

**MANUAL ON THE WESTERN AUSTRALIA LIMB
SERVICE FOR AMPUTEES (WALSA)**

for the use of

Medical Practitioners, Prosthetists and Manufacturers

Operative from 1 March 1997

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1 Introduction

The Western Australia Limb Service for Amputees (WALSA) came into effect on 1 March 1997. It replaces in Western Australia the Artificial Limbs Scheme (ALS) formerly administered by the Commonwealth Department of Veterans' Affairs and provides a similar service for the State's community amputees. Amputees whose artificial limbs remain the financial responsibility of the Department of Veterans' Affairs are former service men and women and their dependants, including the children of deceased veterans, if those children are not being cared for by a surviving parent. All Department of Veterans' Affairs clients are entitled to access WALSA services and to have their limbs prescribed and fitted at WALSA clinics.

WALSA is funded through a specific purpose payment from the Commonwealth Department for Health and Family Services.

2 Objective

The objective of the Western Australia Limb Service for Amputees is to provide high quality artificial limbs to every member of the WA community who needs them.

3 The main features of WALSA are as follows:

- Approved artificial limbs are supplied and maintained or repaired at a charge to the client of 15% of the scheduled cost, up to a maximum per person of \$200 in a financial year, for community clients. However, pensioners and some concessional beneficiaries receive their limbs free of charge.
- Limbs provided by WALSA are expected to have reasonable service lives and to be properly cared for by the wearer. There should be no modification or repair of the limb except by a prosthetist approved by WALSA.
- Apart from the first definitive limb, or the first 3 years after amputation, adult artificial limbs are expected to have a life, under normal circumstances, of at least three years.

- Additional (second or spare) limbs will be provided to WALSA clients whose type of work or whose location in a remote area make it likely that they will need a spare artificial limb.
- Artificial limbs purchased by WALSA remain the property of the State and are engraved with a registration number by the prosthetist who manufactures the limb.
- WALSA provides prescribing clinics for the prescribing and fitting of artificial limbs only. Orthotics are not provided by WALSA. Rehabilitation of amputees remains the responsibility of the hospital where the amputation was carried out.
- WALSA supplies six stump socks per year free of charge to all community clients. Additional provision of free stump socks must be recommended by an authorised prescriber and approved by the WALSA Manager.

4 Administration

WALSA is administered by the Metropolitan Health Service .Policy is managed by the WALSA Manager.

The Manager
Western Australia Limb Service for Amputees
13 Eveline St
Middle Swan
WA 6056

Telephone: (08) 9347 5264
Facsimile: (08) 92475587
Email: robert.burns@health.wa.gov.au

The Manager is responsible for determining the eligibility of WALSA clients, approving applications for limbs, servicing contractual arrangements, authorising payments to limb manufacturers, up-dating the list of approved componentry, and is the person to whom enquiries regarding WALSA should be directed.

5 The Role of “REHAB Tech”

The Monash Rehabilitation Technology Research Unit (REHAB *Tech*) provides research, development, evaluation and education in bio-mechanical engineering, as well as a range of clinical advisory activities. It is located at 260 - 294 Kooyong Road, Caulfield, Victoria 3162. (Telephone 03 9528 1960.)

Compliance with ISO 10328 or ISO 9001 or equivalent (the standard of componentry included in the REHAB *Tech* Guide) is the required standard of quality for all items on the Schedule of Approved Componentry. Any and all additions to this Schedule will be decided by an expert committee of prescribers and prosthetists, with input from REHAB *Tech*.

How WALSA Works

Eligibility

- 6 WALSA provides artificial limbs to all community clients who are permanent residents of Western Australia. Clients must hold or appear on a current permanent Medicare card to be eligible for WALSA services.

- 7 WALSA does not pay the costs of artificial limbs for community patients whose amputation has resulted in, or is likely to result in, compensation. However, these patients are eligible to attend WALSA clinics for the prescription and fitting of artificial limbs, and to pay 15% of the cost of prostheses and major repairs, up to a total of \$200 per annum, if compensation has not yet been received. Compensable clients fill in the Manufacturer's Questionnaire and then they (or their legal representatives) are required to provide WALSA with a signed Statutory Declaration that WALSA may recover the cost of the limb direct from the relevant insurer, immediately compensation has been paid.

Payment of Patient Contribution

- 8 WALSA clients, except pensioners and holders of some Department of Social Security cards who are exempt, are required to pay 15% of the scheduled cost of the provision, maintenance and repair of their artificial limbs, up to a maximum of \$200 per annum. However, additional costs may apply for recreational limbs, in the event that these are approved. (See paragraph 71.)
- 9 The date of approval of a limb manufacture or repair is the effective date for the payment of the patient contribution. This

covers the situation where work is approved in one financial year but not completed until the next financial year. The contribution is paid direct to the prosthetist, who issues a receipt and deducts the amount of the contribution from the invoice that is forwarded to WALSA.

