



# ACCC Report to the Senate on Private Health Insurance

Submission from the Australian Orthotic Prosthetic Association

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**Submitted by:**

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## Introduction

The Australian Orthotic Prosthetic Association (AOPA) is the peak professional body representing and self regulating Orthotist/Prosthetists in Australia. AOPA appreciates the opportunity offered by the Australian Competition & Consumer Commission (ACCC) to provide stakeholder feedback in preparation for the Report to the Senate on Private Health Insurance for 2014-15.

An Orthotist is a tertiary qualified allied health practitioner and is educated and qualified to provide orthotic services for the entire body. Currently the only Australian tertiary training program is based at La Trobe University, Melbourne, being a Bachelor of Health Science/Master of Clinical Prosthetics and Orthotics. This qualification is equivalent to that of other allied health professions such as podiatry, occupational therapy and physiotherapy. Orthotists are valuable allied health practitioners and multidisciplinary team members in the private and public sector.

An orthosis is an externally applied device used to modify the structural or functional characteristics of the neuro-muscular skeletal systems. Orthotists work in an autonomous manner to provide clinical orthotic care, and are responsible for the clinical assessment, prescription, design, manufacture and fit of orthoses to patients (ISO, 1989). Several professionals may fit a small range of pre-fabricated orthoses in the course of their work (physiotherapists, chiropractors), however there are few professionals who are qualified to clinically assess, fabricate and fit custom-made orthoses. Other professions include podiatrists (custom-made foot orthoses) and occupational therapists (custom-made upper limb orthoses). Only Orthotists are specifically trained in the clinical assessment, prescription, design, manufacture and fitting of a vast array of custom made and pre-fabricated orthoses for the **entire** body.

In February 2015 AOPA provided a submission to the ACCC's 2013-14 consultation highlighting issues of transparency, accuracy and consistency of information about private health insurance and the impact it has on consumers and competition more broadly. Unfortunately, the issues identified at that time, many which were referenced in the ACCC 2013-14 Report, still remain for consumers who access the services of Orthotists and seek rebates through their insurance policy.

In 2015 AOPA conducted an Environmental Scan of Insurers and their recognition of the services of Orthotists. It identified startling information regarding the recognition of Orthotists as a clinical service provider and therefore the impact on consumers through complex referral requirements, increased out of pocket expenses and an inability to adequately compare policies. An extract of the table of results relating to this scan is provided as Appendix A to support this submission and AOPA would be pleased to provide further information on request.



## Asymmetric and imperfect information

Few funds provide clarity regarding the pathway and rebate arrangements for orthoses. **Insurers fail to provide sufficient clarity that orthoses can be provided by a range of health professionals** and the variances in pathways and rebates depending on the practitioner and/or the type of orthosis provided. Generally, orthoses fit under 2 categories, the Podiatry schedule (F221) or an Aids and Appliances category (there are slight variations in the term used across Insurers). There is a substantial amount of information available relating to orthoses and the Podiatry schedule. To our knowledge none of the Insurers provide public information regarding the Aids and Appliances category. Consumers are unable to easily determine whether the type of orthosis they require or preferred allied health practitioner (ie. an Orthotist) will be recognised by their Insurer. They are also unable to compare coverage to support an informed choice of policy due to the lack of transparency. Further to this, when policy changes occur, such as recent referral requirements, the change can often be unclear to consumers until the point of service as the policies are not publically available.

In March 2015 AOPA conducted an Environmental Scan of Insurers with 31 of the 36 Insurers at the time providing information in relation to the recognition of Orthotists and the services. In the process of conducting the scan AOPA staff experienced first-hand the confusion experienced by consumers in attempting to gain information regarding the policies for orthoses provided by Orthotists. Numerous emails and phone calls were required to elicit the required information. **Staff responding to phone calls regularly provided incorrect information or were unable to disclose the details of the types of orthoses covered within an Aids and Appliances schedule** or any internal codes. A number of Insurers cited that this information was *“not relevant to AOPA (or consumers) and was internal use only”*.

