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Artificial Limb Services

Operational guidelines

August 2021

Useful Contacts and Telephone Numbers

Service Name	Contact Details
ACC Client Helpline	Phone: 0800 222 070 Email: claims@acc.co.nz
ACC Provider Helpline	Phone: 0800 222 070 Email: providerhelp@acc.co.nz
ACC Provider Registration	Phone: 04 560 5211 Email: registrations@acc.co.nz
eBusiness Help	Phone: 0800 222 994 (option 1) Email: ebusinessinfo@acc.co.nz
Medical Fees	Email: medfees@acc.co.nz
Health Procurement	If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team: Phone: 0800 400 503 Email: health.procurement@acc.co.nz
Engagement and Performance Managers	Engagement and Performance Managers can help you to provide the services outlined in your contract. Contact the Supplier Helpline or Engagement and Performance Managers for details of the EPMs in your region.
Artificial Limb Service Portfolio Advisor	For contact details of the Artificial Limb Services Advisor/Manager contact your Engagement and Performance Manager

The ACC website can provide you with a lot of information, especially our 'Health and service providers' section. Please visit www.acc.co.nz

Please report all health, safety and security risks or incidents in writing using the procedure on our website www.acc.co.nz/for-providers/report-health-safety-incidents

Contents

Contents	3
1. Introduction	4
2. Artificial Limb Service Overview	4
2.1. What is the Artificial Limb Service?	4
2.2. Service Objectives of the Artificial Limb Service	5
2.3. Service commencement	5
2.4. Complexity Framework Tool	6
3. Service Requirements	7
3.1. Primary Limbs.....	7
3.2. Replacement Limbs	9
3.3. Secondary and Recreational Limbs	9
3.4. Limb Repairs	10
3.5. Psychological and Peer Support.....	12
3.6. Telehealth.....	13
3.7. Assessment Reports and Forms.....	13
3.8. Complex or High-tech Limbs.....	15
3.9. Timeframes.....	16
4. Linkages.....	16
4.1. Artificial Limb Consumables	16
5. Operational Guidelines - Changes Log.....	17

1. Introduction

Welcome to the Artificial Limb Services Operational Guidelines. This document is intended as both a guideline for those working to deliver Artificial Limb Services and as a framework document for ACC Recovery Team Members.

These guidelines apply to all ACC contracted Suppliers delivering services under the Artificial Limb Services contract across all geographic regions. Only ACC contracted Suppliers of Artificial Limbs can provide these services for ACC Clients.

These Operational Guidelines should be read in conjunction with the:

- [Standard Terms and Conditions document](#); and
- Service Schedule for [Artificial Limb Services](#).

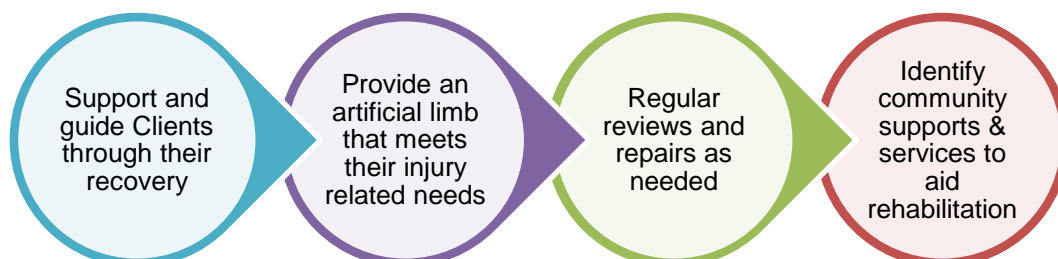
Contracted Suppliers must comply with the Artificial Limb Service Schedule. Where there are inconsistencies between the Operational Guidelines and the Artificial Limb Service Schedules, the Service Schedule will take precedence.

These guidelines are a living document and will be updated in response to Supplier, Provider and Client feedback, Provider service delivery issues, and as part of ACC's continuous improvement process. ACC will notify Suppliers when each new version of the Artificial Limb Services Operational Guidelines is issued, and that latest version will be available on the ACC website at www.acc.co.nz.