Eligible pensioners and concessional beneficiaries' entitlement to free artificial limbs

- 10 Clients of WALSA who hold a valid Pensioner Health Benefits Card, a valid Health Benefits Card or a valid Health Care Card are entitled to receive free artificial limbs.
- 11 In the event of an entitlement card being withdrawn by the Department of Social Security, after approval has been given for a limb to be manufactured or repaired at no cost to the client, the work approved for that limb or repair will be at no cost to the client. However, any subsequent repairs, maintenance or replacement will then be subject to the patient contribution, unless the client regains an appropriate Social Security Card. When a client gains an entitlement card, standard components in limbs on which the patient contribution was paid then become subject to maintenance through WALSA and exempt from the patient contribution.
- 12 Any person supplying the entitlement information must complete all details applicable to the client's entitlement on the prescription. The information includes:
 - a) the **entitlement number** which appears on the card (i.e: a ten character alpha-numeric number)
 - b) the **type** of entitlement card held by the client.

Eligible Veterans

- 13 Clients who hold a DVA **gold** treatment card have their limbs paid for in full by the Department of Veterans' Affairs, for all conditions. Clients who hold a DVA **white** treatment card have their limbs paid for in full by that Department *only* if the amputation is related to their accepted war-caused disabilities. For example, if a white treatment card holding Veteran became an amputee as a result of vascular disease, he or she will be covered

by DVA only if vascular disease is an accepted war-caused disability.

- 14** All other Veterans, including holders of a DVA concession card - rather than a DVA gold or white treatment card - are treated as community patients by the WALSA.

Amputee clinics

- 15** To be approved by WALSA, any prescription for artificial limbs and repairs must be raised at one of WALSA's authorised prescribing clinics. Authorised prescribing clinics are held at the following sites:

Royal Perth Rehabilitation Hospital

Selby Street

Shenton Park 6008

Tel: (08) 9382 7171

(only for clients whose amputation was performed at Royal Perth Hospital, clients who have had an upper extremity amputation and clients whose amputation was performed at a country hospital).

The following clinics will provide services for clients referred from elsewhere than RPH and RPRH:

Fremantle Hospital

Tel (08)94313333

Fremantle Orthotic Services

7/110 Hulme Court

Myaree WA 6154

Tel: (08)93303636

Perth Prosthetic Centre

34 Lacey Street

Cannington 6107

Tel:(08) 9358 5353

South West Orthotic Prosthetic Services Pty Ltd (SWOPS)

16 Strickland Ave

Bunbury 6230

Tel:(0897) 21 1077

Albany Regional Hospital

Hardie Road

Albany 6330

Tel: (0898) 41 2955

Princess Margaret Hospital

Roberts Road
Subiaco 6008

Tel: (08) 9340 8222

Conduct of Prescribing Clinics

- 16** Clinics run by and situated in metropolitan public hospitals are subject to supervision by the hospital and WALSA for the Metropolitan Health Service.
- 17** Clinics conducted at manufacturers' premises are the direct responsibility of the manufacturer and WALSA.
- 18** The internal conduct of the clinic, the recruitment and discipline of all clinic members and the access of prosthetists to clinical sessions held at hospital-run clinics, are matters for the prescribing practitioner to determine.
- 19** Where the WALSA Manager receives serious or persistent complaints about the operation of any amputee clinic, it will investigate and order any necessary remedial action. In exceptional cases, where a clinic fails to operate as approved by WALSA, the Department may withdraw the authority of the clinic to issue prescriptions.

Prescriptions

- 20** WALSA provides artificial limbs only when these are prescribed by a clinician attached to an authorised prescribing clinic.
- 21** Prescribers have a responsibility to be mindful of the cost of items of componentry and to prescribe generically, for function, without specifying a brand.
- 22** Prescriptions must reflect the client's actual rehabilitational 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, swing and other functional requirements.
- 23** A clinician can order a major repair for a limb under the WALSA. The prescription will normally only be approved by the WALSA Manager if all necessary information is included in the

prescription. In exceptional cases, the approval will be sought as soon as possible.

- 24** A separate prescription is required for each limb and is to be written on the WALSA Prescription Form issued for this purpose. The prescription must be a fully detailed submission, details of which are given below in paragraph 37, on page 13. The Prescription Form incorporates patient entitlement and exemption details, authorisation, patient receipt, prescriber's acquittal and claim form.

Restrictions

- 25** The WALSA Schedule of Approved Componentry is subject to restrictions which apply to all items within specific generic types. Before prescribing stored energy or multi-axial feet, assessment must have clearly demonstrated, in a fully detailed submission, the patient's requirements and ability to use the increased function offered by these components. Lightweight componentry must also be clearly demonstrated to be essential for the patient's functional rehabilitation. For example, indications may include:
- SACH feet - the standard multi-purpose 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 detailed submission from the prescriber as to why multi-axial feet are needed and why a specific foot is chosen.
- 26** Characteristics of different sorts of prosthetic feet are available in a booklet, "Facts and Figures on Prosthetic Feet for Prescribers" available from the Monash University Rehabilitation Technology Research Unit, or the website at:
[Htp://www.mnoash.edu.au/rehabtech/info.htm#comp](http://www.mnoash.edu.au/rehabtech/info.htm#comp)
- 27** Lightweight components may be prescribed for geriatric clients with limited functional ability, or when weight is genuinely considered to be an important factor in the patient's ability to utilise a prosthesis and other available componentry is unacceptable.