Where misinformation is provided it typically relates to the Foot Orthoses category, which is a component of the Podiatry schedule. When enquiries are made regarding orthoses, **Insurers typically assume the service is provided by a Podiatrist and provide information for the Podiatry F-codes** (F221 Functional Foot Orthosis). It is not until further prompting that correct information relating to the services of Orthotists is provided. As the two allied health professions are recognised differently by Insurers this results in incorrect information being provided regarding referral requirements, rebates and the availability of HiCaps.

**Insurers do not make it clear that the rebates available will be different for the same service** when provided by an Orthotist compared to a Podiatrist. Nor do they outline that their failure to recognise the clinical service of Orthotists means that HiCaps will not be available at the time of service provision. This results in the consumer being out of pocket until a hard copy rebate form is submitted, and often requires numerous phone calls and communication between all three parties for the Insurer to understand what service was provided, how to categorise it, and what rebate is applicable. The impact of this misinformation is



highlighted in the summary example below, which is drawn from 4 issues logged by members during 2014-15 financial year.

***Summary Example: enquiry regarding process and rebate for new “orthoses”***

*A consumer calls their Insurer to determine whether they are covered for “orthoses”. They are advised that they are appropriately covered and they do not need a referral.*

*The consumer attends an appointment with an Orthotist. At the time of service provision, the consumer is advised by the Orthotist that an instant rebate through HiCaps is not available and they will need to submit a claim after full payment has been made.*

*Upon lodging a paper claim for the rebate, the consumer is advised that a rebate cannot be provided as a referral from a Podiatrist and/or Medical Specialist is required. The consumer must then retrospectively seek this referral. This involves an out of pocket expense to obtain the referral in order to gain a rebate.*

*The consumer then received a rebate based on the policy details for the Aids and Appliances category. It is much less than originally indicated at the initial phone call, as the information provided during the phone call related to Podiatry F-code rebates.*

*(Example based on issues logged with AOPA by practitioners; CUA Health 23/09/2014; HCF 13/11/2014; HCF 28/07/2015; LaTrobe Health 28/07/2015).*

In regards to orthotic services, Insurers provide imperfect information to consumers in the following areas:

- The presence of **2 categories for orthotic services** (Podiatry f-Code 221 and Aids and Appliances Category)
- **Referral requirements** for the Aids and Appliances category, and the extra cost to obtain a Podiatry/Medical Specialist referral
- The **rebate which will be claimable** for services from the Aids and Appliances category. Due to the absence of publically available codes in the Aids and Appliances category, the Insurer is unable to determine how much rebate will be provided prior to the service being provided. Refer to Appendix A, where Insurers require “detailed description on the invoice” and assess the rebate on a “case by case basis”.
- The **absence of on the spot rebates** using HiCaps for services within the Aids and Appliances category, resulting in an out of pocket expense for the consumer at the time of service



## Failure to recognise Orthotists as a clinical service provider

The provision of incorrect or misinformation to consumers most often relates to the Insurers failure to recognise Orthotists as a clinical service provider.

**The AOPA 2015 Environmental Scan established that there are currently no Insurers which recognise the clinical services of Orthotists.** The Results Table of the Environmental Scan is provided in Appendix A, which outlines that all Insurers recognise Orthotists as having a “supply only” role. Insurers fail to recognise the tertiary education, scope of practice and competency standards of Orthotists. This is in contrast to the clinical service and prescribing recognition afforded the profession in all other funding schemes, including state disability schemes, motor accident insurance schemes and the National Disability Insurance Scheme. There is a substantial impact of this “supply only” recognition for consumers, including a barrier to accessing services, increased out of pocket expenses and unnecessary duplication of assessments.

### *Barriers to accessing the services of an Orthotist*

The recognition of Orthotists for “supply only” means that complex referral arrangements are often in place for consumers to access services. Of the 31 Insurers included in the AOPA Environmental Scan (2015), 17 (55%) required a referral for consumers to claim a rebate on an orthosis provided by an Orthotist. Referrals from a GP were accepted by three-quarters of those Insurers (13) and the remaining quarter required a referral from a Medical Specialist, Podiatrist or Recognised Allied Health Practitioner (4) (Appendix A).

**The most common referral pathway for a consumer to access the services of an Orthotist would be via a GP or a Medical Specialist referral** (not prescription). Orthotists should be included as one of the professions providing clinical services and recognised for autonomous prescribing of orthoses by all Insurers. This is the case in all other state and commonwealth funding schemes in Australia. Where this is not the case, the Insurer should provide sufficient information regarding the referral requirements, enabling consumers to make informed choice regarding their policy.

