health care for White Card holders with eligibility to receive treatment for skin cancer (malignant neoplasms), as determined by DVA approval of D9215 application. It has been reported to the College that recent claims for biopsies have been rejected by the DVA as these procedures are not considered 'treatment' for skin cancer. Upon further enquiry, the DVA advised that these claims can be made for eligible patients however a pre-approval request to the DVA Health Approvals team is required, in the form of a letter from the practitioner which is to include the MBS items to be performed (including biopsy) and supporting clinical information as to the necessity of this procedure.

While the College appreciates the challenges in streamlining claiming processes, this pre-approval step is significantly inhibiting optimal patient care for these often elderly patients. White Card holders attend a consult for a full skin examination as routine follow-up for skin cancer and biopsies are performed if any suspicious lesions are identified clinically by the dermatologist. Under the DVA claiming model, dermatologists will be forced to either postpone biopsy on the grounds of requiring DVA approval, which is very poor clinical management of these high risk patients and which does not adhere to best practice guidelines, or proceed at a cost to the patient. Neither of these options is considered justifiable. It is not reasonable to make elderly Veterans return for another appointment for a minor procedure which could have easily been performed on the day. Furthermore, the considerable logistical impediment of an additional consult once biopsy approval

is granted contributes to DVA expenses, as many of these patients attend via transportation arranged by the Department.

In addition, dermatologists also provide care for White Card holders eligible for 'solar keratosis' treatment. Fellows have reported the rejection of claims for skin excision item numbers unless a specific request is made by via submission of D9215 application, rendering them eligible for treatment of malignant neoplasms. This situation is akin to that previously described, whereby treatment delay prevents optimal care and increases costs to both the patient and the DVA.

The College argues strongly that the Department reconsider the process for claiming for skin cancer items, which are preventing effective patient management by dermatologists. It is acknowledged that the Government is concerned about billing practices with respect to skin cancer items amongst general practitioners and the College is working in close collaboration with the Department of Health to develop strategies to address GP over-servicing. However DVA restrictions are negatively impacting upon the delivery of specialist skin cancer services for high risk patients and it is imperative that this is reassessed.

The College notes with interest that a national Claims Management Forum was held in Canberra last month with members of the veteran community, which aimed to identify strategies to improve the DVA's claims processes and services to veterans. In this regard, it is anticipated that improvements will extend to Medicare claims processes which impact veterans and their health care providers.

Thank you for your consideration in this matter.

If you have any queries relating to this issue or would like further information, please contact Dr Haley Bennett at haley@dermcoll.edu.au.

Kind regards,



Dr Andrew Miller
President
The Australasian College of Dermatologists