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ACT
ARTIFICIAL LIMB SCHEME
POLICY & PROCEDURE
MANUAL

Draft Only

1 March 2000

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Purpose

These notes are designed to describe the ACT Artificial Limb Scheme. They set out procedures to be followed in prescribing artificial limbs and by manufacturers when manufacturing limbs. They also outline the procedures to be followed in preparing claims for payment. They also explain the process for adding new items to the ACT Artificial Limb Scheme.

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Introduction

1. The Free Limbs Scheme (FLS) was introduced by the Commonwealth Government in 1973 and was administered by the Department of Veterans' Affairs.
2. On 1 September 1990 the Free Limbs Scheme was replaced by the Artificial Limbs Scheme (ALS). The ALS introduced a patient contribution except for pensioners and certain concessional beneficiaries who receive free treatment. It also introduced tests to prevent premature replacement of artificial limbs. State and Territory Health Departments now administer the ALS. In ACT, the scheme is known as the ACT Artificial Limb Scheme (ACTALS).

Objective

3. The objective of ACTALS is to assist in making artificial limbs available to every Australian resident requiring them. The essence of ACTALS is that:
 - Limbs are supplied and maintained at a charge of 15% of the scheduled cost up to a maximum of \$200 per person per financial year except for pensioners and certain concessional beneficiaries who receive theirs free,

- Limbs provided under ACTALS are expected to have reasonable service lives; a 36 month target life has been adopted for adult limbs,
- Limbs remain the property of the ACT Department of Health and Community Care with the exception of limbs purchased privately.

Prescribing clinics are responsible for treatment of patients. Surgical aids and appliances are generally not available through ACTALS.

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Definitions

4. For ACTALS the following definitions are used:

Amputee all people suffering severe limb deficiencies including those of congenital origin. Amputations of the upper or lower extremities and partial amputations of the hands or feet are covered.

RehabTech – Monash Rehabilitation Technology Research Unit
C/o. CGMC
260-294, Kooyong Road
CAULFIELD 3162.

Definitive Prosthesis. A prosthesis intended for permanent use and fitted after the stump size's shape has stabilised. These limbs are complete including cosmetic finishing.

DSS. Department of Social Security.

Interim Limb. A prosthesis fitted in early postoperative period. Cosmetic finishing is not included.

Modular Limb. An endoskeletal prosthesis, the greater part of which can be assembled from adaptable pre-fabricated components.

Pensioner. Person who holds a valid benefits card issued by DSS or Centrelink.

Primary limb. The first definitive limb made for a patient.

ACTALS Committee. A panel administering ACTALS for ACT Community Care.

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Administrative Arrangements

5. ACTALS is administered by the ACTALS Committee for the ACT Department of Health and Community Care.
6. Service providers are required to ascertain the financial status of ALS applicants before providing a service.

ACTALS Committee

7. The ACTALS Committee is comprised of the ACTCC Prosthetic and Orthotic Service, Senior Prosthetist, a Medical Officer and a representative of ACT Community Care. The committee has the right to formulate and modify the ALS policy for the ACT region, which is funded by ACT Health. ACTALS policy will generally conform to policies of other states.
8. Advice on components allowable on ACTALS has and will be accepted from RehabTech, who certify that items meet the Australian Standards and the Therapeutic Goods ACT. The Committee may review applications and prescriptions for items/components outside the ACTALS list.

9. Acceptance of any component onto the ACTALS is at the discretion of the ACTALS Committee.

10. As administrators of ACTALS, the Committee has the right to request financial statements from applicants for a service from ACTALS. Refusal to provide any requested financial statement or concession card for sighting may result in the full service cost being recovered from the client.

MRTRU (RehabTech)

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11. Monash Rehabilitation Technology Research Unit (formerly Central Development Unit (CDU) is now operated by Monash University. Under an agreement between the Department of Veterans' Affairs and Monash University, all services previously provided by the CDU are provided by MRTRU. This means that the needs of eligible persons and community patients will continue to be met at MRTRU, where appropriate and within a reasonable time.

