

Orthotist Services

Operational Guidelines

1 November 2021

This is a living document and will be updated as required
(Updated October 2022)

Useful contacts and telephone numbers

Please see below contact details for a few teams across ACC that can assist you with any queries you have while providing Orthotist Services to ACC clients.

ACC's Provider Contact Centre	Ph: 0800 222 070	Email: providerhelp@acc.co.nz
ACC's Client/Patient Helpline	Ph: 0800 101 996	
Provider Registration	Ph: 04 560 5211	Email: registrations@acc.co.nz
	Fax: 04 560 5213	Post: ACC, PO Box 30 823, Lower Hutt 5040
ACC eBusiness	Ph: 0800 222 994, Option 1	Email: ebusinessinfo@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: Email: health.procurement@acc.co.nz Ph: 0800 400 503	
Engagement and Performance Managers (EPMs)	Engagement and Performance Managers can help you to provide the services outlined in your contract. Contact the Provider Helpline or visit this link for details of who the EPMs in your region are.	
ACC Team	If you have any questions for the ACC Portfolio Team: Email: orthotics@acc.co.nz	

ACC's website can provide you with a lot of information, especially our "Health and Service Providers" section. Please visit www.acc.co.nz/for-providers.

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How to read this guide

These Operational Guidelines should be read in conjunction with the:

- Standard Terms and Conditions document <https://www.acc.co.nz/assets/contracts/health-contract-terms-conditions.pdf>
- And Orthotist Services Service Schedule (the contract) [SCHEDULE 1 - GENERAL TERMS AND CONDITIONS \(acc.co.nz\)](#)

The services delivered must reflect the expectations outlined in the Orthotist Services Schedule (contract). Where there are any inconsistencies between this operational guideline and the contract, the contract will take precedence.

ACC will work collaboratively with suppliers to improve the operation of the service, and we will ensure this document is up to date with any service improvements we have made.

ACC will notify Suppliers when an updated version of the Orthotist Services Schedule is available. The latest version will be available on ACC's website at www.acc.co.nz.

Definitions of the Parties

ACC	These terms are used interchangeably in this document. ACC actions will be undertaken by the client's Recovery Team Member, a Treatment & Support Assessor; or another ACC employee depending on the action required. The Recovery Team Member may also be referred to as 'Recovery Assistant', 'Recovery Coordinator' or 'Recovery Partner.'
Recovery Team	
ACC Recovery Team Member	
Client	The client is the person with the covered injury.
Supplier	<p>The entity holding a contract with ACC to deliver the services described. They are responsible for all the services delivered and all associated actions.</p> <p>These responsibilities cannot be transferred to any other party; and remain with the supplier in instances such as when they may contract another professional to provide services on their behalf.</p>
Provider	An individual working for the supplier either as an employee or contractor.

Introduction

This document outlines expectations for suppliers and providers working under the Orthotist Services Contract.

Service objectives

The objective of Orthotist Services contract is to provide clients with timely access to quality treatment, appropriate orthoses and facilitate a prompt and cost-effective return to independence, work, and/or education.

ACC defines orthoses as prefabricated, customised, or custom-made externally applied devices used to improve and support function.

Who Can Hold an Orthotist Services Contract

Suppliers who engage Orthotists to provide Orthotic Services can apply to hold a contract.

Orthotists must be:

- an accredited member of the New Zealand Orthotist and Prosthetist Association (NZOPA)
- The contract holder is responsible for ensuring that their employees or contractors providing services meet the above requirements.

Getting started

Prerequisites to hold an Orthotists Service contract

Certification

Providers must be accredited members of NZOPA:

Applying for a contract

The Orthotist Services contract is an open contract. This means that application may be made to join the contract at any time through the www.GETS.govt.nz website from 1 November 2021.

Any questions in relation to applying for a contract can be sent to the ACC Health Procurement Team - health.procurement@acc.co.nz Ph: 0800 400 503

Provider requirements

Orthotist Services Contract providers are required to:

- hold a current Annual Practising Certificate issued by the NZOPA,
- Be registered with ACC prior to providing services (to register new providers please complete an [ACC024 Application for ACC Health Provider Registration](#) form).