- 28 The WALSA client cannot be directed to a particular manufacturer. However, once production of a prosthesis has commenced, the client will normally stay with that prosthetist. Should the client decide to change, any costs involved will be borne by the client.

Procedure for the supply of a new artificial limb:

- 29 Currently, a new amputee requiring a limb will need to arrange an appointment with one of the Prescribing Clinics listed above.

What happens once a prescription has been written?

- 30 The prescription form is forwarded by the clinic to WALSA for approval. Clinics will arrange new amputees' appointments with the manufacturer of their choice. WALSA or the manufacturer also advises the client of the amount of the patient contribution. This must be paid by the client to the manufacturer before the manufacture or repair of a limb can be authorised. The only exception to this would be in the case of serious financial hardship, where payment can be delayed until the limb is acquitted. Decisions in this regard are at the discretion of the Manager WALSA.

Criteria for approval of prescriptions

- 31 The WALSA Manager can authorise the manufacture or major repair of an artificial limb when the following conditions have been complied with:
- (a) The WALSA Prescription Form and the detailed written submission have been completed.
 - (b) Checks have been carried out for eligibility, taking into account compensation aspects.
 - (c) Replacement or repair is considered reasonable.
 - (d) The prescription is for any of the following:
 - a fibreglass socket interim limb
 - a primary limb
 - a limb for a child

- the first replacement limb for an adult whose limbs were formerly supplied while the client was a child
- an adult client's primary limb replacement
- a replacement limb where the previous limb is older than three years.

Life of limb/ Conditions of approval for replacement

32 The minimum life of limbs and feet, other than SACH feet, supplied to adults under the WALSA is expected to as long as the prosthesis can be maintained subject to economic repair. The time commences at acquittal of the limb by the client.

33

Limbs less than 36 months old can be replaced for the following reasons:

- for medical reasons
 - to take account of the changing shape of a stump
- or
- where a limb is beyond economical repair and the need for repair is not due to misuse or wilful damage.

34 The detail required for the prescriber's submission is as follows:

- (a) Name and date of birth of client
- (b) Date and cause of amputation
- (c) Type of amputation
- (d) General medical condition of client
- (e) Occupation and level of activity
- (f) Medical conditions relevant from the prosthetic point of view (including description of stump)
- (g) Reason for prescribing a new prosthesis.
- (h) Any other relevant data.

Approval number

35 The approval number provided by the WALSA Manager must be used at all times, in order to aid control of prescriptions.

Major and Minor Repairs

- 36** 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:
 - (i) ordered by the medical prescriber in paragraph 34
 - or
 - (ii) found necessary by the manufacturer when undertaking maintenance.
- 37** Minor repairs to an artificial limb may be carried out by approved manufacturers without WALSA approval where the cost of labour, components and incidental materials is estimated not to exceed the minor repair limit. (The minor repair limit is currently **\$300**). The all-up cost of a minor repair cannot exceed that figure. The figure is varied according to movements in the agreed hourly rate and changes are notified direct to manufacturers. Minor repairs are exempted from a patient contribution.
- 38** Where the cost of a repair is estimated to exceed the minor repair limit, the client may be referred back to a clinic or, alternatively, if it is more convenient for the client, a commercial manufacturer may seek approval by phone for a major repair (and a negotiated price). The schedule of allowed hours for repairs, on page 19 of the Blue Pages, is 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 these repairs. However, WALSA will not accept responsibility for any work undertaken by a manufacturer without authority.
- 39** WALSA will advise the manufacturer of how much the client has to pay. The amount is to be paid to the manufacturer, who is to issue a receipt and deduct the amount from the claim on WALSA. Manufacturers are to retain the duplicate receipts, which are subject to audit for up to three years.
- 40** Claims for payments for all repairs may be made on the Minor Repair Voucher after the client has confirmed that repairs have been satisfactorily completed. Payment will only be made where the repair does not fall within the warranty provisions below.

Client responsibilities

- 41** Clients are responsible for seeing that their limbs are properly maintained, provided they are properly educated in this regard. An education sheet will be provided, and signed for at acquittal of the prosthesis. Where there is evidence that limbs are not being properly cared for by clients, WALSA will not meet the costs of remedial repairs or replacement.
- 42** In order to maximise use of funds, clients should seek repairs in preference to frequent limb replacement. The 36 month expected minimum life of a limb does not mean that limbs should be replaced every 36 months. Where unauthorised modifications have been carried out on a limb, the 12 months warranty is void and the client is responsible for all further costs of that limb.