2. Artificial Limb Service Overview

2.1. What is the Artificial Limb Service?

The Artificial Limb Service provides Clients who have lost a limb with an artificial limb or prosthetic appliance to meet their individual needs and restore their independence to the maximum extent practicable. The key aims of the service are to:



The service will take into consideration all relevant factors that may impact on selection of the most suitable prosthetic device, including other supports the Client may be receiving; vocational, participation and independence outcomes to be achieved; Client safety and further injury prevention; and consideration of the most practicable solution to meet injury related need.

2.2. Service Objectives of the Artificial Limb Service

The goal of the Artificial Limb Service is to assist in restoring a Client's independence as much as possible following the loss of a limb. This goal is achieved when:

- Clients and their family/whānau feel that they have been fully supported throughout their rehabilitation following amputation.
- Clients and their family/whānau feel that they have been fully involved in a comprehensive assessment where all options are clearly detailed and explored.
- Clients and their family/whānau feel that they have been fully supported in adapting to life in their home, workplace and community.
- Assessment reports provide sufficient information and detail to enable ACC to make informed and appropriate decisions regarding the provision of artificial limbs.
- Solutions recommend by the Supplier meet the Client's injury related needs and enable improved functional outcomes for the Client.
- Recommendations consider wider environmental factors including the Client's ability to access and move around their home environment and any impact on the Client's existing or future transport solutions.
- Clients and significant people in their environments receive training to use and/or support the use of the artificial limb(s). This includes ensuring that the Client can safely put on, remove and maintain the artificial limb independently, or with support from people in their environment.

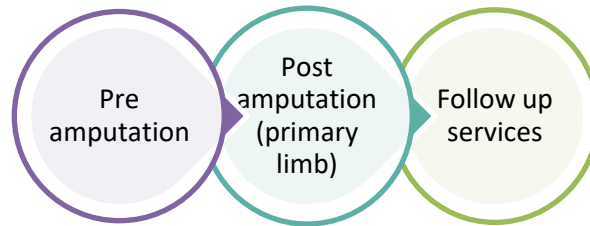
2.3. Service commencement

Eligibility criteria

A person is eligible for Artificial Limb Services if they have limb loss, limb damage that will result in amputation, or limb deformity as a result of personal injury for which they have an accepted ACC claim. They must be referred to the service in accordance with the Service Schedule for Artificial Limb Services.

Referrals

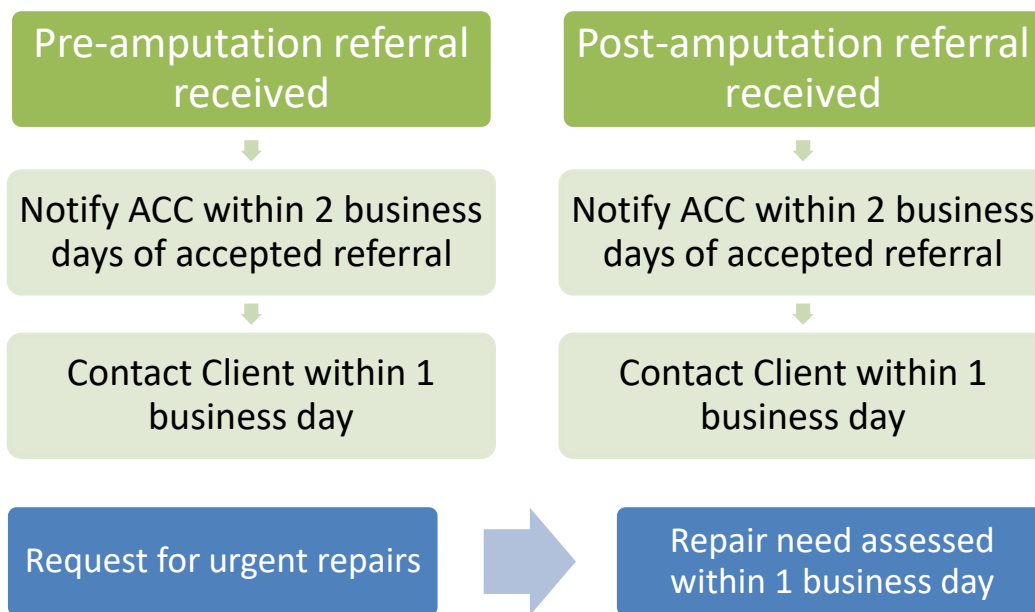
A Client may be referred into this Service as the result of a covered injury at the following times:



Referrals for primary limbs **must** be made by a Medical Specialist. Requests for follow up services, including adjustments, reviews and repairs can be made by:

- Registered Health Professionals;
- General Practitioners;
- ACC Client Services staff; and
- Self-referral by the Client.

