

Frequently Asked Questions (FAQs) about Prosthetics & Orthotics services

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Prosthetic and Orthotic services

1. What NDIS registration group can a Prosthetist/Orthotist register in?

This is covered in [Module 4 \(Guide to Suitability\) in the NDIS Provider Toolkit](#).

Prosthetists/orthotists would normally register in the *Custom Protheses and Orthoses (Custom Prosthetics)* 0135 registration group. Only a provider with the relevant qualifications as indicated in the Guide to Suitability will be approved for *Therapeutic Supports* 0128; this does not include a person with only a prosthetic/orthotic qualification.

2. What supports can a provider registered in the 0135 registration group claim?

The assessment, specification and fitting (including training in use) of custom made prosthetics and orthotics is claimable by a provider in the 0135 registration group against the Support Code *Selection and/or manufacture of customised or wearable technology* (15_047_0135_1_3). They may also claim provider items listed in the [AT and Consumables Code Guide](#) under the prosthetics & orthotics heading (look for the 0135 in the support item reference number). Only a provider who is registered in the *Custom Protheses and Orthoses (Custom Prosthetics)* 0135 registration group can claim these support codes. Only a provider registered in the *Therapeutic Supports* 0128 registration group can provide therapy and related support items (-0128- in the support item reference number).

3. How should a Prosthetist/Orthotist quote for Capacity Building and Capital costs? What is the difference and why does it matter?

Capacity building supports enable a participant to build their independence and skills – and includes professional advice and assessment associated with assistive technology.

Assessment, specification, fitting and associated training for prosthetics and orthotics are Capacity Building supports and should be claimed through the Support Code *Selection and/or manufacture of customised or wearable technology* (15_047_0135_1_3) at the provider's normal professional rate. This rate may not exceed the rate published by the National Disability Insurance Agency (NDIA) in its price guide.

Capital supports are items such as assistive technology (including their delivery, repair and maintenance) that are treated as an investment by the NDIA and are expected to have a recognised service life.

The manufacture, maintenance and repair of prosthetics and orthotics are Capital supports and should be quoted/claimed against the relevant capital support item. The costs of labour, componentry and other materials should be based on competitive market rates and itemised in the quotation, but the final single quote price will be the basis for value for money

considerations. The use of hourly rates for other supports (such as the rate for P&O assessment) when calculating labour costs is not appropriate.

a) Can I charge for an interim prosthesis?

No. The costs associated with rehabilitation and the interim phases of stabilising a residual limb (including interim prostheses) are considered part of a health service (see the relevant [Operational Guideline - Planning – clause 10.8](#))

b) How much can be charged for manufacturing hours when making a custom orthosis/prosthesis?

Quotes for supply of a particular capital item should be market competitive.

c) Can a ‘check socket’ be included in the quote to ensure a better fitting device?

The NDIA would review a quotation against industry good practice, and particularly the most cost effective method to achieve an optimum outcome. Some providers may use digital/scanning approaches while others may use a ‘check socket’. Providers should identify the expected benefits of their approach within their quotation.

d) Will the NDIS cover high-cost items such as microprocessor knee units, myoelectric arms or FES-devices?

NDIA delegates are required to assess NDIS funding of all proposed supports against the reasonable and necessary tests of Section 34 of the NDIS Act 2013. An element is the value for money of the support. A high-cost support will need to demonstrate significantly greater outcomes (benefits) to match the value for money of lower cost solutions in addressing a participant’s goal within their plan. Effectiveness studies (which include an economic analysis) that compare different solutions can be useful for this.

4. Does the participant have choice and control over the components they want in their orthosis/prosthesis?

Custom made prosthetics and orthotics are level 3 or 4 in the [NDIS AT Complexity Level Classification](#) and thus a participant is required to seek professional advice in assessing and specifying a suitable solution that they want to fund through the NDIS participant plan. The NDIA fund the full cost of a reasonable and necessary prosthetic/orthotic solution to address their need in line with the plan goals. Providing the anticipated outcome is achieved, participants have choice and control in specifying the individualised elements of their preferred solution (including selecting suitable componentry and cosmesis). Choice and control includes contributing their own or other funding if the cost of their preferred solution exceeds the NDIA reasonable and necessary funding. See the [NDIS website for more details](#).

5. How much can a provider claim for gait training and education after fitting a prosthesis or an orthosis?

The NDIS uses an evidence based approach to setting benchmarks for different supports. Professionals should follow sound industry practice in working with participants on how much training and education they should provide. The participant (or their plan manager) will consider if this represents value for money from their plan budget.

6. If an orthosis or a prosthesis needs adjustment, maintenance or replacement of a component, how does a provider claim for providing these services? Do these costs need to be included in the initial quote?

Setup and delivery of custom made products inevitably will require several 'fittings' and adjustments as the participant gets used to their device and makes full use of it. These costs should be discussed with the participant and included in the initial quotation.

Reasonable industry benchmarked maintenance costs would be included in a participant's plan for subsequent years, but repairs and component replacement will depend on the age of the device/component. Australian Consumer Law (ACL) requires that products should be fit for purpose (over their stated service life) and participant contribution to repairs/replacement should be considered within that context. Providers should encourage participants to establish a service booking (against their plan) for repairs/maintenance that is not covered through Australian consumer guarantees.

7. If a participant wants to go to the beach or have a shower like anybody else, can they receive NDIS funds for a second prosthesis that is waterproof?

Assessment associated with AT in a participant's plan should consider the goals of that plan and the best value for money solutions that address functional limitation, to achieve those goals. Some activities, such as having a shower, can be completed (sometimes more successfully) without wearing a prosthesis by using other AT (e.g. shower stool) or task adaptation. NDIS funding for recreation supports needs to be considered in line with the [Operational Guideline -- Including Specific Types of Supports in Plans - Recreation Supports](#).

8. How is the NDIS similar or different to compensation or insurance bodies?

The NDIS uses insurance principles to invest in Australians with disability. See the [About Us](#) information on the NDIS website.

The matter of compensation and how it interacts with the NDIS is covered in the [Operational Guideline – Compensation](#).