Ownership of limbs

- 43** Artificial limbs purchased by WALSA for community clients remain the property of the Health Department. This is particularly important in regard to modular limbs which contain expensive lifelong componentry. Clients sign the acknowledgment, on the reverse side of the Prescription Form, that the limb they are receiving is the Health Department's property and must be returned to the manufacturer.
- Artificial limbs purchased by the Department of Veterans' Affairs for entitled veterans and their dependants, remain the property of that Department and clients sign an acknowledgment of this.

Recalcitrant clients

- 44** Where a client is attending a WALSA clinic or limb manufacturer and does not co-operate with treatment staff, or behaves in a manner which is detrimental to treatment or to staff, the WALSA Manager has authority to refuse the client further service.
- Where a client deliberately compromises his or her own or another client's treatment, WALSA will no longer provide the recalcitrant client with limbs and prosthetic services.

- 45 However, the Manager has discretion, before taking such action, to send a warning letter to the client, advising him or her of the consequences of their actions, or to otherwise inform the client that prosthetic services and limbs will not be provided unless the client is prepared to co-operate.

Appeals against decisions under the WALSA

- 46 When an appeal against a decision made by the WALSA Manager is received, it should first be dealt with by mediation. In cases of dispute between the purchaser and the provider, the Metropolitan Health Services will attempt to settle the dispute by mediation through an agreed, mutually acceptable mediator.
- 47 If an appeal is not resolved at that level, or in the case of a dispute between a client and WALSA, the appeal should be forwarded to the General Manager, Swan Health Service, 13 Eveline St, Middle Swan for decision or recommendation, which may involve the seeking of expert advice. As a final resort, consumers may appeal to the Office of Health Review for a decision. The Office is located opposite the Perth Railway Station at:

7th Floor, Albert Facey House
469 Wellington Street
Perth 6000

Telephone (08) 9426 0100

WHAT'S AVAILABLE TO CLIENTS

Range of limbs available

- 48 Artificial limbs available under WALSA include only those adhering to recognised prosthetic principles and incorporating accredited mechanical components. Categories of limbs and componentry types available under WALSA are listed in the Blue Pages of this Manual and can be obtained from the WALSA Manager. The range of limbs available will be amended from time to time on the advice of an expert panel convened for this purpose, and depending on financial considerations.

- 49** There are restrictions on the supply of limbs and components which are detailed in the Blue Pages.
- 50** As a general principle, clinicians should confine their prescriptions to component function which is most appropriate for the client's prosthetic rehabilitation, having regard to his or her domestic and occupational environments.

Modular Limbs

- 51** The Health Department expects prescribers to have regard to the relative economies of conventional and modular artificial limb types. Although the initial cost of modular limbs may be higher than exoskeletal limbs, their longer term cost is generally lower.
- 52** When replacement of modular limbs is required, the socket only will be replaced, unless individual components are deemed to be unsafe or inoperative, in which case only those components will be replaced. Replacement of the socket only will be classed as a major repair.
- 53** Manufacturers are required to exercise due economy by re-using modular componentry wherever possible. These components should be re-used for the same client and eventually for other clients, provided the components are in sound condition and their use will not jeopardise the client in any way.
- 54** Manufacturers will be required to exercise their professional judgement in the assessment of componentry regarding its suitability for re-use. Written justification to the WALSA Manager will be necessary in each instance that modular componentry is not considered re-useable.
- 55** Where non-standard components are included in limbs, they should be listed on the Prescription Form.

Foam covers

- 56** Foam covers are considered under the normal componentry provisions of WALSA and are therefore considered re-useable. They are not to be permanently fixed to a prosthesis, since this would cause destruction of the cover on removal.

Non-standard limbs

- 57** Artificial limbs incorporating hydraulic, pneumatic, myoelectric and other non-standard components are not routinely available through the WALSA. The only items which may be supplied under the WALSA are those listed in Section 2 - Schedule of Components.
- 58** Where a prescriber considers that a client would benefit from a non-standard component, and that this is the most appropriate component functionally for that client, and the client agrees to the inclusion of the component(s), the client will be expected to meet the additional costs (manufacture and fitting) of the component(s).
- 59** In such instances, WALSA will meet the equivalent cost of the standard type of limb, but less the 15% patient contribution.
- 60** However, the Manager has discretion to occasionally authorise the use of non-standard components without additional cost to the client, on a case by case basis. The determining factors in these decisions will be the prescriber's judgement of what is functionally necessary for the client, along with the client's ability to pay.
- 61** Non-standard items will be maintained and repaired under the WALSA at the client's expense, unless they were supplied under the individual approval system operating as part of the Artificial Limbs Scheme prior to April 1986, or unless the Manager authorises otherwise, on an individual basis.
- 62** Manufacturers should warn clients seeking non-standard componentry of the high costs they may incur for them. Manufacturers should therefore advise clients with private health insurance to contact their fund regarding what cover is available.

Replacement limbs

- 63** As detailed in paragraphs 32 and 33, replacement of a definitive limb (other than a first definitive) within 36 months requires a fully detailed submission from the prescriber to the Manager, WALSA. After the first three years of a client wearing a prosthesis,

socket replacements are also expected to last 36 months, and replacement within that time is as a major repair, subject to approval by the Manager.