We are aware of only 1 fund that communicates their unique referral requirements for when orthoses are provided by an Orthotist in comparison to when provided by a Podiatrist. This is the HCF Information Sheet “*Information for Health Professionals who supply Foot Orthotics*” attached as Appendix B. This information sheet highlights that an Orthotist can only *supply* custom-made orthoses that act on the prescription from a Podiatrist or Medical Specialist, being one of the 4 Insurers with this restrictive referral policy. This pathway to access an Orthotist is restrictive for the large majority of consumers whose health care is overseen by a GP and who are not under the care of a Medical Specialist. There are no other arrangements to our knowledge where funding (or a rebate in this case) requires clinical oversight by a Podiatrist.



### *Increased out of pocket expense*

Podiatrists are not required to act according to a prescription (referral) from another health professional when providing Foot Orthoses. They are able to autonomously assess and prescribe without an impact on the availability of rebates. The failure to recognise Orthotists as a clinical service provider means that a referral or “prescription” pathway must be in place. Therefore, consumers are required to attend an appointment with a GP, Medical Specialist or Podiatrist to obtain a referral and claim a rebate for an orthosis provided by an Orthotist. This referral appointment will be partially covered through the Insurer or Medicare, being an unnecessary additional health cost, and the consumer will have an out of pocket “gap”, unless they have been bulk billed. Further to this, when a Podiatrist supplies an orthosis the consumer receives an instant rebate using HiCaps code F221 Custom Kinetic Orthosis (Functional foot orthosis), whereas for the services of an Orthotist the consumer remains out of pocket until the paper claim is processed.

**Further to the out of pocket expense for a referral, consumers are unable to determine of the out-of-pocket expense they may incur for the orthosis.** In the AOPA 2015 Environmental Scan more than half of the Insurers declined to disclose the descriptors or the types of orthoses that are covered under their Aids and Appliances category. The Insurers stated that no codes are required, rather that they require the invoice to contain a detailed description of the orthosis. One fund stated that their descriptors were not relevant to us (i.e., AOPA) and another suggested that common language (or codes) was not required as they were able to use Google to determine the meaning and whether it was covered within their Schedule.

Insurers simply request a detailed invoice describing the orthosis. Many have a process of case-by-case review of the invoices to determine whether the orthosis is included on their Aids and Appliances Schedule, and then translate the description into an internal code. The variability and lack of transparency of this case-by-case assessment is a concern, given it restricts a consumer’s ability to determine their level of coverage and their out-of-pocket gap, prior to beginning treatment. The out-of-pocket expense is therefore unknown until after the service has been provided and payment made, with numerous reports of “gap-shock” relating to orthotic services.

### *Duplication in assessment*

The impact of the complex referral pathway is that consumers require an extra appointment to obtain a referral in order to claim a rebate for the provision of an orthosis by an Orthotist. In the case where a Podiatrist conducts the assessment and chooses to refer on, the Podiatrist will conduct a full clinical service, which will include the complete consultation, biomechanical assessment and appropriate gait analysis. This will be claimed via HiCaps as Biomechanical Assessment F118 (which includes F111, F114 and



either F115, F116 or F117). Once the consumer attends an appointment with an Orthotist, the Orthotist will conduct a full consultation, biomechanical assessment and appropriate gait analysis. It is a requirement of the AOPA Code of Conduct (2014) and the Entry Level Competency Standards (Domain 2, Activity 2.1, 2.3) for an Orthotist to conduct an assessment which collects subjective and objective information and use this information to develop an orthotic care plan. Many Insurers believe the clinical service component is not provided by Orthotists as it is not itemized or funded through a code. It is however always occurring as a core competency and ethical requirement and the cost for this is included in the total cost for the orthosis which is provided.

Therefore, the failure to recognise Orthotists as a clinical service provider and failure to develop a transparent schedule for the services of Orthotists, results in the following challenges for consumers:

- adds a barrier to access the services of Orthotists through complex referral requirements;
- increases consumer out of pocket expenses to obtain a referral;
- restricts consumer's ability to compare policies;
- restricts consumer's ability to accurately determine their out-of-pocket expense prior to consenting to the service;
- results in duplication of clinical tasks which are funded by either Insurers or Medicare.

