Referral and Eligibility Guidelines

Eligibility Criteria

Patients referred to the Orthotics and Prosthetics Service are assessed for their eligibility to receive treatment and then triaged to ensure they are seen within a suitable period. This document outlines who is eligible to receive services from the Orthotics and Prosthetics Service and clarifies the eligibility criteria for patients being referred.

Inpatients

All Orthotic inpatients at Fiona Stanley Hospital (FSH) and Royal Perth Hospital (RPH) require an inpatient e-referral. The e-referral is then triaged and assessed based on the urgency of referral and are fully funded. Inpatients at other East Metropolitan Health Service (EMHS) or South Metropolitan Health Service (SMHS) sites require an outpatient referral to FSH and are fully funded, however need to be transported to FSH to receive treatment. Please contact our department for details.

We are currently not funded for inpatients requiring Orthotic treatment at non EMHS/SMHS facilities. Please contact the department for funding options.

Amputee inpatients at FSH and RPH are provided with prosthetic services via inpatient e-referrals, which are triaged and assessed based on urgency. The Prosthetic service is based primarily at FSH with limited services at RPH. These services are fully funded by public health or insurance bodies. All other WA public admitted inpatients will require an outpatient referral and transport to FSH to receive treatment.

Note: North Metropolitan Health Services (NMHS) amputee inpatients are treated by the Amputee clinic at Osborne Park Hospital.

Outpatients

All patients discharged from EMHS and SMHS facilities can be referred as an outpatient to the Orthotic and Prosthetic service within 3 months of discharge and will be fully funded if the reason for referral is directly related to their hospital stay.
3 months after discharge, the following applies:

- **Only** referrals from GPs, WA Public Health Service Providers and Community Orthotists will be accepted,
- Referrals must **clearly state and substantiate funding** eligibility.
- No private referrals will be accepted, please refer to Community Orthotists.

Prosthetic outpatients accepted for Prosthetic services by the Rehabilitation Consultants will be seen for Interim Prosthetic services. These services are funded by Western Australian Limb Service for Amputees (WALSA) or through insurance bodies.

Note: No definitive prosthetic services are provided by the FSH Prosthetics team.

Orthotic Outpatient Funding Eligibility

- Funding eligibility needs to be addressed and clearly documented on the referral prior to submitting via e-referral.
- Should funding not be clear on the referral, this referral will be rejected subject to evidence of funding source.

- Patients under the age of 65 will need to have tested their eligibility for the National Disability Insurance Scheme (NDIS) Refer to NDIS
- Patients on NDIS should be referred to Community Orthotists
- Patients over the age of 65 will need to have their eligibility tested for My Aged Care (MAC). Refer to MAC
- Patients not eligible for funding of orthosis through NDIS or MAC who are on a health care card or pension may be eligible for CAEP funding. Please see CAEP for eligibility criteria or contact your local CAEP provider for advice.
- Patient ineligible for funding through MAC, NDIS and CAEP must attach evidence of rejection to then be eligible for public funding.

Specialist CAEP Referrals

- Specialist orthosis not available through local CAEP service provider may be available through the CAEP Specialist Service.
- CAEP clients across the state are eligible for referral when the local CAEP service is unable to provide the orthosis.
- To access this service a referral from the GP/Specialist must be sent to the local CAEP service provider.
- If a CAEP specialist referral is required a referral will be sent from the LSP to FSH Orthotics department via e-referral clearly stating eligibility for CAEP funding.
- All orthosis provided via the Specialist CAEP Service will be funded by this service.

NDIS Referrals

- We are not an NDIS Service Provider and require all NDIS eligible patients to be referred to Community Orthotists in the first instance.
- On occasions community orthotists may refer to our service for ongoing orthotic need that may not be able to be met in the community setting. These patients are required to be funded through their self, or managed plan.

Podiatry Referrals

All podiatry outpatient referrals will need to address the funding eligibility outlined above.

In addition:

- We do not accept referrals for depth/width footwear.
- All custom-made shoe referrals should be managed by the local CAEP service provider.
- All custom-made shoe referrals will need evidence of **rejection** by MAC/NDIS/CAEP to be assessed if eligible to receive public funded services from the Orthotic and Prosthetic Service.
- Foot orthoses referrals should be managed at the local CAEP service provider level and do not need referring onto the CAEP specialist service.
- If unable to be managed locally, then referrals from CAEP service providers or CAEP podiatrists for foot orthosis will be funded via the Specialist CAEP service.
- All other referrals from podiatrists for foot orthoses will be charged to the referrer at the following cost:
    - Custom pair $ 200
    - Custom single $150