12. MRTRU is the only centre in Australia engaged full time in research, development and evaluation of prosthetic appliances and in dissemination of information on this subject. It combines engineering, medical, therapist and prosthetist-orthotist expertise and is geared for long-term projects and for immediate clinical problem solving. MRTRU assesses prosthetic componentry and recommends its inclusion in the ALS.

13. Under the *Therapeutic Goods Act*, MRTRU evaluates all new components submitted for use in Australia. Items found acceptable are notified to the Commonwealth Department of Health and Aged Care.

14. Members of MRTRU conduct clinics, consult with other prescribers, demonstrate and/or lecture in various hospitals and prosthetic facilities. Patients from interstate are referred to it. MRTRU participates in under - graduate education activities with the Latrobe, Melbourne and RMT Universities.

HOW THE ACTALS OPERATES

Eligibility

15. ACTALS covers all permanent Australian residents. Patients must hold or appear on a current Medicare card to be entitled to use ACTALS.

16. In the case of patients who have received compensation or damages for the incident which led to their amputation, or who are entitled to receive any future compensation or damages, the ACT Department of Health Community Care may recover its costs from those patient. (See paragraphs 88-93).

Payment of patient contribution

17. Patients, except pensioners (see also paragraph 21) and holders of certain DSS cards who are exempt, are required to pay 15% of the scheduled cost of the provision, maintenance and repair of their prostheses up to a maximum of \$200 per financial year. Second or spare limbs and recreational limbs will attract a further maximum \$200 charge. The prosthetic supplier will advise the amount and maintain a record of the amount paid.

18. The patient contribution is payable to the prosthetic supplier.

19. Prescriptions cannot be authorised by the ACTALS Committee until the patient contribution has been paid. There is NO provision for by-passing patient contribution.

20. The date of prescription of a service is the effective date for the payment of a patient contribution. This covers the situation where work is approved in one financial year but cannot be completed until the next financial year.

Establishment of eligible pensioners' and concessional beneficiaries' entitlement to free artificial limbs

21. Under the ACTALS, persons holding a valid Pensioner Concession Card are entitled to receive free artificial limbs, provided that only ALS approved components are used. Non ALS or orthotic components will be invoiced to the client.

22. In the event of an entitlement card being withdrawn by DSS after approval has been given for a limb to be manufactured or repaired at no cost to the patient, the work approved for that limb or repair would be at no cost to the patient. However any subsequent repairs, maintenance or replacement will then be subject to the patient contribution unless the patient regains an appropriate DSS Card. When a patient gains an entitlement card, standard components in limbs on which the patient contribution was paid then become subject to maintenance through the ALS and exempt from the patient contribution.

23. Any person supplying the entitlement information must complete all details applicable to the patient's entitlement for the supplier. The information includes:

- a. the entitlement number appearing on the card, ie a ten-character alpha-numeric number (the entitlement number does not identify the type of card or the entitlement category);
- b. the type of entitlement card held by the patient.

Amputee clinics

24. Amputee clinics are generally attached to hospitals with amputee rehabilitation and treatment facilities. Amputee clinics are required to obtain authorisation from ACTALS Committee before limbs can be approved under ACTALS.

25. In the ACT, prescribing clinics are recognised. The first is integral within the Prosthetic & Orthotic Service, primarily serving outpatients. The second is the Rehabilitation Independent Living Unit, serving inpatients

26 Referrals from both clinics are subject to the ACTALS Committee's approval. The major concern is to ensure that adequate arrangements exist for the competent prescribing and effective prosthetic treatment and rehabilitation of the amputee.

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Prescriptions

27. ACTALS provides artificial limbs only when prescribed by a clinician attached to a recognised amputee treatment clinic.

28. It is the responsibility of all prescribers to be mindful of the cost of items of componentry. Prescriptions must be raised generically, that is function required without specifying a brand. Prescribers should be aware that prescriptions specifying 'non standard' (ie non ALS approved) components will require payment for that componentry by the patient.