- 64** The client (unless exempt) remains responsible for a patient contribution payment, irrespective of the reason for the replacement or the time between replacements.

Replacement limbs for children

- 65** For this purpose, children are defined as people under the age of eighteen years. Replacement limbs for children will normally be provided through the WALSA when they are required to accommodate biological growth. The 36 month non-replacement period does not apply to children.

Second or spare limbs

- 66** These are not available as a matter of routine. The Manager may approve the issue of a second limb to a client, upon application from the prescriber, where the following conditions apply:
- (a) the client has requested a “spare” limb
 - (b) the client meets the following -
 - resides remote from the manufacturer and is engaged in an occupation which could place undue stress on the prosthesis and would suffer economic loss by not being able to work while the prescribed 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 client 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 second or spare limb.
- 67** Clients 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 registration number.

Recreational limbs

- 68 WALSA does not provide recreational limbs.
- 72 Clients pay for any modification of the recreational limb - such as waterproofing.

Orthotic aids and appliances

- 73 Orthoses (devices to support the body or a limb) are generally not available under the WALSA. They may only be supplied where they are necessary for clients to gain effective use of the prosthesis.
- 74 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 WALSA.

Interim limbs

- 75 These are applied in the early post-operative stages and are intended to assist in the management of the residual limb or stump. They are an integral part of the amputee's surgical management and what is provided to the client will depend on the individual amputee's condition, ability to stand, and readiness for a fibreglass socket.
- 76 Where it is better for the management of a client's residual limb or general condition for a plaster of paris interim socket to be produced, (usually for an above knee amputation), this will be done by a physiotherapist at the amputating hospital. In most cases, however, it is expected that the prescriber will prescribe an interim limb with a socket which the limb manufacturer will make from fibreglass.

- 77 The prescription for this interim limb will be sent to WALSA for approval in the normal way and limb manufacturers reimbursed by WALSA. There is no patient contribution payable for this interim limb.
- 78 The fibreglass interim limb is manufactured to a semi-finished stage. The socket will require regular modification in the first year of the prosthesis being worn, and the semi-finished state allows a second or third socket to be manufactured quite quickly until the limb is replaced. Because it is not practical to take the limb away from the client while another is being manufactured, a second set of new components will be used, until the manufacturer has a sufficient supply of these components to use them solely for interim prostheses. When the client's first definitive limb is fitted, the patient contribution becomes payable.

Partial hand and foot prostheses

- 79 Appliances that are not strictly "prostheses" may be provided under the WALSA to clients with partial foot amputation, that is, beyond the metatarsal phalangeal joint, or 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 client from carrying out a normal occupation. This might apply to a Chopart, transmetarsal, Lisfranc or other amputation or to PFFD, but not for paralysis of the foot.
- 80 A partial foot amputee may be treated under the WALSA 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 for toe-off in conditions such as (a) above
 - (c) filling the client's own footwear and applying a rocker sole to act as in (b) above
 - (d) custom-made footwear where it is essential to the treatment of partial amputees
- 81 Partial hand prostheses may be provided. Cosmetic replacements, for loss of fingers are not available under the WALSA.

Stump socks

- 82** Clients are initially provided with six free stump socks which may be replaced as necessary. Where special medical, personal or geographical circumstances exist, the Manager has discretion to authorise different types of socks and greater frequency and number of replacements. These initial provisions are not subject to the patient contribution requirements but non-standard socks will only be approved on the recommendation of the client's prescribing physician.

Specifications for standard stump socks

- 83** The current specifications for milled and shrink-proof socks and standard (heavy and light) socks are the minimum standards set by the Health Department for all socks to be supplied to WALSA clients at WALSA expense.

Prosthetic sheaths

- 84** Prosthetic sheaths, such as the Daw Sheath, are provided under the WALSA, in the same way as non-standard stump socks, where the prescriber considers their use would benefit the client.

MANUFACTURERS' ASPECTS

Choice of supplier

- 85** Clients are free to choose their limb supplier unless there are compelling medical grounds for the prescription being directed elsewhere. Artificial limbs may be provided under WALSA only by approved manufacturers within Western Australia.

Warranty period

- 86** All limbs provided under the WALSA shall be warranted against any defects in the manufacture and repair 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.
- 87** The manufacturer's warranty shall apply for a twelve 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.

88 The manufacturer's warranty will not apply in instances where, in the opinion of the WALSA Manager, the fault or defect was caused by:

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

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

Limb identification

89 All limbs provided under the WALSA from 1 March 1997 will carry a registration number which is the same as the WALSA approval number. The registration number is to be engraved (preferably) or affixed with transparent dymo tape, so as to show as discreetly and unobtrusively as possible on the limb. Engraving the inside of the socket, for instance, is the preferred way of numbering the component.

90 When a replacement limb is ordered, (prescribed), the clinician will be required to write the current limb registration number on the prescription form.

