



# FAQs

## Implementation of the Orthotic, Prosthetic and Pedorthic Services Schedule for Private Health Insurance

The Orthotic, Prosthetic and Pedorthic Services Schedule (the Schedule) improves access to orthotic, prosthetic and pedorthic services in the Private Health sector for Private Health Insurance policy holders. This factsheet will assist practitioners to understand how the Schedule will be implemented and what can be done to prepare for Schedule launch.

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THE AUSTRALIAN  
ORTHOTIC PROSTHETIC  
ASSOCIATION



PEDORTHIC ASSOCIATION  
OF AUSTRALIA

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## What is the Schedule?

The Schedule defines a coding system for clinical services, orthomechanical items (e.g. ankle foot orthosis) and pedorthic footwear that might be supplied as part of orthotic, prosthetic and pedorthic service provision.

The coding system defines a range of services (e.g. assessment, fitting, review) and devices (i.e. orthoses, prostheses, or pedorthic footwear) and ascribes a three-digit code to each type of service and device. These codes are called item numbers.

The Schedule will be used by Private Health Funds (Funds) to define what devices or services may be eligible for rebate. Not all policy holders will be eligible for a rebate and not all Funds will choose to adopt the Schedule.

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## Why do we have the Schedule?

The Schedule allows eligible policy holders to receive rebates for their orthotic, prosthetic and pedorthic footwear items and services. The Schedule also:

- recognises clinical services (including repairs) and orthotic, prosthetic and pedorthic footwear devices, allowing eligible policy holders to receive rebates
- allows seamless invoicing against agreed codes
- provides policy holders with transparent rebates
- allows for faster processing of rebates
- provides Funds and practitioners with a common language
- clarifies which practitioners are appropriately certified to provide services under the Schedule

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## How was the Schedule developed?

The Schedule was developed in cooperation with the Australian Orthotic Prosthetic Association (AOPA) and the Pedorthic Association Australia (PAA). Schedule development was guided by Private Healthcare Australia (PHA) being the peak representative body for Australia's Private Health Funds). Endorsement marks the agreement from PHA that the Schedule meets the necessary criteria to be considered for adoption and implementation by individual Funds. The Schedule was officially endorsed in July 2020. Endorsement *does not mean* that individual Funds have agreed to implement the Schedule.

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## What is Schedule "adoption"?

While the Schedule has been endorsed by PHA, individual Funds choose whether to adopt the Schedule. Funds may choose to:

- adopt the entire Schedule (i.e. allow their policy holders to claim any item from the Schedule)
- adopt parts of the Schedule (i.e. they only allow their policy holders to claim from selected items in the Schedule)
- not adopt the Schedule

AOPA and the PAA will advocate for full Schedule adoption across all Funds.

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## What is Schedule "implementation"?

Implementation occurs after Funds have adopted the Schedule (or parts of it) and are working to align their internal processes with the Schedule. Implementation involves several activities (i.e. aligning billing policies with the Schedule, amending private health insurance policies, etc). When Funds have implemented the Schedule, it means they are ready to allow policy holders to start receiving applicable rebates.



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## What is Schedule “launch”?

Launch of the Schedule refers to the date when items can be billed by practitioners and claimed by policy holders. Schedule launch is different for every Fund, and can only occur when Funds have implemented the Schedule. Schedule launch for most Funds is anticipated for **APRIL 2022**. Some Funds will be able to Launch after April 2022. Policy holders will not be able to receive rebates using the Schedule until launch.

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## Why will schedule launch not occur until 2022?

There are a number of activities and processes that need to occur before Schedule launch, many of which are overseen by the regulators of Private Health Insurance premiums.

The process of adjustments to premiums is overseen by the Department of Health and the Australian Prudential Regulation Authority (APRA), on behalf of the Minister for Health. Where Funds seek to introduce new products (e.g., the Orthotic, Prosthetic and Pedorthic benefits) and associated premium increases, they must make an application for approval through the Private Health Insurance Premium Round Application process. Applications open in November each year, followed by the Department of Health and APRA assessment of applications, with approved premium changes to take effect on the 1st April the following year.

We anticipate that funds will conduct the necessary work to determine changes to health policies and premiums as a result of adopting the Schedule in 2021, and will therefore make applications for the 2022 Premium Round, starting in November 2021. Whilst this process of development and application is occurring, practitioners may choose to take this opportunity to familiarise themselves with the Schedule, adjust billing and coding practices, and educate staff and clients.

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## What should practitioners do to prepare for Schedule Launch?

AOPA and the PAA recommends practitioners take the following steps to prepare for Schedule launch:

1. All practitioners and administrative staff should familiarise themselves with the Schedule and associated factsheets. They should understand the layout of the Schedule, identify the items that will be frequently used, and know where to access a copy of the Schedule.
2. Consider bringing practice/department terminology in line with the Schedule. Terminology used in the Schedule reflects ISO standards, which is also used by other funding bodies and reflects current best practice.
3. Familiarise yourself with which Funds are adopting the Schedule. Although there is no information available at this point, AOPA and the PAA will provide updates when information becomes available.
4. Advise policy holders of the upcoming changes. Although these changes are an important step toward improving access to orthotic, prosthetic and pedorthic care, please ensure policy holders understand that **Schedule launch is not until 2022**. As Funds may choose to adopt some parts of the Schedule, it is likely some policy holders may not be eligible for a rebate for the services provided. Please remind policy holders that it is their responsibility to confirm eligibility for rebates with their own Funds.

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## Who has access to the Schedule?

The Schedule can be accessed by certified orthotist/prosthetists, and certified pedorthists who are registered with the Australian Pedorthists Registration Board (APRB).

Orthotists/prosthetists will have access to the entire Schedule as long as it fits within their personal scope of practice, whilst pedorthists will be able to access parts of the Schedule relating to pedorthic services.