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## 11. Appendix B: Results of Private Health Insurer Review (June 2015)

Fund Name	Clinical service rebates?	Orthosis Categories and Descriptors?	Referral requirements?	Orthotist credentialling?
<b>ACA Health Benefits Fund</b>	Supply only	<b>Orthotics:</b> includes shoe modifications and repairs. <b>General Appliances Service:</b> examples include walking aids, wheelchairs, and scooters.	No referral required	Yes – AOPA
<b>ahm Health Insurance</b>	Supply only	<b>Braces and supports:</b> examples include upper limb, spine, lower limb <b>Foot orthotics</b> <b>Orthopaedic footwear.</b> Custom made only.	Referral from GP (Brace and Support category)	Yes - AOPA by website
<b>Australian Unity Health</b>	Supply only	Information on one category only provided. <b>Custom-made foot orthoses.</b> No codes required, only detailed description of orthosis on invoice, which is translated into an F-code.	Referral from GP or Podiatrist	Yes - AOPA. Must have completed an appropriate "Orthotic Supply Course", which includes MCPO and BPO
<b>Bupa Australia</b>	Supply only	<b>Foot orthotics.</b> <b>Splints &amp; Supports:</b> examples include ankle brace, ankle foot orthosis, calliper, CAM walker, moon boot, thumb, hand, upper limb splint. Custom made only.	No referral required	Yes - AOPA and provide evidence by submitting AOPA certificate
<b>CBHS Health Fund</b>	Supply only	Information on one category only. <b>Foot orthoses, braces and splints.</b> No codes required, only detailed description of orthosis on invoice	Referral from Podiatrist, Chiropractor, Physiotherapist, Sports Physician, or Medical doctor	Yes - AOPA or minimum Bachelor of Prosthetics and Orthotics
<b>CDH Benefits Fund</b>	Supply only	<b>Foot orthotics.</b> <b>Custom Footwear.</b> <b>Surgical appliances, stockings, braces and implants:</b> examples include moon boots, splint, brace, upper and lower limb. Custom made only.	Referral from GP (for all categories)	Yes - internally assessed. No detail of requirements or process.
<b>Central West Health</b> <i>(Merged with GMF Health on 1<sup>st</sup> July 2015)</i>	Supply only	<b>Foot Orthotics.</b> <b>Appliances schedule:</b> includes sub-categories Brace - Leg or CAM Walker (03014). Callipers Short (03003). Callipers Long (03004), Walking Frame/Quad Stick (03021). Other Orthotic Services may be approved on a case by case basis. Custom made only.	Referral from a GP or Podiatrist (within 2 months of supply)	Yes - AOPA for foot orthotics but no credentialling for Appliances Schedule
<b>CUA Health Limited</b>	Supply only – possible assessment rebates under Podiatry-related Aids	<b>Podiatry-related Aids:</b> includes Orthotics, First and subsequent assessments, which includes biomechanical assessments and casting. <b>Custom made braces and splints</b> No codes required, only detailed description of orthosis on invoice. Custom made only - not pre-made or customised orthoses.	No referral required, but must be a registered provider	Yes - initial credentialling for provider status. Evidence of qualification must be submitted. No ongoing credentialling process.
<b>Defence Health</b>	Supply only	<b>Custom-made orthoses.</b> <b>Orthopaedic shoes:</b> must be custom-made by a specialist shoemaker. <b>Splints and braces.</b> No codes required, only detailed description of orthosis on invoice and assessor will follow up if not clear.	No referral required	Yes - AOPA by website for all new providers and ad-hoc ongoing credentialling
<b>Doctor's Health Fund</b>	Supply only	<b>Aids and Appliances:</b> includes foot orthoses and other orthoses. No codes required, only detailed description of orthosis on invoice. Custom made only.	Referral from GP	No credentialling for Orthotists