What are Orthoses

Orthoses are externally applied devices used to support, align, correct, or improve function of the moveable parts of the body.

There are many types of orthoses, ranging from simple shoe insoles to complex bracing and supports. Orthoses can be:

- **Off the shelf** – a product that has been prefabricated and requires no modifications
- **Customised** – an off the shelf product that requires some customisation to make it suitable for the client's needs.
- **Fabricated** – a bespoke solution that is fabricated to meet the client's specific requirements.

Provision of Orthoses

The provision of orthoses to ACC clients must be necessary, appropriate and directly related to the client's covered ACC claim. The recommended orthoses must be the most cost-effective option to achieve the desired clinical outcome.

Other providers of Orthoses

Orthoses are primarily provided to clients via the Orthotist Services contract. However, there are several other contracted and non-contracted ACC services which may provide orthoses to clients, including:

- Urgent Care Clinics and Rural GP contracts
- Clinical Services contract
- Physiotherapy and Specified Treatment Providers
- Allied health contract
- Elective Surgery contracts
- Public Health Acute Services

Urgent Care Clinics, GPs, Rural GP, Clinical Services

Under these contracts, moonboots and simple orthotics can be provided to clients at the point of treatment.

Physiotherapy and Specified Treatment Providers

When a Physiotherapist, Podiatrist or other Specified Treatment Provider treats an ACC client, they may provide simple orthoses if required by the Client. In this case, the orthoses are part of ancillary treatment.

Allied Health

Treatment providers are able to provide orthotics through the Allied Health Services contract or by obtaining prior approval to purchase items.

Elective surgery contracts

Under these contracts, the elective surgery supplier provides orthoses required by the client for the first six weeks after the client is discharged from hospital. ACC supplies orthoses from that point.

Public health acute services contracts

The District Health Board (DHB) provides orthoses for clients up to six weeks following a hospital discharge.

ACC will provide orthoses for clients:

- if they still require the item after the six-week period.
- from the point of discharge if it is required for over six months.

In both cases:

- DHBs should give ACC two weeks' notice of the need for this service.
- ACC should supply the orthoses through Orthotic Services suppliers.

What are Orthotist Services

For the purpose of this contract, Orthotist Services are:

- consultations provided by Orthotists, and
- the provision of orthoses by Orthotists.

This contract makes it possible to ensure that:

- services provided are fit for purpose, of a high quality and provided in a timely manner
- service providers are appropriately qualified and have a commitment to on-going professional development
- the cost of Orthotist Services is transparent and auditable.

Referrals to an Orthotist

Orthotist services can only be provided and paid for when the referral to the Orthotist for the client has been made by an approved health practitioner who is specialist in the following areas:

- Orthopaedic medical specialist

- Rheumatology medical specialists
- General Practitioners
- Sport medicine specialists
- Podiatrists
- Physiotherapists
- ACC Recovery Teams

Serious Injury Clients

Clients who have been profiled by ACC as Serious Injury may require follow up appointments on a regular and long-term basis to manage their injury related requirements. Serious Injury clients can, therefore, self-refer to Orthotists for follow-up consultations.

Invoices for consultations provided to Serious Injury clients that are received by the ACC Treatment Assessment Centre will be forwarded to the client's Recovery Partner to manage.

Prior approval must be sought for the provision of any new or replacement orthoses with a total value of more than \$300.00 (excl. GST). Prior approval requests received by the ACC Treatment Assessment Centre will be forwarded to the client's Recovery Partner to manage.

Client eligibility – who can access these services

To access services provided under the ACC Orthotist Services contract, the person must have an ACC covered personal injury (that was caused by an accident) and the orthotic being provided must be necessary and appropriate for that covered injury.