29 Prescriptions must reflect the patient's actual medical needs in terms of the type of suspension required, any fixed deformity to be accommodated, alignment, generic functional description of componentry in terms of stance and swing and other special requirements. A clinician can order a major repair for a limb under the ACTALS. The prescription will only be approved by the ACTALS Committee where all necessary information is included in the prescription. A separate prescription is required for each limb and is to be written preferably on a form provided by the Prosthetic and Orthotic Service (attached as Appendix E).

Restrictions

30. Prescribers must remember that ACTALS will only fund componentry approved by the ACTALS Committee. While non ACTALS approved components may be prescribed, the client is liable for any such component or components cost and maintenance including associated labour.

31. In addition, many components are made by more than one manufacturer with wide variation in cost and efficiency hence consultation with both client/patient and a prosthetist is strongly recommended.

32. Examples of indication for feet include:

- DRAFT**
- SACH feet - the standard multipurpose prosthetic feet.
 - Multi axial feet - only to be used when activity level requires anatomical ankle function for the young to middle aged active amputee. Approval for their use will not be given without full justification in a fully detailed submission from the prescriber indicating:
 - (1) why multi axial feet are needed, and
 - (2) why a specific foot is chosen.
 - "Stored energy feet" offer a variety of different functions. They are restricted to highly active patients who may benefit by the differing functions. They do not however save energy nor have they been proven to accelerate the body forward in walking gait. They are not for children due to growth.
 - Lightweight components – To be exclusively used when it is considered a patient could not otherwise use a prosthesis.

33. Patients' functional requirements are the criteria for componentry selection. Prescribers are to respect the high cost of sophisticated componentry.

34. Patients may have their prosthetic prescription filled wherever they wish, including interstate. In this event they are subject to the ALS regulations and clauses in that state. A patient may only attend one prosthetic provider at any one time for the purpose of obtaining a new limb. ACTAS is not responsible for providing a limb prescribed in ACT and manufactured by a non ACT based supplier.

Life of limb/Approval for replacement

35. A prosthesis is generally expected to last a minimum of 36 months. Adjustment to the fitting of the limb or repairing it to maintain its use is acceptable. Such adjustments or repairs do not in themselves constitute justification for a limb's replacement.

36. Should a limb be deemed to need replacement in under 36 months the prescription should include information as to the reason. Examples are:

- DRAFT**
- Medical condition – a change in the patient's condition affecting the fit of the prosthesis. Includes weight change, stump shrinkage etc.
 - Wear or damage to the limb, which is not economical to repair. - Note that a limb which is misused or damaged wilfully may only be replaced if the patient pays its cost in full regardless of their ACTALS status.

37. The above 36 months period applies to definitive limbs for adults. ACTALS recognises reduced periods in the following cases:-

Child (Under 18 years) Prostheses - Unrestricted
Interim Prostheses - 3 months

38. In all cases prescribers need to supply sufficient detail to enable the ALS Committee to determine whether to approve provision of a new prosthesis.

Approval number

39. The approval number is not mandatory. It may be used by local ACTALS administrators where it aids control of prescriptions.

Major and Minor Repairs

40. There are three ways a limb can be repaired:

- a. as a minor repair where the cost is under the financial limit as notified from time to time, and
- b. as a major repair as:
 - (1) ordered by the medical prescriber in paragraph 29, or
 - (2) found necessary by the manufacturer when undertaking maintenance.

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41. Minor repairs to an artificial limb may be carried out by approved manufacturers without ACTALS Committee approval where the cost of labour, components and incidental materials is estimated not to exceed the minor repair limit. The minor repair limit, which is based on 2 hrs labour, is currently \$140. The all up cost of a minor repair cannot exceed that figure. This figure is varied according to movements in the agreed hourly rate. Minor repairs are exempted from a patient ALS contribution. This does not apply to compensation clients who will be billed for all costs.