Fund Name	Clinical service rebates?	Orthosis Categories and Descriptors?	Referral requirements?	Orthotist credentialling?
<b>GMF Health (Healthguard Health Benefits)</b>	Supply only	<b>Foot Orthotics.</b> <b>Appliances schedule:</b> includes sub-categories Brace - Leg or CAM Walker (03014). Callipers Short (03003). Callipers Long (03004), Walking Frame/Quad Stick (03021). Other Orthotic Services may be approved on a case by case basis. Orthotic supply only. Custom made only.	Referral from a GP or Podiatrist (within 2 months of supply)	Yes - AOPA for foot orthotics but not credentialling for Appliances Schedule
<b>GMHBA</b>	Supply only	<b>F-codes:</b> for Foot Orthoses. No details provided on <b>custom made appliances category</b>	No referral required	Yes - AOPA recognised as a Provider Partner and as an approved registered body
<b>Grand United Corporate (GU) Health</b>	Supply only	<b>Foot Orthotics and Podiatry.</b> <b>Artificial Aids and Appliances:</b> examples includes sub-category "braces" includes examples of items such as; short and long callipers, shoe inserts, ankle brace, collar, knee brace, night splint and walking frame. No codes required, only detailed description of orthosis on invoice. Custom made or customised only.	No referral required	Yes - AOPA by website
<b>HBF Health</b>	Supply only	<b>Podiatry F-codes:</b> foot orthotics. <b>Appliance Schedule:</b> examples of orthoses include jewett, taylor, somi, hernia support, LSO, polyethylene jacket, cervical traction, ankle support/boot, CAM walker, ankle brace/splint, valgus toe splint, AFO, D.B boots and bar, below knee calliper, wrist, elbow, finger splint. No codes required, only detailed description of orthosis on invoice which is matched to internal item numbers/codes.	No referral required, but practitioner must be a registered provider	Yes - AOPA for foot orthotics but not credentialling for Appliances Schedule
<b>HCF</b>	Supply only	<b>Orthotics:</b> Foot Orthoses and AFOs. Custom made only. <b>Artificial Aids:</b> examples include braces, leg orthoses, back braces, upper limb orthoses, limb prostheses. No codes required, only detailed description of orthosis on invoice for assessment whether it fits in the category.	Referral from Medical Specialist or Podiatrist. Invoice to outline that assessment, gait analysis and cast completed prior to supply.	Yes - AOPA website or calling as required
<b>Health Care Insurance Limited</b>	Supply only	No information provided on categories. Supply and fit of custom made foot orthoses, and custom made medical type braces, for example spinal, hip, and knee braces. No codes required, only detailed description of orthosis on invoice, which is matched to an internal item number/code.	No referral required	Yes - AOPA, but no formal process in place
<b>Health Partners</b>	Supply only	<b>Aids for recovery:</b> prosthetics and orthotics within 6/12 of surgery. <b>Non-hospital benefit:</b> foot orthotics, moon boots, hand, wrist (customised or custom made). <b>F-codes:</b> for use for foot orthotics. No codes required, only detailed description of orthosis on invoice. Custom made only. Uses AOPA Orthosis Schedule from 2009 to understand language and interpret categories.	Referral from a specialist or podiatrist is required for category 1 and 2. For Foot orthotics under F-codes no referral is required.	Yes - AOPA website
<b>HIF (Health Insurance Fund Australia)</b>	Supply only	<b>Orthotics:</b> Foot orthoses <b>Appliances:</b> examples include splints and braces. No codes required, only detailed description of orthosis on invoice for identification and assessing purposes	Referral letter required from treating practitioner, such as a GP or Physiotherapist, outlining the service is required for a relevant medical condition/ treatment	Yes - copy of qualification submitted
<b>La Trobe Health Services</b>	Yes - use the F-code	<b>F-codes:</b> foot orthotics. <b>Other Body Non Surgically Implanted Prosthesis,</b> relevant sub-groups include: <ul style="list-style-type: none"> <li>• Type 1A Replacement of body part (prosthetics for limbs),</li> <li>• Type 2 Orthosis Post Surgery (within 8 weeks) requires referral form completed by surgeon,</li> <li>• Type 3 Pre or Prevention of Surgery requires referral form completed by surgeon.</li> </ul>	Referral from Podiatrist for F-codes. Referral required from Surgeon (form completed) for Other Body Non Surgically Implanted Prosthesis	Yes - AOPA but no formal process in place.