91 A limb cannot be acquitted by the prescriber or payment made by WALSA where a registration number is not in evidence.

92 In a socket replacement where the limb number is removed, or other repair, the latest registration number is to be affixed to the limb.

Acquittal of limb and major repairs

- 93** Both the client and the prescribing clinician must certify on the prescription/approval form that the completed limb meets their requirements. WALSA will not require a limb to be submitted to it for examination unless this is requested by the prescriber, the client or the prosthetist.
- 94** The WALSA may require a limb to be presented for examination where serious or persistent complaint is received, or where there are other indicators which give rise to concern about the standard of finished work by any contractor. WALSA may also require a limb to be presented when there is doubt about the facts of the work done or claimed to have been done. (See also paragraph 124 under Fraud and Over servicing.)
- 95** The prescribing clinician is expected to examine the limb fit, quality and componentry at completion, before signing that the prosthesis meets his or her specifications.

Payment of accounts

- 96** Manufacturers are to list on their claim form all the components used in a prosthesis. The componentry schedule lists all components available under the WALSA with the exception of incidentals such as cable and harness kits.
- 97** Payment at the agreed rate will be authorised by the Manager, WALSA, after receipt of the acquitted prescription/approval form. The manufacturer may use a WALSA invoice form or one of the manufacturer's own invoice forms, to provide full details of the claim.
- 98** The Manager has the discretion to authorise separate payments for componentry and labour, once a prescription has been approved.
- 99** For modular limbs, the client (unless privately purchasing his or her limb) must sign the relevant paragraph on the prescription/ approval form to acknowledge that the limb is the property of the Health Department of Western Australia or of Veterans' Affairs.

- 100** Manufacturers are responsible for obtaining both client acknowledgement of receipt and prescriber acquittal for all services performed under a WALSA prescription. Preferably, both signatures are to be obtained through delivery of the prosthesis at the prescribing clinic.
- 101** Where these arrangements are met, both the WALSA and DVA will complete processing of the account, following receipt of the invoice, within thirty days.
- 102** However, manufacturers may submit for payment their accounts for services performed in accordance with WALSA approvals, prior to receiving prescriber acquittal, where:
- (a) the amputee has taken delivery of the artificial limb, but
 - (b) it is anticipated that subsequent attendance at the prescribing clinic for acquittal will delay payment of the account beyond a thirty-day settlement period following that delivery.
- 103** Accounts for payment under these pre-acquittal provisions are to be submitted individually, supported by one copy of the relevant prescription, signed by the amputee receiving the artificial limb.

EXCLUSIONS FROM WALSA

Other prostheses

- 104** Prostheses for conditions other than limb deficiencies are not available under the WALSA.

Surgical footwear

- 105** Excepting the provisions of paragraph 80, footwear, including custom-made footwear for deformities, diabetic neuropathy, etc, is not available through WALSA. Any footwear or repairs to footwear for WALSA clients is to be paid for at commercial prices. Veterans entitled through DVA to the provision of surgical footwear should contact that Department.

Incidental expenses

- 106** The only benefit available through the WALSA is the supply of artificial limbs and essential accessories. WALSA itself cannot assist with client transport or accommodation, or defray any cost of attendance at amputee clinics. **Country residents who have to travel more than 100 kilometres (one way) to have a limb fitted, qualify for the Patients Assisted Travel Scheme (PATs). This scheme provides assistance with both travel and accommodation costs for patients and, where necessary, their escorts. Greater travel rebates are offered to holders of Health Care, Health Benefits or Pensioner Concession Cards. Applications for PATs assistance must be completed by a general medical practitioner and lodged *before* departure at the nearest country public hospital.** Eligible Veterans may qualify for transport assistance through DVA, and enquiries in this regard should be directed to that Department.

Mobility allowance

- 107** The DSS pays a small allowance to people with physical mobility disabilities who have difficulty using public transport. Application forms are available from any DSS office. Applicants must be employed or in vocational training for eight hours per week on a continuous basis for three months or more. Also, they must not have received a sales tax exemption on a new car for two years or a gift car from the Department of Veterans' Affairs.

Subsidised taxi scheme

- 108** The State Government also operates a free or subsidised taxi scheme for people with a disability which prevents their using public transport. Application forms are available from:

Department of Transport
P.O Box 53
Nedlands 6009.

Telephone: (08) 9389 0611

Child Disability Allowance

- 109** This allowance is paid by the Department of Social Security. It is not means tested. It is paid for children who are assessed as needing substantially more care than a normal child, (for instance, where parents frequently miss work in order to care for the child).

Compensation cases

- 110** Where a client who is being, or has been, provided with an artificial limb or other prosthetic service under the WALSA:
- (a) has made a claim against another person for compensation, or may be, or become, entitled to be paid compensation by another person in relation to the disease, disability or condition for which the prosthetic service is 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 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 WALSA is able to recover costs from the client.