42. Where the cost of a repair is estimated to exceed the minor repair limit, the patient may be referred back to a clinic, or alternatively, to aid patient convenience, a manufacturer may seek approval by phone for a major repair (and where appropriate a negotiated price). The schedule of allowed hours for repairs in Appendix E are binding. The schedule covers most types of repair that are likely to occur and is to be the basis for quotation and subsequent claims. There is no need for written authorisation for this repair. The ACTALS Committee will not accept responsibility for any work undertaken by a commercial manufacturer without authority.

43. The supplier will calculate the cost to the client of major repairs of over \$140 total value. This will take into account ACTALS billing status and whether non ACTALS approved components are involved.

Patient responsibilities

44. Patients are responsible for seeing that their limbs are properly maintained. Where there is evidence that limbs are not being properly looked after by patients, the costs of remedial repairs or replacement will not be met by ACT Community Care. In order to avoid waste of public money, patients should seek repairs instead of frequent limb replacement. Where unauthorised modifications have been carried out on a limb, the 12 months warranty is void and the patient is responsible for all further costs of that limb.

45. Where a patient is attending limb manufacturer and does not co-operate with treatment staff and thereby behaves in a manner which is detrimental to treatment or to staff, the case may be referred to the Chief Executive, ACT Community Care (or authorised officer).

46. ACT Community Care may refuse treatment, or any further treatment, to a patient where that patient deliberately prejudices his or her own or a fellow patient's treatment or the safety of treatment staff. As a result the patient may no longer be provided with limbs and prosthetic services available through the Department or through ACTALS.

47. However, ACT Community Care may, prior to making a decision depending on the circumstances, wish to consider the following actions:

- a. send a warning letter to the patient advising of the consequences of such actions; or
- b. inform the patient that artificial limbs or prosthetic services will not be available unless the amputee is prepared to follow instructions.

Ownership of limbs

48. All artificial limbs remain the property of ACT Community Care and must be returned to the manufacturer before a replacement limb is supplied. This particularly applies to modular limbs

which contain expensive componentry. These conditions do not apply to artificial limbs for which the bulk cost has been paid either by the patient or an insurance company etc.

Appeals against decisions under the ACTALS

49. When an appeal against a decision made by a departmental officer or private manufacturer under the ACTALS is received, it should be considered by the ACTALS Committee and may be forwarded to the Chief Executive Officer, ACT Community Care, who can review the case and make the appropriate decision using, if necessary, expert advice. The advice may either be obtained from the RehabTech or from other sources.

WHAT'S AVAILABLE TO PATIENTS

Range of limbs available

50. Limbs available under the ACTALS include only those adhering to recognised prosthetic principles and incorporating accredited mechanical components. Categories of limbs and componentry types available under the ACTALS are contained in Appendix E of this Manual and can be obtained from the Prosthetic and Orthotic Service. The range of limbs available is amended from time to time depending on ACTALS Committee recommendations and financial considerations. There are restrictions on the supply of some limbs and components, which are detailed in the relevant paragraphs.

51. As a general principle, clinicians should confine their prescriptions to component function, which is most appropriate for the patient's prosthetic rehabilitation, having regard to his or her domestic and occupational environments.

Modular Limbs

52. When replacement of modular limbs is required either (a) the socket only will be replaced or/and (b) individual components are deemed to be unsafe or inoperative in which case only those components will be replaced. Manufacturers are required to show due economy by reusing modular componentry wherever possible. These components should be reused on the same patient. They may be used on other patients if it is determined the components are in sound condition and would not jeopardise the well being of the patient in any way.

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53. Manufacturers will be required to use their professional judgement in the assessment of componentry regarding its suitability for reuse. An age limit for components is recommended to avoid failure in service. The supplier will decide this service life and monitor it

Foam Covers

54. Foam covers are considered under the normal componentry provisions of the Scheme and are therefore considered reusable. They are not to be permanently fixed to a prosthesis so as to cause destruction of the cover on removal.