Fund Name	Clinical service rebates?	Orthosis Categories and Descriptors?	Referral requirements?	Orthotist credentialling?
<b>Medibank Private</b>	Supply only	<p><b>Braces, splints &amp; orthoses</b> (HA01): includes neck, elbow, wrist, hand, ankle.</p> <p><b>Braces, splints &amp; orthoses</b> (HA02): includes spine, back, shoulder, full limbs.</p> <p><b>Custom footwear, shoe or boot</b> (HA03).</p> <p><b>Modification of footwear</b> (HA04).</p> <p><b>Pressure Therapy</b> (HA06): includes burns suits, lymphoedema and second skin pressure garments.</p> <p><b>Pressure Stockings</b> (HA07): includes prevention of DVT.</p> <p><b>Hip Protectors</b> (HA08).</p> <p><b>Health Appliance repairs</b> (HA11).</p> <p><b>Foot Orthotics</b> (F-code)</p>	Referral from GP or registered health provider (allied health professional) for all codes	Yes - AOPA certificate must be provided
<b>Mildura District Hospital Fund</b>	Supply only	<p><b>Foot orthotics benefit schedule:</b> includes the following (but not limited to) Foot orthoses, ankle foot orthoses, custom moulded thermoplastic orthosis, heel splint, heel lift, dennis brown splint, orthosis off the shelf, orthosis repairs and negative impression casting.</p> <p>Customised or custom made only, although there is a descriptor for "off-the-shelf".</p>	Referral from Podiatrist or Medical Specialist	No credentialling for Orthotists
<b>National Health Benefits Fund (Trading as onemedifund)</b>	Supply only	<b>Custom made orthotics:</b> made to measure only to treat a physical impairment or disability and not limited to orthotics within the shoe.	No, but must be prescribed by Podiatrist, Chiropractor, Physiotherapist, Bio Mechanist, Pedorthist or Orthotist	Yes - must be a registered Orthotist
<b>NIB Health Funds</b>	Supply only	Categories and descriptors for internal use only and not for public disclosure. No codes required, only detailed description of orthosis on invoice. Fund will determine if covered and will categorise.	No referral required	Yes - AOPA by website
<b>Peoplecare Health Insurance</b>	Supply only	<b>Custom made orthotics:</b> made to measure only to treat a physical impairment or disability and not limited to orthotics within the shoe.	No, but must be prescribed by Podiatrist, Chiropractor, Physiotherapist, Bio Mechanist, Pedorthist or Orthotist	Yes - must be a registered Orthotist
<b>Phoenix Health Insurance</b>	Supply only	<b>Foot orthotics. Aids and Appliances</b> No codes required, only detailed description of orthosis on invoice and is assessed on a case by case basis. Customised or custom made only.	No referral required	Yes - submit provider details and "credentials" for assessment. No detail of requirements or process.
<b>Railway and Transport (RT) Health Fund</b>	Supply only	<p><b>Custom-made orthoses</b> <b>Orthopaedic shoes.</b></p> <p><b>Braces and Splints:</b> includes orthoses which "are designed to provide support, warmth, joint stabilisation and compression for people recovering from injury or surgery".</p> <p>No codes required, only detailed description of orthosis and its manner of use on invoice.</p>	Referral from Podiatrist or Medical Practitioner	No credentialling for Orthotists
<b>Reserve Bank Health Society</b>	Supply only	<p><b>Custom made foot orthotics.</b></p> <p><b>Artificial Aids:</b> examples include Ankle-Foot Orthosis, Knee Orthosis, Spinal Brace, Upper limb Orthosis. Custom made only.</p>	No referral required	Use only registered Orthotists. No detail of requirements or process for registration is confirmed.
<b>St. Lukes Health</b>	Supply only	<p><b>Foot Orthotic:</b> custom made.</p> <p><b>Ankle Brace</b> (A119): custom made/fitted.</p> <p><b>Knee Brace</b> (A096): custom made/fitted.</p> <p><b>Spinal Brace</b> (A086).</p> <p><b>Wrist Splint</b> (A117): Custom made/fitted.</p> <p><b>Cervical Collar - Neck Brace</b> (A106).</p> <p><b>Shoulder brace</b> (A132): trial benefit only.</p> <p><b>Elbow brace</b> (A134): trial benefit only</p>	Referral from GP or Physio, OT or other recognised Allied Health Practitioner	Credentialling on a case by case basis. No detail of requirements or process.