Referral Process



Note: Where timeframes cannot be met, the Supplier should discuss with ACC and negotiate timeframes as appropriate.

2.4. Complexity Framework Tool

The Complexity Framework Tool has been developed to assist in determining assessment complexity. This allows for appropriate funding to be allocated to Clients to support their rehabilitation.

Best practice is to complete the Complexity Tool at the same time as the Primary Limb Assessment, but the Supplier can complete the Tool at any time during the service if they believe there are exceptional circumstances that support the need for additional service provision. The Tool must be fully completed to be considered by ACC.

For a complexity package to be applied to a case, the following needs to occur:

- The Complexity Framework Tool must be completed and returned to the Recovery Team Member
- The Client must score at least **12 out of a possible 36** on the Complexity Framework Tool
- Clinical evidence must support the recommended complexity score.

Once the information has been received, the Recovery Team Member must be satisfied with the information provided. It's important to include robust rationale for a complexity top up when submitting the tool to the Recovery Team Member, because insufficient information or rationale will lead to delays as the Recovery Team Member will return the form to the Supplier. Where the Client does not have a Recovery Team Member, requests for complexity top up funding should be directed to ACC's central queue.

When a complete tool is submitted to the Recovery Team Member or Service Support Lead, and they are satisfied with the information provided, the purchase order can be updated. A further code (ALPL1C) will be added to the purchase order identifying that this is a complex assessment.

Note: in some cases, a Client may have complex needs but not meet the threshold score for a complexity top up. If there is sufficient robust clinical evidence to support the approval of a complexity top up package for the Client, these may be considered on a case by case basis by the Service Support Lead.

3. Service Requirements

3.1. Primary Limbs

The Service Package for Primary Limbs starts when either the Medical Specialist and the Supplier agree that the Client is ready to begin rehabilitation and limb fitting, or when the Supplier is advised by ACC or a District Health Board that a Client will be undergoing an elective amputation as a direct result of a covered claim.

The Primary Amputee Package can be either "No Rehabilitation", "Standard" or "Complex" and includes the following components, each of which is described in detail in the Service Schedule. These components can be considered as an end to end process:

- **Initial meeting:** intended purpose is for the Key Worker to explain what the Client and their family/whānau can expect throughout the Client's journey through the Service, discuss post-amputation rehabilitation, and identify any psychological and/or peer supports that the Client and/or their family/whānau may require.
- **Pre and post amputation support (post amputation support in the form of phone follow-ups only for "no rehabilitation" package):** all pre and post amputation support is included in the Rehabilitation Package price, and includes the identification and provision of all support needed by the Client and their family/whānau.

- **Early therapy interventions (standard and complex packages only):** these are Occupational Therapy or Physiotherapy interventions, provided as required during the Client's recovery from amputation or preparation for a primary limb. The purpose of early therapy intervention is to ensure that the Client is physically prepared and supported to progress to limb assessment and fitting.
- **Primary Limb Assessment and Assessment Report:** a comprehensive assessment that includes an assessment of the Client's needs in order to determine the most appropriate artificial limb option(s) to meet those needs; internal peer review of the assessment findings and any recommended limb options; and completion of an Assessment Report (ACC115) for submission to ACC for decision.
- **Rehabilitation Plan:** this is a detailed plan which should outline ongoing support that will be provided to the Client beyond the primary limb assessment. This should be developed in consultation with the Client and ACC **before** the primary limb fitting takes place.
- **Regular reviews:** these should be scheduled in the Rehabilitation Plan and in accordance with timeframes described in the Service Schedule
- **Post limb fitting therapy interventions (standard and complex packages only):** included in the Rehabilitation Plan, these are Occupational Therapy and Physiotherapy sessions provided to the Client to support them in achieving their artificial limb rehabilitation outcomes.
- **Annual follow up (standard and complex packages only):** can take place over the phone, in person, by video call or by email. The purpose is to ensure that the limb continues to fit and function as intended, to ensure the Client is receiving the support they require, and to resolve any issues relating to the limb that may have a detrimental effect on the Client's wellbeing and/or rehabilitation.