Non-standard limbs

55. Artificial limbs incorporating hydraulic, pneumatic, myoelectric and other non-standard components are not available through ACTALS. The only items which may be supplied under the ALS are listed in Appendix D3 - Componentry. Where a prescribing clinician considers a non-standard component would benefit the patient, and the patient agrees to the inclusion of the component(s), the patient will be expected to meet the additional cost of the component(s) and associated fitting costs. In these instances the ALS will meet the cost of the limb, up to a maximum of the equivalent cost of the standard type of limb the patient would normally have received through the ALS but less the patient 15% contribution if required. Where special components

were supplied under the individual approval system operating until April 1986 those items continue to be maintained under the ALS but only for the life of that particular item.

56. The amputee will be responsible for all ongoing costs associated with the fitting of non-standard component(s) including maintenance, repair and replacement of the non-standard component(s). The manufacturer should warn the amputee that these costs can be considerable. Patients should be advised to contact their health benefit fund as some funds provide some cover for artificial limbs.

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Replacement limbs

57. Replacement of a limb within 36 months requires a fully detailed submission to be made to the ACTALS Committee, see also paragraph 36.

58. Socket replacement should be expected to last the minimum 36 months period. Replacement within that time will be subject to specific approval by the ACTALS Committee.

59. The patient is still responsible for a patient contribution payment (unless they are exempt) irrespective of the reason for the replacement or the time between replacements. This is up to a maximum of \$200 per financial year per limb for ACTALS 15% clients.

Replacement limbs for children

60. For this purpose, children are defined as being under the age of 18 years. Replacement limbs for children will normally be provided through the ACTALS (free of charge), whenever they are required to accommodate biological growth. The 36 months non-replacement period does not apply to children. See also paragraph 37.

Second or spare limbs

61. These are not available as a matter of routine. The issue of a second, or spare, prosthesis to a patient may be approved, upon application from the prescriber, where the following conditions apply:

- a. the patient has requested the second issue,
- b. the patient meets the following:
 - resides remote from the manufacturer and is engaged in an occupation, which could possibly place undue stress on the prosthesis and would suffer economic loss by not being able to work while this limb is being repaired

OR

- lives alone in an isolated location and could be stranded if a second limb was not available;
- c. if a patient is unable to cope with the foot or articulated knee joint in the workplace or for recreational purposes, a peg leg may be provided as a spare or second limb.

62. Patients who do not meet these criteria and who wish to obtain a spare prosthesis can negotiate its manufacture, at their own cost. It will not have a limb identifying number.

Recreational limbs

63 Recreational limbs are not available under the ACTALS. However the ACTALS Committee may approve the provision of a second limb **where medical assessment considers them absolutely necessary**. That is to be in a fully detailed written submission, also having regard to rehabilitation of the patient. Patients pay for any modification eg waterproofing where they require non-standard limbs. Physiotherapy opinions may be sought.

Other aids and appliances

64. Orthoses (devices to support the body or a limb) are generally not available under the ACTALS. They may only be supplied where they are necessary for patients to gain effective use of the prosthesis. Other mobility aids may be available under other Government sponsored schemes. Only one scheme may be used for an item.

65. All accessories, which form an integral part of a prosthesis, including cosmetic hands, gloves or covers for endo-skeletal limbs only, will be supplied under the ACTALS.

Interim limbs

66. Interim limbs, which are applied in the early post-operative stages, are intended to assist in the management of the amputation stump and are not available under the ACTALS. These limbs are an integral part of the amputee's surgical management and are to be provided by the treating hospital.

Partial hand or foot prosthesis

67. Appliances that are not strictly "prostheses" may be issued under the Artificial Limbs Scheme to patients with partial foot amputation; that is, proximal to the metatarsal phalangeal joint, or for Proximal Focal Femoral Deficiency (PFFD). Appliances can be supplied in the treatment of a partial foot or other amputation that precludes normal level walking or prevents a patient from carrying out a normal occupation. This might apply to Chopart, transmetarsal, Lisfranc, etc. amputations or to PFFD but not for paralysis of the foot.

