



## Knee Brace Funding Options

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# KNEE BRACE FUNDING OPTIONS

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This document overviews a range of funding options that are available to assist patients to obtain knee braces.

Information provided in this document is intended as a guide only. Whilst every effort has been made to ensure this information is correct, it is not applicable to all persons/situations, does not constitute tax or financial advice, and should be independently verified for accuracy.

For further information or the location of a fitting centre near you please call our customer service team on 1300 123 268.

## PRIVATE FUNDING SOURCES

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### Private Health Insurance

Rebates vary according to different health funds and you usually need extras cover (similar category to optometry). A medical referral is usually required and rebates may vary from \$50 to 75% of cost of brace. Please confirm with your health fund prior to purchasing.

### Tax Refund

Items used to maintain a working lifestyle may be able to be claimed on an individual's tax returns. Advice from a taxation advisor is recommended prior to claiming.<sup>1</sup>

A deduction via net medical expenses rebate may also be possible.<sup>2</sup>

## PUBLIC FUNDING SOURCES

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### Third Party Insurers

Third party Insurers e.g. Work care, TAC can cover the full cost of the brace. A medical referral and quotation/ approval (completed by the fitting centre) prior to fitting is usually required.

### Department of Veterans Affairs (DVA)

Eligible DVA card holders can receive full funding for the brace. Completion of a RAP form and quotation/ approval (completed by the fitting centre) prior to fitting is usually required.

# STATE EQUIPMENT FUNDING BODIES

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## SWEP - State Wide Equipment Program (VIC) <sup>3</sup>

Orthoses = \$1200 per item, per year. The Request for funding must be submitted by a registered Orthotic provider and the brace will usually need to be custom made/fitted.

### Eligibility

To be eligible for the program the client must:

- Have a permanent or long term disability/or are frail aged; and are living independently in the community
- Require aids & equipment or home modifications from the aids availability list on a permanent or long-term basis and are a permanent Victorian resident

The client may not be eligible if:

- They live in a commonwealth funded residential aged care facility
- They receive aids and equipment through other government funded programs, such as Work cover, Transport Accident Commission (TAC) or the Department of Veteran Affairs (DVA)
- They are able to claim the cost through a private health insurance provider
- They are an inpatient of a public or private hospital or
- They have been discharged from a public hospital within the past 30 days

## ENABLE - Aids and Equipment Program (NSW) <sup>4</sup>

EnableNSW provides the most cost-effective, clinically appropriate devices that meet a person's assessed functional need and that are consistent with the EnableNSW Prescription and Provision Guidelines for those devices. Devices provided must primarily promote long term functioning in the community, rather than provide treatment for acute and chronic care episodes.

Access to EnableNSW is based on assessed functional or clinical need by an eligible prescriber (see section 3.1). This involves the submission of an EnableNSW Application Form and an Equipment Request Form.

Both forms must be submitted to determine eligibility and funding approval. Relevant forms are available on the Enable website. <sup>5</sup>

### Eligibility

Funding levels are indexed to income with higher income earners still eligible but having to make a greater contribution.

## STATE EQUIPMENT FUNDING BODIES CONT.

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### MASS - Medical Aids Subsidy Scheme (QLD) <sup>6</sup>

Eligible adult applicants (16 years and older) will be required to fund a contribution of \$150 towards the cost of the prescribed orthosis. MASS will fund the remaining cost up to a maximum MASS funding of \$1,995. The minimum reapplication period for further MASS subsidy for adults is eighteen months.

Knee braces are included on the approved categories list.

Prescribers of orthoses through MASS must also be medical specialists seeing the applicants in a private capacity. Public health system prescribers will need to apply for orthoses funding through their local Queensland Health Service District.

MASS will only accept quotations from orthotists who have a recognised degree in prosthetics and orthotics or who can demonstrate eligibility for membership to the Australian Orthotic Prosthetic Association (AOPA).

#### Eligibility

Funding is restricted to low income patients. For criteria MASS website. <sup>6</sup>

### CAEP - Community Aids and Equipment Program (WA) <sup>7</sup>

Orthoses are included on the “what is funded” list.

#### How can I get the equipment I need?

1. Ask your GP or specialist if you are eligible and to then refer you to a local CAEP service provider. This may be a public hospital, health or disability service.
2. The CAEP service provider will arrange for a health professional such as a physiotherapist or occupational therapist to work out your equipment and/or home modification needs.
3. Your health professional will order the equipment or arrange for the home modification. When the equipment arrives they will ensure it fits and provide training, maintenance and follow up as required.

#### Eligibility

Low income government card holders see the CAEP Referrers kit. <sup>8</sup>

## STATE EQUIPMENT FUNDING BODIES CONT.

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### ACTES - ACT Equipment Scheme (ACT) <sup>9</sup>

The ACT Equipment Scheme provides access to a range of equipment for eligible Canberrans. This is available for permanent residents of the ACT with long term illness or disabilities to assist them to live safely at home in the community.

#### Eligibility

To be eligible for the this service, you must be a permanent resident of the ACT who has resided in the ACT for at least six months and:

- Be ineligible to receive assistance from other government funded schemes, private health schemes or through EACH packages,
- Hold a current Centrelink Pension or Health Care Card,
- Or meet low income criteria as outlined within the policy

### TIMES - Territory Independence and Mobility Equipment Scheme (NT) <sup>10</sup>

Covers daily living aids and equipment for government card holders

#### Eligibility

To be eligible for the TIME Scheme, applicants must meet all of the following criteria:

- Have a disability of a permanent or long term duration as defined under the Disability Services Act (1993);
- Are a resident of the Northern Territory;
- Are living in or are returning to the community;
- Require items of approved TIME Scheme equipment on a permanent or long term basis;
- Are not eligible to receive compensation in respect of the disability for which the equipment has been prescribed; and
- Are not eligible to receive the equipment under any other Program/Fund;
- Are a beneficiary of a Centrelink Aged Pension, Centrelink Disability Support Pension, or person under 16 years for whom a family member is in receipt of a Centrelink Carer Allowance or Centrelink Carer Payment; or are a child in the care of the Minister; or have been approved as eligible on the basis of Financial Hardship; and
- Are not High Care residents of a Residential Aged Care Facility

# STATE EQUIPMENT FUNDING BODIES CONT.

## Tasmania

For more information contact Orthotic Prosthetic Services Tasmania (OPST) on [opst.tas@dhhs.tas.gov.au](mailto:opst.tas@dhhs.tas.gov.au) or (03) 6222 7377.

## South Australia

For more information contact Orthotics & Prosthetics South Australia (OPSA) on (08) 8725 1655.



FOR FURTHER INFORMATION REGARDING FUNDING OPTIONS CONTACT YOUR FITTING CENTRE OR ÖSSUR CUSTOMER SERVICE.

TEL 1300 123 268

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