If, during the Primary Limb Assessment, the assessor identifies other needs such as for rehabilitation equipment or housing modifications, these must be separately assessed and arranged in accordance with the relevant Service Schedules. All other Social Rehabilitation Assessment Services, Managed Rehabilitation Equipment Services and Medical Consumables (except for liners and sleeves) are **excluded** from the Artificial Limb Service.

Limb Fabrication and Fitting

Limb fabrication must not commence prior to receipt of approval from ACC for the proposed artificial limb. Package prices do not include limb fabrication and fitting, and the Supplier must include quotes for this work including components, which must be submitted to ACC for prior approval.

All new and replacement limbs must have a three-month warranty period from the date of fitting. The Supplier must determine whether any limb requiring repairs or replacement parts is still under warranty.

Primary Amputee Package – No Rehabilitation

A new service item code added in the Service Schedule which commenced 1 August 2019 is the Primary Amputee Package – No Rehabilitation. This package is intended for Clients with more peripheral amputations (such as fingers) who will not require extensive rehabilitation or training in the use of their prosthetic. Items included in this package are:

- Primary Assessment and Report

- Rehabilitation Plan/Review
- Post-fitting reviews at one to six weeks and three to six months post fitting
- Peer support.

As with other Primary Limb packages, the costs for the limb components, fabrication and fitting must be quoted and approved prior to the commencement of manufacturing.

3.2. Replacement Limbs

Where the Supplier identifies that the Client may require a replacement limb, a Replacement Limb Assessment and Assessment Report must be completed using the template provided by ACC. The Replacement Limb Assessment Report needs to provide a sufficiently detailed rationale for the replacement limb to allow ACC to consider the request and make a funding decision. A description of how the recommended option will contribute to improved functional outcomes for the Client is especially important. If the Report is incomplete or the rationale is not clear, it will be returned to the Supplier.

Sometimes, an artificial limb will no longer be an appropriate option for a Client. In this situation, other options which will assist with independence must be included in the report.

If the Supplier identifies a need for psychological support in conjunction with a replacement limb, they should notify ACC as prior approval is required. The Supplier can then refer the client directly to their psychology provider.

A replacement limb may be needed due to:

- Growth – particularly prosthetics required for children
- Deterioration (normal wear and tear). Prosthetics have a limited life span, regardless of the care taken by the Client
- Lifestyle change – e.g. different prosthetic needed to undertake more demanding employment
- Major metabolic change – significant weight loss or gain may mean the existing prosthetic can no longer be used
- Damage that has cover as a new personal injury. See cover criteria for dentures and prostheses for [more information](#).

3.3. Secondary and Recreational Limbs

In some cases, a Client may need a second prosthetic. ACC will consider funding a second limb when:

- The second limb is needed for work purposes, such as a limb that is more durable; or
- The second limb is considered necessary to meet the Client's individual mobility and safety needs, considering their lifestyle at the time of injury.

Approval for secondary and recreational limbs is not guaranteed. Prior approval is required before undertaking an assessment, and there must be a clear link to injury related need and outcomes to be achieved

ACC **will not** consider purchasing a second limb purely because a more sophisticated or newer model is available.

Where the Supplier receives a request from a Client for, or identifies that a Client may benefit from, a secondary or recreational limb, the Supplier must seek prior approval from ACC **before undertaking an assessment**. On receipt of approval from ACC, the Supplier can complete a Secondary Limb Assessment and return the Assessment Report to ACC.

The Secondary Limb Assessment Report can be completed using the Artificial Limb Assessment Report (preferred) or the Supplier's own template, and must detail the rationale for a secondary or recreational limb including, at a minimum:

- The rehabilitation outcome that will be achieved by the provision of a secondary or recreational limb
- A summary of the options, with supporting rationale, that will achieve the relevant rehabilitation outcome in the most cost-effective way
- A detailed supporting rationale for the recommended option
- The expected life of any artificial limb(s) recommended
- The proposed total cost of the limb(s), including all components and fabrication
- Expected date of any fittings and reviews
- Any other funding sources that have been considered or approached.

3.4. Limb Repairs

ACC's Responsibility

ACC's responsibility for repairs to the artificial limb begin after the expiry date of the artificial limb warranty period. ACC will not pay for any repairs to the artificial limb due to faulty componentry within three months of a fitting but will pay for repairs once the warranty has expired.