You may take the opportunity to familiarise yourself through ACC's online learning module for cover <https://www.acc.co.nz/for-providers/provide-services/register-health-provider/>

What is defined as a personal injury:

- Physical injuries suffered by a person as a result of an accident
- Physical injuries suffered as a result of treatment from a registered health professional (this needs to be lodged as a treatment injury with ACC)

What is not a personal injury:

- Pre-existing developmental / biomechanical factors (particularly relevant for orthotics)
- Physical injury caused wholly or substantially by a gradual process, disease, or infection that is not work related
- Physical injury caused wholly or substantially by the ageing process

What is an accident

An accident:

- Involves the application of force or resistance external to the human body or the sudden movement of the body to avoid such a force or resistance
- Is not a gradual process (unless work-related)

- Can be a specific event that is clearly identifiable and occurs at a precise point in time and meets the above criteria

OR

A series of events which arises from a clearly identifiable repetitive action over a defined short period of time (usually less than 48 hours) which is not a usual activity for that person. (A typical presentation might be a person spending 4-5 hours chopping and stacking their annual consignment of firewood, then waking up the following morning with stiffness and pain).

The link between a personal injury and an accident

IMPORTANT - the presence of a personal injury is not an indication that the personal injury was caused by an accident

Many radiological findings are commonly present in asymptomatic individuals with no history of accident or symptoms.

Therefore, even if a client has cover for an injury, it does not necessarily mean that there is eligibility for entitlements.

For instance, a client may have cover for a foot sprain, but the diagnosis relates to a different condition i.e., plantar fasciitis, tibialis posterior dysfunction or first metatarsophalangeal osteoarthritis.

The client would only be eligible for entitlements if the condition was caused by the accident event.

The client is not eligible for the treatment of pre-existing conditions which have been aggravated or rendered symptomatic.

Causal link

- Looks at the link between the **condition or pathology** responsible for symptoms and the covered personal injury (not just the link with symptoms)
- There must be a sufficient contribution from the covered accident to the pathology to be treated.

Causal link factors to consider

Where cover / causation is less obvious, or where a client requires support beyond what would normally be required, the below factors are important:

- *Timeframe*: How much time has passed between the date of accident and the date of initial presentation for assessment? If there is a significant delay in seeking treatment, what are the reasons for this?
- *Mechanism of injury*: What was the degree and type of force involved? What were the initial consequences of the accident, as described by the client? How have those signs and symptoms evolved since the accident?

- *History:* What is the relevant medical history; including comorbidities, past medical history, and family history? What is the relevant occupational history, including work, sporting activities and hobbies?
- *Initial presentation:* What are the objective findings at the initial presentation, including clinical examination and specific tests?
- *Imaging:* Is relevant imaging available? What are the findings?
- *Progression of condition:* Is there a revised diagnosis and what information influenced this? Does the history you have taken corroborate with earlier histories taken by other providers? How do the current examination findings compare with the initial assessment findings?
- *Natural history:* What is the natural history of the condition; including background prevalence, demographics, and nature/ quality of evidence?

Considering all the factors of the client, are the pathology causing symptoms likely to have been caused by the covered accident?

Orthotist Services consultations

The Orthotist Services contract includes only those consultations undertaken by Orthotists.

There are two types of orthotic consultations in the Orthotist Services Contract, initial and follow up. The initial consultation may be simple or complex, taking into account best practice and the complexity of the client's injury.

Requirements of an initial consultation

- Initial consultations are to be used for the first assessment only and one per claim.
- Ensuring that there is clinical rationale that the treatment directly relates to the covered Personal Injury.
- A thorough and accurate assessment of the need for an Orthosis and that this need has clinical evidence that the requirement directly relates to the covered personal injury.
- Development and documentation of a treatment plan that includes the anticipated number of visits, the objectives of treatment, and the timeframes for these.
- Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required.
- Providing education to clients on the self-management of their injury, and injury prevention (including use of ACC's injury prevention resources where appropriate).
- Documentation of clinical records which meet the standards required by the relevant professional body.