68. A partial foot amputee may be treated under the ALS by being fitted in one of the following ways:

- a. A custom made prosthesis attached to the stump as in Chopart and Lisfranc amputations.
- b. A shoehorn type orthosis, which provides a fulcrum for toe off in conditions such as (a) above.
- c. Filling the patient's own footwear and applying a rocker sole to act as in (b) above.

69. Partial hand prostheses may be provided. Cosmetic replacements, for loss of fingers, are not available under ACTALS.

Stump socks

70. For clients covered by ACTALS for prosthetic provision, the allowance per financial year is:

Socks – all types	- 8
Sheaths	- 6
Cosmetic Stockings	- 4
AK suspension belts	- 2
Knee suspension sleeves	- 3

DVA clients are exempt from by these restrictions.

MANUFACTURERS' ASPECTS

Choice of supplier

71. Patients are free to choose their limb supplier unless there are compelling medical grounds for the prescription being directed elsewhere. Artificial limbs supplied under ACTALS may be provided through any government health facility or a commercial manufacturer approved by ACTALS.

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Warranty period

72. All limbs provided under the Artificial Limbs Scheme by approved manufacturers shall be warranted against any defects in the manufacture and repair of the limb in relation to:

- a. materials used in the manufacture or repair of the limb;
- b. work done on the limb during its manufacture or repair; and
- c. alignment and fitting of the limb.

73. The manufacturer's warranty shall apply for a 12 month period from the date of delivery or repair. Any limbs found faulty during the warranty period will be replaced, repaired or adjusted, at the expense of the manufacturer. All fault components must be returned to the manufacturer for evaluation.

74. The manufacturer's warranty will not apply in instances where, in the opinion of the supplier, the fault or defect was caused by:

- a. medical changes;
- b. fair wear and tear;
- c. wilful or accidental damage; or
- d. unauthorised repair.

75. The cost of these repairs, replacements or adjustments will be covered by the ACTALS except for wilful damage or unauthorised repair when it will be the patients' full responsibility.

Acquittal of limbs and major repairs

76. Where a dispute arises between a patient and the limb supplier or as to the suitability of the limb, the ACTALS Committee may be asked for a ruling. The Committee has the right to conduct enquiries and view all relevant work and records. The decision of the Committee will be binding and final.

77. The prescriber of a limb may require the patient to return to him/her for verification of the limb's suitability. Such an appointment is optional and not a condition of acquittal of a limb as completed. A client's signature of receipt is sufficient proof of satisfactory completion.

Payment of accounts (Private Manufacturers)

78. In the case of private manufacturers billing ACT Community Care the invoice should list all components used. The componentry schedule lists all components available through the ACTALS with the exception of incidentals such as cable and harness kits.

79. Payment at the agreed rate will be authorised by the ALS Committee after receipt of the account.

80. Manufacturers are responsible for obtaining patient acknowledgment of receipt. This must be supplied with the account for services or payment will not be made. Pro rata payment for deceased clients is negotiable.

81. Where these arrangements are met, ACT Community Care will complete its processing of the account, following receipt of the invoice, within a 30 day period.

82. Accounts for payment under these provisions are to be submitted individually, supported by one copy of the relevant prescription, signed by the amputee receiving the artificial limb.

Other prostheses

83. Prostheses for conditions other than limb-deficiencies are not available under the ACTALS.

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Surgical Footwear

84. Footwear, including custom made footwear for foot deformities, diabetic neuropathy, etc are not available under the ACTALS.

Incidental expenses

85. The only benefit available through the ACTALS is the supply of artificial limbs and essential accessories. There are no allowances available under the ACTALS to assist with patient transport or accommodation, or to defray any attendance charges at amputee clinics at public hospitals. Patients experiencing financial hardship and unable to meet these ancillary expenses should approach their State Health authority for assistance. Patients may be eligible to recover all or part of consultation fees under Medicare.

Mobility allowance

86. DSS may pay a small allowance to people with physical mobility disabilities who have difficulty using public transport and who are generally employed. Application forms may be obtained from Centrelink or offices of the DSS.