- 111** 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 Manager, WALSA, who may seek advice from the legal administration branch of the Health Department.
- 112** Pending compensation cases are treated under the WALSA as if the client is eligible to use the WALSA until the result of his or her claim is known. If not a pensioner, the client is required to pay the normal patient contribution as set out in paragraphs 8 and 9.
- 113** The possibility of receiving compensation does not debar a client from obtaining limbs through the WALSA, but the costs involved may become the client's own responsibility. Where the client elects to use the WALSA and sues for compensation, actual recovery of the costs by the WALSA will be delayed until the outcome of the compensation or damages claim is known. Clients will give an undertaking, in the form of a signed Statutory Declaration, that this debt will be paid when compensation is received.
- 114** Where the claim is successful, the WALSA 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. Clients failing to secure damages or compensation are still eligible for assistance under the WALSA. Clients who have received reduced or discounted compensation payments or settlement should approach the Manager, WALSA regarding arrangements for the supply of limbs.
- 115** A client with a compensation claim is at liberty to negotiate privately the manufacture of any limbs with any supplier, including types of limbs not available under the WALSA. However, the costs involved are borne by the client.
- 116** Clients may apply for admission to the WALSA when the prosthetic costs component of the Judgement or settlement has been fully spent on artificial limbs and repairs. The client will be required to provide evidence that the payment or settlement has been spent.

Private purchase of limbs

- 117** The WALSA will not reimburse the cost of manufacture of these limbs. The subsequent maintenance of any artificial limb which is privately purchased by the client remains the full responsibility of the client.

Supply of limbs to foreign nationals

- 118** The Manager, WALSA, has discretion to approve the supply of artificial limbs to foreign nationals from WALSA 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 applicant is in Australia.
- 119** The applicant is still required to pay the patient contribution, unless this is specifically waived.

Cross Border Flows

- 120** Residents of Western Australia who have been receiving their limbs, whether prescribed in this State or not, from an approved manufacturer in another State, will continue to have their limbs paid for by that other State. Conversely, residents of other States, who elect to have their limbs prescribed and/or supplied in Western Australia, will be able to receive their limbs through WALSA. The issue of cross border flows will be monitored by WALSA and may be the subject of future reciprocal agreements with other States.

Repairs and/ or replacement while travelling overseas

- 121** 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 the Western Australian or Commonwealth Government and the country concerned. There are no known such agreements.

FRAUD AND OVER SERVICING PROVISIONS

Review of prescriptions

- 122** All prescriptions are recorded for statistical and accountability purposes by the WALSA and appropriate analysis may be at any time.
- 123** WALSA will 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.
- 124** Where practices are considered to be fraudulent in the obtaining of limbs under the WALSA, then action will be taken to refer the matter to the Western Australia Police Force. Sections of the Crimes Act relevant to false pretences may be invoked in any action arising from such a referral.
- 125** Where the WALSA Manager has any doubts about the authenticity of claims he or she may request that the client attend a WALSA clinic to check the components used in the limb. Under those circumstances, the manufacturer is entitled to send a representative to that session.

ELIGIBLE VETERANS AND DEPENDANTS

- 126** The Department of Veterans' Affairs' Health Program provides prosthetic and orthotic services for eligible veterans and their dependants at no cost to the beneficiary. Veterans in Western Australia have their artificial limbs, repairs and orthoses prescribed at WALSA clinics and limbs manufactured and repairs carried out by authorised WALSA prosthetists. However, the whole cost of

prosthetic and orthotic goods and services for veterans is met by the Department of Veterans' Affairs.

127 When a clinician at a WALSA clinic writes a prescription for an eligible veteran, that prescription is sent to the Manager, WALSA, for processing, including reference to the Department of Veterans' Affairs to confirm eligibility. The approved prescription is then returned to the client for filling by an approved manufacturer of the client's choice. The manufacturer sends an invoice for the completed limb or repair to the Department of Veterans' Affairs for payment.

DEFINITION OF A “PENSIONER” and “WELFARE BENEFICIARY”(Extracted from Section 4 and Section 84 of the *National Health Act 1953*)**128 A “pensioner” means -**

- (a) a person to whom or in respect of whom a social security pension (within the meaning of the *Social Security Act 1991*) is being paid but is not a person to whom sub-paragraph (aa) (ii) applies;
 - (aa) a person:
 - (i) to whom or in respect of whom sickness benefit is payable under the *Social Security Act 1991*;
or
 - (ii) to whom or in respect of whom rehabilitation allowance is payable under the *Social Security Act 1991* in place of sickness benefit;
 - (iii) who has turned 60, is in receipt of unemployment benefit or special benefit under the *Social Security Act 1991*, and has been a social security beneficiary for a continuous period of at least 12 months;
 - (ab) a person to whom or in respect of whom there is being paid a job search allowance under section 514 of the *Social Security Act 1991*
 - (b) a person:
 - (i) who is receiving a service pension under Part 111 of the *Veterans’ Entitlement Act 1986* and
 - (ii) who is eligible for fringe benefits under section 53A of that Act;
 - (ba) a person who is eligible, under sub-section 86 (1), (2) or (3) of the *Veterans’ Entitlement Act 1986* to be provided with treatment under Part V of that Act;
- or
- (c) a person to whom or in respect of whom there is being paid an allowance under the *Tuberculosis Act 1948* and includes a person who is a pensioner because of section 4AAA.

