



The Australian Defence Force (ADF) has set the following guidelines to assist the Garrison Health Services (GHS) Provider Network to adhere to ADF policy to ensure appropriate treatment is provided to ADF personnel.

#### General principles

1. The ADF will pay associated expenses for **approved** healthcare to Entitled Persons (EPs) subject to the following principles. The designated treatment must:
  - a. be clinically necessary for the purpose of maintaining health and mental wellbeing; preventing disease; diagnosing or treating an injury; illness or disability;
  - b. sustain or restore a serving EP to an operationally effective and deployable member of the ADF;
  - c. adhere to the scientific principle of evidence based medicine. This principle would eliminate most non-MBS items and any new medical procedures or remedies that have not been thoroughly and scientifically investigated;
  - d. not be for purely cosmetic purposes; and
  - e. is in accordance with ADF policy.

#### ADF healthcare guidelines

2. The ADF On-base Medical, Dental or Nurse Practitioner Officer will retain responsibility for the coordination of clinical care of the EP. The Regional Medical Adviser or Commanding Officer Joint Health Unit is the authority for determining and advising on the healthcare entitlements of the EP.
3. Referrals for Off-base services will be generated by Medical Officers, Dental Officers or Nurse Practitioners except:
  - a. for Mental Health services. These will be authorised by On-base Mental Health staff;
  - b. referral for external alcohol and drug rehabilitation/treatment programs by staff from the On-base Alcohol and Drug Program Center; and
  - c. referral to Rehabilitation services by the Regional Rehabilitation Manager (or delegate).
4. An ADF referral form must have a Defence Approval Number (DAN) in order for the referral to be an approved 'purchase order', and subsequently actioned by the service provider.
5. The on-referral by a service provider for **Pathology** and **Imaging and Radiology services** that attract a **rebate under the Medical Benefits Schedule** and are **clinically indicated** in the management of the condition referred for, does not require additional Commonwealth approval. The original DAN must be annotated on the on-referral forms.
6. It is the expectation of the ADF and GHS that where practicable the on-referral for **Pathology** and **Imaging and Radiology** services is delivered by the subcontracted providers, SDS and I-MED. Details of the available clinics/laboratories are found on the GHS website.
7. The on-referral by a service provider to a clinically indicated and **non-invasive clinical investigation** such as Cardiac Stress Test, ECG, EEG, Audiology, Sleep Studies are also permitted providing such services attract a rebate under the MBS as these would be considered a necessary part of the clinical management of the EP. The original DAN must be annotated on the on-referral form.
8. For any on-referral (except for the items in para 5, 6 and 7) the EP **must** return to the ADF On-base Health Centre for treatment or approval for further treatment by an Off-base provider.
9. The Commonwealth will not fund an EP's participation in research projects or clinical trials.

10. The service provider **must** seek further Commonwealth **approval** and direction through the referring On-base provider in the following circumstances:
  - a. a proposed treatment is not listed on the MBS or does not attract an MBS rebate;
  - b. a proposed treatment is not listed on the Pharmaceutical Benefits Scheme;
  - c. where the service provider recommends the on-referral of an EP to a service provider other than those identified in paragraphs 5, 6 and 7;
  - d. where there is a requirement to recommend a course of management that goes beyond the scope of what was requested on the initial referral (examples include additional sessions of therapy; additional hours of Rehabilitation services; surgery of greater complexity than anticipated);
  - e. if an elective procedure or treatment is recommended that is likely to require the EP to be unfit for work for more than one day (the scheduling of which may require negotiation with Command);
  - f. all cosmetic plastic surgery requires pre-approval, which will only be considered in the context of a clear clinical indication or reconstruction following injury;
  - g. for any Health Appliances, Physiotherapy and Rehabilitation items or equipment; and
  - h. where fertility investigations are recommended.
11. In clinically urgent circumstances this additional Commonwealth approval or direction can be sought by phone where possible through the referring ADF On-base Health Centre or relevant regional headquarters. Attempts to gain additional approval however should not impede the clinical priority to treat a patient.
12. Although an EP may seek and pay for non-approved services (eg cosmetic surgery) privately, guidance should be sought from the ADF On-base health practitioner in order to ascertain eligibility for convalescence leave and to facilitate the required counselling for the EP regarding potential career implications.

**For further information:**

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