ACC is not liable for any repair costs where there is evidence of abuse, neglect or misuse of the artificial limb.

ACC may be responsible for treatment costs of damage covered as a result of a new personal injury. Each case will be considered on its own individual circumstances.

ACC will pay the full cost of repairing limbs for Clients who meet **all** of the following criteria:

- the limb is required due to injury, and;
- the claim has been accepted for cover, and;
- the repair has been done by a contracted limb centre, and;
- repair is part of treatment for a new personal injury.

Supplier's Responsibility

The Supplier is responsible for ensuring that any repair is for either an artificial limb required as a result of an existing ACC-covered injury, or for an artificial limb where repair is classed as treatment of a new personal injury and has been accepted as a covered ACC claim. Where the Client does not have an accepted claim, ACC is not liable to fund the repairs.

Prior Approval

If the cost of repairs is over \$1500 (excluding GST), or the number of repairs exceeds five per claim, the limb centre must request prior approval from ACC by completing the ACC116 Artificial Limb Repairs Form and detailing the rationale for and cost of the repairs. No prior approval is needed for repairs under \$1500 (excl. GST).

ACC has **five business days** to advise a decision regarding approval of repairs. If the limb centre has not heard from ACC within this timeframe, they can undertake the repair. In this situation, the Supplier must follow up with and seek retrospective approval from ACC.

Where the Supplier identifies that a replacement limb is required, the Client will need to be referred for a replacement limb assessment.

Emergency Repairs

Where a Client requires **emergency repairs** to their artificial limb and they have no other options available to support their mobility (such as a secondary limb or other aid or appliance like a wheelchair or crutches), the **emergency repairs** can be completed by the limb centre with no prior approval. In these cases, the limb centre must complete all details on the Artificial Limb Repairs Form and return the form to ACC within five working days of completing the repair(s).

If **emergency repairs** are required and are part of the treatment for a new personal injury, payment can only be made if cover is accepted. Damage from wear and tear should follow the standard repairs process and should not be undertaken as an emergency repair.

How to Complete the Artificial Limb Repairs Form

ACC expects that all forms will be completed to an acceptable standard, with as much relevant information as possible. The Limb Repairs Form must be completed when the criteria described above are met. Advice is included below on how to complete any sections of the form which may not be self-explanatory.

Section 4: Repair Details

Every field in this section must be completed to ensure that the repair can be considered, and approval can be granted for repairs with minimal delays to the Client. If the repair is needed as a result of a new injury to the artificial limb, please provide details in the 'reason for repair' field in Section 4.

3.5. Psychological and Peer Support

Psychological and Peer Support services are routinely included in the Primary Amputee Rehabilitation packages and are arranged by the Supplier for the Client and/or their family/whānau.

Psychological Support

The number of psychology sessions a Client is entitled to will vary based on which rehabilitation package applies. If additional psychologist sessions are needed beyond those included in the standard package, the Client may be eligible for the complexity top up (if not already applied). The Supplier can in this case complete the Complexity Framework Tool (see section 2.4) to request approval from the Recovery Team Member to provide additional support.

If the Client has already received the Complex top up but has ongoing or extended needs, further psychological support can be supplied in exceptional circumstances. The Supplier should seek prior approval from the Recovery Team Member for additional psychology support. When approval is granted, the supplier may then refer the Client directly to their psychologist.

For primary limbs, a maximum of three (3) hours can be provided over and above those included in the rehabilitation packages, providing the Client has exceptional requirements which cannot be met by the rehabilitation package. This must receive prior approval from ACC.

Peer Support

Peer Support is an informal support network for Clients who are adapting to limb loss, with Peer Supporters volunteering their time to work with amputees. There is evidence that peer support can provide significant and lasting psychological and wellbeing benefits to Clients who have recently experienced limb loss, enabling them to better cope with life-changing events and their ongoing rehabilitation journey.

Artificial Limb Service Peer Supporters are people who have a minimum of 3 years' experience of limb loss, have been through a structured process of recruiting and training, and have had a police check, prior to starting as a Peer Support Volunteer. Peer Support Volunteers are NOT counsellors. Peer Support sessions take place in a public place, such as a café or a playground, and will not take place in the Client's home.

Peer Support services are included in the Rehabilitation Packages, Replacement Limb Assessment, and the Primary Limb Assessment – No Rehabilitation package. The Supplier may provide as many hours as is considered necessary within the total package price.