129 A “concessional beneficiary” means -

(a) a person to whom or in respect of whom a social security pension (within the meaning of the *Social Security Act 1991*) is being paid

or

(aaa) a person

(i) to whom paragraph (b) applied on 28 February 1991, and

(ii) to whom the paragraph would continue to apply but for Section 4D of the *Social Security Act 1947* or in Division 1A of Part 3.10 of the *Social Security Act 1991*;

(aab) a person

(i) to whom paragraph (a) applied at any time after 21 August 1990 and before 28 March 1991, and

(ii) to whom the paragraph would continue to apply but for the person having invested the person's available money (within the meaning of section 4D of the *Social Security Act 1947*) or reinvested the person's deposit money (within the meaning of that section) in:

(A) an account with a financial institution, or

(B) a loan, including a loan by way of debentures, bonds, or other securities, or

(C) an accruing return investment, or

(D) a market-linked investment, or

(E) an immediate annuity, or

(F) shares, (within the meaning of the Principal Act) in anticipation of, or because of, that section, or Division 1A of Part 3.10 of the *Social Security Act 1991*

(aa) a person to whom or in respect of whom there is being paid a job search allowance under the *Social Security Act 1991*

or

(b) a person to whom or in respect of whom there is being paid a service pension under Part 111 of the *Veterans' Entitlement Act 1986*

or

(ba) a person:

(i) to whom paragraph (b) applied on 28 February 1991, and

(ii) to whom the paragraph would continue to apply but for section 50C of the *Veterans' Entitlement Act 1986* or Division 8A of Part 111 of that Act, or

(bb) a person:

- (i) to whom paragraph (b) applied at any time after 21 August 1990 and before 28 March 1991, and
 - (ii) to whom the paragraph would continue to apply but for the person having invested the person's available money (within the meaning of section 50C of the *Veterans' Entitlement Act 1986*) or reinvested the person's deposit money (within the meaning of that section), in:
 - (A) an account with a financial institution, or
 - (B) a loan, including a loan by way of debentures, bonds or other securities, or
 - (C) an accruing return investment, or
 - (D) a market-linked investment, or
 - (E) an immediate annuity, or
 - (F) shares
 (within the meaning of that Act) in anticipation of, or because of, that section or Division 8A or Part 111 of that Act, or
 - (c) a person, not being a person to whom paragraph (a) or (b) applies, who is a disadvantaged person within the meaning of the *Health Insurance Act 1973*, or
 - (d) a pensioner.
-

CRITERIA FOR COMMERCIAL MANUFACTURERS OF ARTIFICIAL LIMBS UNDER WALSA

- 130** In order to manufacture limbs under the WALSA, manufacturers need to possess a recognised qualification, such as the Lincoln Institute's Diploma of Prosthetics and Orthotics, or the DVA Certificate of Proficiency, or overseas qualifications of comparable standard, and be approved manufacturers according to the standard of the Monash University Rehabilitation Technology Research Unit, and to have had significant experience in the field of prosthesis manufacture.
- 131** The acceptance or otherwise of a tenderer's actual experience will be subject to assessment in each case but, as a general rule, less than three years would normally be unacceptable.
- 132** Alternatively, where no formal qualifications are held, contracts may be awarded where the tenderer has extensive experience in this

work in Australia and is known to the Health Department or prescribing clinicians as a manufacturer of acceptable standard.

- 133** Under the current Memorandum of Understanding between the Health Department and manufacturers, it is understood that significant progress towards accreditation at AS/NZS ISO 9002 level will be one of the selection criteria for successful tenders for future contracts.
- 134** Where a tenderer is unable to personally satisfy the conditions listed above, a contract may be awarded where the tenderer employs, or can recruit, another person who does meet these conditions, provided that that person is then charged with the responsibility of overseeing the standards of manufacture. Notwithstanding the normal period of the contract, its validity is dependent on continued compliance with this condition.
- 135** The normal contract period is three years and the manufacturer is expected to locate his or her own source of orders.
- 136** Quality control rests primarily with the prescribing clinician and with the client. It is a condition of contract, however, for manufacturers to conduct customer satisfaction surveys on a regular basis, and to submit quarterly returns (WALSA Form Q1) on quality to the WALSA Manager.
- 137** The awarding of a contract does not imply automatic recognition by the WALSA that any limbs produced by the manufacturer are of the required standard. This area remains the province of the prescriber, who may reject, or seek adjustment to, any limb at any stage of manufacture, if it is considered that the limb is deficient in either manufacture or fit.
- 138** The tenderer should also acknowledge that WALSA (or the Health Department) may investigate any complaint it receives on the standard of manufacture or service provided under the contract. Evidence of continued unsatisfactory service or manufacture, or failure to submit completed quality returns, could lead to ceasing approval of work for that manufacturer.