- The expected timeframes for simple and complex consultations below are guidelines only. It is expected that many simple initial consultations may take less than 30 minutes, and some may take longer than 30 minutes.
- If an orthotist reviews the referral documentation and determines there is an injury related need for an initial consult, the consult cost will be paid for by ACC. This is irrespective of whether the requested orthoses are accepted or declined.

A simple initial consultation

- A simple initial consultation is an assessment where the client's needs can be assessed and provided for in a maximum of one appointment and one follow up appointment.
- A simple initial consultation should, on average, take up to 30 minutes.
- A simple consultation with one follow up will be funded by ACC without prior approval.

A complex initial consultation

- A complex initial consultation is an assessment where the client's needs require a complex or prolonged appointment, which may include the measurement and fabrication of a customised orthosis and the arrangement for more than one follow up consultation for fitting and/or review.
- A complex initial consultation should, on average, take up to 45 minutes.
- A complex initial consultation with up to three follow up consultations will be funded by ACC without prior approval.

Orthotist Services follow up consultations

- Follow-up consultations may be required in some cases to fit or check the fit of orthoses (including a trial fitting).
- Education of the client in the use and care of orthoses.
- Follow-ups will be required for long term injury clients who require on-going orthoses.
- Documentation of clinical records which meet the standards required by the relevant professional body.
- Where further follow-up consultations are required, the Supplier must submit a request for funding (using the template supplied by ACC) to the treatment and support assessment centre. This must include the clinical rationale to support the additional consultations being requested.

Goal setting, Clinical records, and Reporting

Goal setting

All clients are required to have individual client centred goals and treatment goals.

These goals should be written in the SMART format i.e., Specific, Measurable, Achievable, Relevant, and Time-bound.

Goals may inform outcome measures such as the patient specific function scale.

Clinical records

Clinical records are to be maintained in accordance with the standards set out in the ACC Treatment Provider Handbook and the relevant regulatory authority or professional association.

ACC may request clinical notes for audit purposes.

Reporting

To be confirmed following further discussion with the sector.

Requirements for Telehealth consultations

Telehealth consultations can be provided to clients where it is determined by the provider as a clinically appropriate consultation method to meet the treatment and rehabilitation needs of their client.

- 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.
- Have client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the client prefers.
- A telehealth consultation needs to be preceded by an initial risk assessment to ensure client safety.
- A Telehealth consultation does not include a quick triage or check-in phone calls.
- Telehealth must only be provided to clients who would ordinarily attend the Supplier's physical service location.
- Telehealth consultations are to be provided in line with the standards and requirements outlined by the [New Zealand Telehealth Resource Centre](#).
- Providers and clients utilising telehealth must both be present in New Zealand at the time of the consultation.
- Documentation should evidence that the treatment directly relates to the covered personal injury
- Referring the client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required.
- Documentation of clinical records.
- The supplier will provide all equipment and technology necessary to deliver the services by Telehealth and manage their own technical issues.

When using Telehealth for a consultation please read out the following statement to your patient and record your patient's response in their clinical record:

- Do you declare that you have provided true and correct information and you will tell ACC if your situation changes?

- Do you authorise your records to be collected or disclosed to ACC to help determine cover for your claim, determine what you will be entitled to, or for research purposes (such as injury prevention, or assessment, and rehabilitation)?

Consultation codes

The consultation codes in Part One, clause 3 of the Service Schedule should be used by suppliers when invoicing ACC for orthotist consultations under the contract. The Service Item codes and descriptions are detailed later in this document under Orthotist service items.

Price

Suppliers should invoice ACC for the **actual and reasonable** costs of orthoses.

The definition of actual and reasonable costs is to be determined in further discussions between ACC and Orthotists providing contracted services from ACC.

The time spent fitting an orthosis is covered in the consultation cost and should not be included in the price of the orthoses.