3.6. Telehealth

Services can be delivered by Telehealth, where clinically appropriate.

A Telehealth consultation replaces an in-person consultation. This means that providers should not hold a Telehealth consultation and then require an in-person consultation to undertake a physical examination as part of the initial consultation. Clinical appropriateness (including the potential need for a physical examination) needs to be determined to ensure that a Telehealth consultation is appropriate.

Services delivered by Telehealth must:

- Be preceded by an initial risk assessment to ensure client safety
- Meet the same required standards of care provided through an in-person consultation
- Meet the requirements outlined in the standards/guidelines of Peke Waihanga's policy
- have client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the client prefers
- Have clinical records that meet ACC and professional body requirements
- Providers/suppliers should meet the usual privacy standards and legislation
- Services should only be delivered to clients residing in the territorial local authority that the supplier is contracted for.
- Providers/suppliers are responsible for their own telehealth technology.
- Services should only be delivered to clients residing in the territorial local authority that the supplier is contracted for.
- Have both the client receiving the Telehealth service, and the provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided.
- Due to complexity, services with bundled payments will not be unbundled to have a separate telehealth rate or service item code.
- ACC may effectively monitor telehealth services for hourly rate and consultation rates where there is a risk of over-servicing.
- Providers/suppliers are responsible for their own telehealth technology.

3.7. Assessment Reports and Forms

There is one combined Artificial Limb Service Assessment Report (ACC115) which should be used for Primary, Secondary, Replacement and Recreational Limb Assessments. This form provides space for a comprehensive report on the Client's artificial limb needs. Sections 6 and 7 are of particular importance as that information will help inform any future decisions needed around complexity or ongoing support beyond what is included in the Rehabilitation Package. Depending on the type of Limb Assessment, more detailed supporting evidence or additional information may need to be attached as an appendix to the form. This is mandatory for high-tech and recreational limbs.

The Assessment Report and Complexity Framework Tool should include sufficient information to enable ACC to make a robust funding decision.

Reports need to be outcomes focussed in alignment with the Client's agreed rehabilitation goals, detailed and contain clear evidence to support the recommended solution. The report also needs to explain what other options have been considered and the rationale for these being discounted.

How to complete the Artificial Limb Service Assessment Report (ACC115)

See below for explanations of the key information that must be included in an assessment report. Sections which are self-explanatory have been left out. All sections should be completed as fully as is possible.

Section 1: ACC Details

Please enter the Recovery Team Member's information, if available. If the Client does not have a designated Recovery Team Member, please enter as much information as you have, and submit the Report to claims@acc.co.nz.

Section 6: Non-Injury Related Needs

This section identifies any non-injury related needs the Client may have that are associated with the injury for which they have an accepted claim. Examples of non-injury related needs may include:

- previous stroke
- vision impairment
- diabetes with peripheral neuropathy.

They may be ongoing or have an expected duration. Please ensure that all non-injury related needs are detailed, as this information may help to inform future decisions around complexity or ongoing support needs that the Client may have.

Section 7: Activities of Daily Living

This section allows for the provision of information relating to any difficulties that the Client may have experienced prior to their injury, such as:

- difficulty mobilising
- previous injuries that limit movement
- visual impairment

And should also include a summary of the Client's post-injury strengths and limitations. This section also provides the opportunity to identify any goals the Client has for independence and/or participation.

Section 9: Recommended Prosthetic Limb Details

This section is where the Supplier should include their rationale for the prescribed artificial limb, including why this is the most appropriate solution to meet the Client's injury related needs. The recommended option should clearly link back to the Client outcomes agreed with ACC, and there should be clear evidence to support the recommendation and outcomes to be achieved. Any options that have been discounted must also be described, explaining why they were not selected. All costs for components, fabrication and fitting should be detailed in the table.

Section 10: Declaration

The Declaration must be signed – unsigned reports will be returned to the Supplier for completion.

Section 11: Attachments

Independent measures that support the assessment findings should be submitted with the assessment report. This section lists the most common independent measures, as well as allows for any other

measures to be listed. To ensure ACC has a full picture of the assessment, please ensure that all measures are either attached, or a rationale for measures not included is provided.