Fund Name	Clinical service rebates?	Orthosis Categories and Descriptors?	Referral requirements?	Orthotist credentialling?
<b>Teachers Health Fund</b>	Supply only	No information on categories provided. Descriptors include: foot orthotics, surgical corsets, braces, trusses and surgical shoes. No codes required, only detailed description of orthosis on invoice for identification and assessing purposes	No referral required	No credentialling for Orthotists
<b>TUH</b>	Supply only	<b>Foot orthoses.</b> <b>Health Aids:</b> examples include Moon boot and knee braces. No codes required, only detailed description of orthosis on invoice. Items falling into Health Aids category are assessed on a case by case basis.	Letter from medical professional (ie. Orthopaedic Surgeon, Podiatrist, GP, Physiotherapist, Chiropractor) outlining the 'condition / reason' for the health aid	Not currently credentialling but reviewing this for the 2016 benefit review
<b>Westfund Limited</b>	Supply only	<b>Foot Orthotics.</b> <b>Braces.</b> Custom made only. No further information provided.	Referral/letter of recommendation from a Medicare registered practitioner	No credentialling for Orthotists

## Information for Health Professionals who supply Foot Orthotics

If you are a sports physician or allied health professional and are qualified to supply foot orthotics, we want to help you understand the HCF benefits that your patients might be able to claim.

### Who can claim for foot orthotics?

Foot orthotics may be claimable by HCF members who have the appropriate level of cover and who have not exhausted their annual limit. Some HCF products only allow members to claim for foot orthotics supplied by certain health professionals. If members are unsure of their limits, they can call HCF on 13 13 14.

### What types of foot orthotics are eligible for claiming?

#### Custom-made functional foot orthoses:

Must be made, prescribed and supplied by a podiatrist, following a biomechanical assessment/gait analysis and a negative or positive model or cast or a 3D scan of the foot. An orthotists/pedorthist can supply custom-made foot orthoses that act on the prescription from a podiatrist or medical specialist. There are no benefits for items described as custom-made foot orthotics supplied by any other provider.

#### Prefabricated foot orthotics (personalised or not):

HCF benefits are claimable on some products for these devices when supplied by podiatrists, orthotists, pedorthists, sports physicians, physiotherapists, occupational therapists, chiropractors and osteopaths. They may be personalised or customised for the patient's specific conditions and should be billed as heat moulded personalised foot orthotics or similar and should not be billed as custom-made orthotics.

#### Cushioning and pressure relief orthoses:

The purpose of these orthoses is to remove pressure spots by redistributing the person's body weight across the sole of the foot. HCF benefits are claimable on some products for these devices when supplied by podiatrists, orthotists, pedorthists, sports physicians, physiotherapists, occupational therapists, chiropractors and osteopaths.

We do not pay benefits for off-the-shelf foot orthotics purchased at a retail store or on-line e.g. supplied by a pharmacy, shoe shop, sports outlet or any other retail supplier.

### What item number do I need to use?

HCF only uses item numbers to describe foot orthotics when they are provided by podiatrists. Other types of providers are not entitled to use these item numbers and instead should use a description of the foot orthotic - e.g. heat moulded personalised foot orthotics. All providers should ensure that the item number (if applicable) or a description is printed clearly on the invoice/account/receipt.

### Can a foot orthotic that is not supplied by a podiatrist be claimed through the electronic claiming terminal?

An electronic claim for foot orthotics can only be made when the orthotics are supplied by a podiatrist. Other providers are NOT able to claim electronically for orthotics.

### What do I need to supply the patient with in order to claim?

Podiatrists need to supply an invoice/account/receipt or submit the appropriate item number through their electronic claiming terminal. All other providers need to supply an invoice/account/receipt and a letter with a brief summary of the lower limb condition for which they are supplying the foot orthotics.

### Do you have a question? Email the HCF Provider Relations team at [provider\\_relations@hcf.com.au](mailto:provider_relations@hcf.com.au)