Orthotist service items

NOTE – There are two codes for each orthotic category, one for when the orthosis cost is up to and including \$300 (excl GST) per claim and one for over \$300 (excl GST) per claim. For example, ORTF (up to \$300), ORTF1 (over \$300)

The codes in the table below are to be used by suppliers when invoicing ACC under the contract

Service Item Code	Description
ORT20	Orthotics – Initial consultation – simple
ORT21	Orthotics – Initial consultation - complex
ORT22	Orthotics - Follow-up consultation to simple
ORT23	Orthotics - Follow-up consultation to complex
ORT24	Orthotics – Follow-up, serious injury client
ORT20T	Orthotics - Initial consult Telehealth –simple (limit = 1)
ORT21T	Orthotics – Initial consult Telehealth – complex (limit = 1)
ORT22T	Orthotics – Follow up Telehealth consult to simple (limit =1)

ORT23T	Orthotics- Follow up Telehealth consult to complex (limit = 3)
ORT24T	Orthotics- Follow up Telehealth consult – serious injury
Orthoses - Prior approval must be sought where the total cost of orthoses <i>per claim</i> is greater than \$300.00	
ORTFW	Orthotics- footwear, including modifications, refurbishment, or repair under \$300.00 per claim
ORTFW1	Orthotics- footwear including modifications, refurbishment, or repair over \$300.00 per claim
ORTFSA	Orthotics – footwear supports equal to or under \$300.00 per claim
ORTFS1	Orthotics- footwear supports over \$300.00 per claim.
ORTMBA	Orthotics – moonboots equal to or under \$300.00 per claim.
ORTMB1	Orthotics – moonboots over \$300.00 per claim.
ORTSP	Orthotics - spinal orthoses, including cervical equal to or under \$300.00 per claim
ORTSP1	Orthotics – spinal orthoses, including cervical over \$300.00 per claim.
ORTLL	Orthotics – lower limb orthoses equal to or under \$300.00 per claim
ORTLL1	Orthotics – lower limb orthoses over \$300.00 per claim
ORTUL	Orthotics – upper limb orthoses equal to or under \$300.00 per claim
ORTUL1	Orthotics – upper limb orthoses over \$300.00 per claim

Other orthoses

Where it is identified that an orthotic device is required as part of a client’s treatment and rehabilitation, and it is not one of those listed above, or the cost of the orthoses is greater than \$300.00 a request can be sent to the prior approval team by completing the [ACC7428-Application](#) for approval of orthoses form.

Guidelines for footwear modifications

Clients may require modifications to their shoes, or custom fabricated shoes, as a result of their injury. Modifying a clients’ existing shoes is ACC’s preferred option, followed by modification of new retail shoes purchased by the client. This allows clients to have some choice over the style and comfort of their shoes.

Custom fabricated shoes should be constructed only where modification of existing, or new retail shoes is unsuitable.

Work shoes

Where modified or custom fabricated work shoes are required to help the client commence or return to work, ACC will pay the cost of:

- modification of up to two pairs of the client's work shoes (supplied by the client) per year; or complete fabrication of up to two pairs of work shoes per year.

Non-work shoes

ACC will pay the cost of:

- modification of up to two pairs of the clients existing or new retail shoes per year; or
- purchase and customisation of up to two pairs of specialist orthotic shoes per year where the client's existing shoes or retail shoes are not suitable: or
- complete fabrication of two pairs of shoes per year, where required.

Prior approval

Prior approval is required for:

- Consultations, carried out by Orthotists, which are outside the limits set out in Table One, and
- Orthoses that cost more than **\$300.00 (excl. GST) per claim**.

Where prior approval is required, orthoses should not be provided to the client without approval from ACC.

Orthoses **up to a total value of \$300.00 (excl. GST) per claim** can be provided without prior approval. Note that this is **per claim** and not per client or per service item code.

Requesting prior approval for orthoses

The [ACC7428 form](#) must be completed and submitted to HnOrthotic@acc.co.nz when requesting prior approval for orthoses.

All sections of the form must be completed by the provider. If information is incomplete ACC will return the form requesting the information.

Supporting clinical information needs to provide evidence that:

- the orthosis is necessary and directly related to the client's covered ACC claim, and
- the type of orthosis is appropriate, and
- the orthosis recommended is the most cost-efficient option to achieve the clinical outcome.