Child Disability Allowance

87. Centrelink and DSS administer this allowance. It is paid for children who are assessed as needing substantially more care than a normal child needs.

Compensation cases

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88. Where a patient who is being, or has been, provided with an artificial limb or other prosthetic service under the ACTALS:

- a. has made a claim against another person for compensation, or may be, or may become, entitled to be paid compensation by another person, in relation to the disease, disability or condition by reason of which that prosthetic service is being so provided, or has been so provided; or
- b. is entitled, whether by virtue of an order of a court, a settlement of a claim for compensation or otherwise, to be so paid compensation by another person; or
- c. has been paid compensation by another person, whether by virtue of an order of a court, a settlement of a claim for compensation or otherwise;

then ACT Community Care is able to recover costs from the patient.

89. Compensation supplied under Workers' Compensation may not be caught by this paragraph. The details of any aggregated amounts paid under such legislation should be referred to the ACTALS Committee for consideration.

90. Pending compensation cases are treated under the ACTALS as if the patient is eligible to use the ACTALS until the result of his/her claim is known. The patient is immediately responsible for the cost of all non – ALS approved components used in these limbs - paragraph 92 refers. If not a pensioner, a patient is required to pay the normal patient contribution as set out in paragraph 17.

91. The possibility of receiving compensation does not debar a patient from obtaining limbs through the ACTALS, but the costs involved may become the patient's own responsibility. Where the patient elects to use the ACTALS and sues for compensation, actual recovery of the costs by ACT Community Care will be delayed until the outcome of the compensation or damages claim is known. Where the claim is successful, ACT Community Care is to be reimbursed for services already provided and for any future prosthetic work as it arises, at least to the extent of the compensation obtained. Patients failing to secure damages or compensation are still eligible for assistance under ACTALS. Patients who have received reduced or discounted compensation payouts or settlement should approach the Prosthetic & Orthotic Service regarding arrangements for the supply of limbs.

92. A patient with a compensation claim is at liberty to negotiate privately the manufacture of any limbs with any supplier, including types not available under the ACTALS. However, the costs involved are borne by the patient including maintenance.

93. Patients may apply for admission to the ACTALS when the prosthetic cost component of the Judgement or settlement has been expended on artificial limbs and repairs. The patient will be required to provide evidence that the payment or settlement has been expended.

Private purchase of limbs

94. The ACTALS will not reimburse the cost of manufacture of these limbs. The subsequent maintenance of any artificial limbs, which are privately purchased by the patient, remains the full responsibility of the patient. If maintained by the Prosthetic & Orthotic Service the Department will recover the full costs incurred as will other suppliers.

Supply of Limbs to Foreign Nationals

95. The ACTALS Committee may approve the supply of limbs to foreign nationals from ACT Community Care resources, where the following circumstances exist:
- a. the amputee cannot be treated through facilities in his or her own country;
 - b. the request for the supply of the limbs is supported by Commonwealth or State authorities;
 - c. the applicant is not eligible to claim compensation or damages in respect of the amputation or injury being treated, and is otherwise unable to pay for the full cost of the prosthesis; and
 - d. the patient is in Australia.

The patient is still required to pay the patient contribution unless this is specifically waived.

Repairs and/or replacement while travelling overseas

96. Reimbursement for costs of repairs or replacement of limbs while overseas would only be considered where there were reciprocal agreements for the production of artificial limbs between Australia and the country concerned. There are no current such agreements. This may however be done at the discretion of ACTALS Committee.

Review of prescriptions

97. All prescriptions are recorded for statistical purposes by ACT Community Care and appropriate analyses conducted.

98. ACT Community Care via ACTALS Committee may review a prescription where there is statistical evidence that a higher than expected number of limbs and/or repairs has been prescribed for an individual.

99. Where practices are considered to be fraudulent in the obtaining of limbs under ACTALS, then action will be taken to refer the matter to the appropriate police force.