How to complete the Artificial Limb Rehabilitation Report (ACC114)

The Artificial Limb Rehabilitation Report should be completed by the limb centre and returned to ACC. If the Client has a Recovery Team Member, the report should be sent directly to them. In situations where there is no Recovery Team Member, please send to claims@acc.co.nz.

Section 5: Prosthetic Limb Details

Please complete this section in full. This section allows for information to be carried over such as the type and frequency of prosthetic consumables that will be needed, warranty information in case of damage or faults, and therapies needed by the Client, all visible at a glance.

Section 6: Care Guidelines for Limb

Specific care guidelines that have been provided to the Client should be detailed in this section. Please list any brochures provided, in addition to verbal instructions.

Section 7: Planned Follow-up

This section should outline the planned programme of follow-up appointments, including where they are expected to take place (or via telephone etc. if appropriate).

3.8. Complex or High-tech Limbs

High-tech limbs are those which include components such as microprocessors or myoelectric technology. For example, microprocessor knees use a microprocessor to rapidly adjust knee flexion or extension and lock or unlock the joint to allow the wearer to move more steadily over rough terrain, and for activity such as going up and down stairs.

Alternatively, a myoelectric controlled prosthesis uses the electrical tension generated by muscle contractions as information to control the movements of the prosthetic limb. These prostheses can be very expensive and therefore require a clear and evidenced based rationale when recommended as the preferred limb option for a Client.

Where the recommended artificial limb will cost more than \$25,000, ACC's Service Support Lead must review the request to ensure that the recommended limb is appropriate and that the decision making is consistent across ACC. All requests are reviewed as soon as is practicable to minimise delays for the Client.

A Limb Assessment Report which recommends a high-tech limb should always be submitted with an accompanying, detailed high-tech limb application. This will outline the rationale for the recommended limb, other limbs considered and why these were discounted, a clear explanation of the expected outcomes for the Client **as agreed with ACC** and why these can only be achieved with a high-tech limb, and an outline of costs. All high-tech limb applications must also be peer-reviewed with three letters from appropriately qualified staff outside the Client's domicile limb centre in support of the proposed prescription.

Requests for high-tech limbs should be sent to the Service Support Lead for consideration by ACC.

3.9. Timeframes

Timeframes for service delivery are summarized in Table 3, Clause 6.1 of the Artificial Limb Service Schedule. The Supplier must endeavour to meet all timeframes in accordance with clause 6.1. Where delays are unavoidable due to Client availability or delivery lead times on components, the supplier needs to advise ACC as soon as they become aware of any delay.

4. Linkages

4.1. Artificial Limb Consumables

Inclusions

The Supplier is responsible for ordering and supplying specialty consumables specifically required for use with an artificial limb. These consumables are:

- Sleeves
- Liners
- Stockings
- Socks
- Skin care (gels, derma repair, sprays, prosthetic antiperspirant, lotions etc.)
- Pins (these attach to locking liners and may not always be with the liner).

The Supplier orders these consumables directly using the Repairs Components service item code (AL11), and they are NOT ordered via OneLink, and is responsible for maintaining adequate stock levels for supply to Clients as required. Only the consumables listed above are included under the Artificial Limbs Service Schedule.

Exclusions

The following services are excluded from this Service:

- All other Social Rehabilitation Assessment Services
- Managed Rehabilitation Equipment Services
- Medical Consumables (other than liners and sleeves).

This means that Suppliers working under the Artificial Limb Service Schedule may not order equipment or consumables or undertake assessments beyond artificial limb assessments, such as Wheelchair and Seating Assessments, using the service item codes under this Service Schedule. Any other assessment or equipment requests must be appropriately referred and carried out only by holders of the relevant services.

If a provider of Artificial Limb Services identifies an unmet injury related need for an assessment or item outside those for which they are contracted to supply, this should be raised with the Client's Recovery Team Member. They will assist with arranging to assess and meet the need as appropriate through the correct process.

5. Operational Guidelines - Changes Log

August 2021			
Reference	Change	Wording	Rationale
2.3	Service Item Codes	Section deleted	Referred to previous Service Schedule changes
2.6	What to do if case owner not assigned	Section deleted	Under ACC's new model, Recovery Team Members are not always assigned to clients.
3.6	Telehealth	Telehealth provisions inserted	Telehealth now available following Covid-19
August 2022			
Reference	Change	Wording	Rationale