

Who pays for your prosthesis?



How your prosthesis is funded will depend on the cause of your amputation. Generally speaking the following categories apply.

- If you lost your limb in a work or transport accident in Victoria, then your rehabilitation costs, which includes all the costs of your prostheses will be met by Workcover or TAC.
- If you lost your limb due to disease, you will be covered by the Victorian Artificial Limb Program (VALP). VALP will also cover you if you lost your limb in an accident for which there is no compensating body, for example at home or during recreation.
- Veterans who either lost their limb as a result of injuries received while serving, or who have a Gold Card,

will have their prostheses paid for by the Department of Veterans Affairs.

Because these are different funding sources; the type of prosthesis, and other rehabilitation services you can get will depend on the cause of your amputation.

TAC

TAC is required by their charter to pay all reasonable costs associated with your rehab. This means that if your prosthetist can make a case for any particular piece of componentry being appropriate for you then TAC will fund it. Silicone liners, energy storing feet and hydraulic knees, for example, will commonly be supplied. This does not mean open slather, if TAC think the costs are not reasonable they

can refuse to pay. As most case managers have an allied health background, and some are ex-prosthetists, they have a pretty good idea of what is suitable and what is not. They also have a panel of experts who will make the call on difficult decisions.

In return TAC expects a certain amount of care from you. While replacement limbs due to wear and tear, residual limb changes or medical issues are rarely a problem, any damage due to negligence any result in a bill for you.

TAC can also help with physiotherapy, home modifications, orthotics or shoe modifications if required. Basically they have a policy for everything. Most of these are available on the website or via your coordinator



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Workcover

These days most work accident claims are met by a number of insurance companies, with Workcover providing the overall legislative framework. Like TAC these companies are required to meet 'reasonable costs', so fairly good componentry can usually be fitted if required. A major difference is that many of the people handling the claims may have little in the way of health or medical background. This, combined with there being a number of companies, can result in inconsistencies in treatment. Also in contrast to TAC, there is much less transparency in their policies, which can also be frustrating. However, if the case is properly made then most prostheses will be funded.

VALP

The Victorian Artificial Limb Program (VALP) scheme is funded by the Victorian Government, and delivered in eleven hospitals across Victoria.

The government largely leaves the running of the scheme to these hospitals. Generally you will have to attend an Amputee Clinic and see a doctor (an Amputee Rehabilitation Consultant) before you can be prescribed a prosthesis. The doctor usually in consultation with the prosthetist, will decide what type of prosthesis, and also attend to any other medical issues associated with your amputation. Like many public health services, funding is limited. This means your

prosthesis will come from a range of limited componentry, with many of the more sophisticated items not available. There is no standard list for these, and what is available may vary a little from one clinic to another. Broadly speaking energy storing feet won't be available but multi-axial will. Hydraulic knees won't be included. Silicone liners may be available in a limited way, at the doctor's discretion.

VALP only covers prostheses and related items such as socks and shrinkers. The Amputee clinic may be able to help you access other services such as wheelchairs or home modifications, but will not supply them directly.

There is no set requirement for how often your prosthesis can be replaced, so if the doctor is satisfied that you require a replacement that will occur.

If you wish to upgrade your prosthesis to include parts that VALP will not cover, or would like a spare for a particular recreation, then you have the option of paying the extra costs. These can be quite significant, for example energy storing feet start between two and three thousand dollars, so be sure to discuss the likely costs and benefits with your prosthetist. Occasionally parts can be trialed before you commit to buying them.

Veterans

Again, you usually have to see a Rehab Consultant to access DVA funding. They will also pay for quite a range of components if a good case can be made. Other services may be available under the DVA's

Rehabilitation Aids Program (RAP)

This covers the main points about the funding of your prosthesis. On top of these you have the option of paying 'Big Kev' down at the panel beaters to have a crack. It's not illegal, it's just not too likely to work.

Unfortunately private health insurance rarely provides any significant coverage of the prostheses. It's also worth noting that under all these schemes you have a choice about where you go to have your prosthesis made, through VALP you are limited to the eleven hospitals who provide this service.

Other states have similar schemes, though the detail does vary from state to state. If you are travelling interstate and need some work done on your prosthesis this is not usually a problem. It may be best to get some contact details before you leave.

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