100. Where ACTALS administrators have any doubts about the authenticity of claims they may request that the patient attend a clinic to check the components used in the limb. Under those circumstances the manufacturer is entitled to send a representative to that session.

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APPENDIX A

ELIGIBLE VETERANS AND DEPENDANTS

1. The DVA's Health Program provides prosthetic, orthotic and surgical footwear services for eligible veterans and dependants at no cost to the beneficiary. Veterans are able to use the State Health or commercial limb manufacturers.
2. Eligible persons are defined by DVA. For those veterans whose only eligibility is for treatment of a war-caused disability, prosthetic or orthotic services must form a legitimate part of treatment for that disability.
3. For eligible persons electing to have prosthetics/orthotics supplied through DVA's Health Program, all normal benefits, including travelling allowances etc., apply. These benefits are available whether the person elects to be treated through the State Health System or a commercial limb manufacturer.
4. Details regarding qualification as an "eligible person" are available from Departmental offices.

DEFINITION OF A PENSIONER

5. For the purposes of ACTLS a "pensioner" is:

A person to whom or in respect of whom a social security pension or benefit is being paid

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Or

A person who is receiving a service pension under the *Veterans Entitlement Act* but who is not eligible for prosthetic services from Veterans Affairs and is the holder of a Pensioner Concession Card

Or

A person who has been considered by the ACTALS Committee to have 'financial hardship'

APPENDIX C

CRITERIA FOR COMMERCIAL CONTRACTORS

1. The tenderer should possess a recognisable qualification such as the Latrobe University's Diploma or Degree of Prosthetics and Orthotics, or overseas qualifications of comparable standard to either of these, and have had significant working experience in the field of prosthesis manufacture. The acceptance or otherwise of an applicant's actual experience should be subject to assessment in each case but, as a general rule, anything less than 3 years would normally be unacceptable.

2. Alternatively, where no formal qualifications are held, contracts may be in exceptional circumstances awarded where the tenderer has had extensive experience in this work in Australia and has been known to the ACT Community Care and prescribing clinicians as a manufacturer of acceptable standard.

3. Where the tenderer is unable personally to satisfy either of the conditions in 1. or 2. above, a contract may be awarded where the tenderer employs, or can recruit, another person who does meet those conditions provided that the person is then charged with the responsibility for overseeing the standards of manufacture. Notwithstanding the normal period of the contract, its validity is dependent upon continued compliance with this condition.

4. The tenderer should acknowledge that the contract is a "period" rather than a "quantity" agreement. In the normal course of events the contractor will be expected to locate his /her own source of orders.

5. In the ordinary course of events, quality control will rest primarily with the prescribing clinician and indirectly with the patient. The granting of a contract in no way implies automatic recognition by ACT Community Care that any limbs produced by the contractor are of satisfactory standard.

6. The tenderer should also acknowledge that ACT Community Care may investigate any complaint it receives on the standard of manufacture or service provided under the contract. Evidence of continued unsatisfactory service or manufacture could lead to ceasing approval of work for that manufacturer.

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APPENDIX D1

1. This section comprises:
 - a. the Schedule of Limb Types,
 - b. the Schedule of Repair times,
 - c. the Schedule of Componentry.
2. The Schedule of Limb Types is reviewed updated annually.
3. The Schedule of Componentry is updated under the following circumstances:
 - a. following price rises submitted by suppliers.
 - b. where the ALS Committee recommends the addition, deletion or amendment of items,
 - c. where the Rehab Tech recommends the addition, deletion or amendment of items.
4. For the financial year 2000/01, the hourly rate is \$70 and the limit for minor repairs is \$140.
5. The schedule of allowed hours for repairs were developed to suit most situations. See also paragraph 40.
6. There are restrictions on the use of lightweight components, energy storing or lightweight feet. Details are in paragraph 30-33.
7. Before any new components can be used in Australia, it is a statutory requirement under the *Therapeutic Goods Act* that they be accredited. This function is performed by Rehabtech for Therapeutic Goods Administration of the Commonwealth Department of Health, Housing, Local Government and Community Services.