Where a customised solution is requested, the provider should provide a rationale as to why an off the shelf product will not meet the client's injury related requirements.

ACC's assessment of the request for prior approval may involve a review by an appropriately qualified Clinical Advisor who who may request further information/clarification when appropriate before providing a recommendation.

Once a decision has been made by ACC, a decision letter or email will be sent to the supplier advising of the decision. If the request is approved, the letter will show the approved orthosis.

ACC will notify the supplier regarding approval or decline of treatment requests.

Invoicing for services

Suppliers must use the template provided by ACC when invoicing under the Orthotic Services Contract.

Note that the \$300.00 (excl. GST) limit relates to **all orthoses** provided to the client for a single claim and is not per item, other than for serious injury clients. For example:

- If a client requires two different orthoses which cost \$150.00 (excl. GST) and \$230.00 (excl. GST) respectively, this will require prior approval as the **total cost** exceeds \$300.00 (excl. GST) for the claim.
- If a client requires a moonboot costing \$150.00 (excl. GST) at their initial presentation and at a follow up appointment requires a pair of shoe inserts costing \$60.00 (excl. GST), these will not require prior approval as the **total cost** does not exceed \$300.00 (excl. GST) for the claim.

All suppliers are required to invoice ACC electronically for services

You can submit invoices online and keep track of them using our eBusiness Gateway which will be replaced by our new ProviderHub in 2022 or your Practice Management System (PMS). Our online systems are easy to use, and you will get paid faster than doing it manually.

Once we have your invoice, you will usually receive payment after six working days.

To set yourself up with our eBusiness services see: [Getting Set Up Online](#).

Invoice monitoring and acceptable practice profiles

ACC regularly monitors and reviews individual supplier practice profiles (i.e., treatment, splinting, and invoicing patterns).

ACC will contact suppliers who we identify as having different treatment and invoicing patterns from the norm and ask for feedback on why their practice patterns fall outside the normal parameters. This feedback is considered when deciding if further investigation is necessary and providers are expected to respond in a timely manner.

Referrals to other services

In accordance with Part B, Clause 5.2.4., providers must notify ACC when the client needs to be referred to other services that require ACC approval. Examples of these services include, but are not limited to: Vocational services, Pain Specialists and other Social Rehabilitation services.

Providing treatment to friends, family, and those close to you (including colleagues)

Please carefully consider ACC's position as well as your relevant professional body's position regarding treatment of friends, family and those close to you.

ACC's Position Statements align with many professional standards and our legislation. These clarify our expectations and your responsibilities and can be found below:

- [Treatment of Colleagues](#)
- [Treatment of Family](#)

Interactions with Accredited Employers

Accredited Employers (AEs) are employers who have a contract with ACC that allows them to manage their work injury claims. If an employee of an AE needs treatment for a covered work injury, the AE can arrange for this, or they may use a Third-Party Administrator (TPA) who assists with the claims management for that AE. However, they must abide by the orthotist services contract unless they have a separate contract or agreement with the provider.

Regardless of the contract an AE holds with a provider, the employee of an AE is entitled to the same service quality, and terms and conditions that are given to an ACC client using orthotist services.

AEs and TPAs may have their own processes regarding treatment limits and prior approval of additional treatment. Please liaise with the relevant AE or TPA with regards to their processes.

AEs and TPAs may request reports regarding their clients, but their decisions about further treatment must follow the conditions of the orthotist services contract.

Record of Changes

25 th May 2022		
Ref.	Change	Rationale
	Removal of the podiatrists from the contract	Podiatrists no longer operating under this contract.
Goal setting, clinical records, and reporting	Reporting to be confirmed following further discussion	Still in discussion with the sector.
Requirements for telehealth consultations	The addition of telehealth codes and a definition of this.	Telehealth was added to the contract in 2021.
Price	Definition of actual and reasonable to be agreed upon.	Still in discussion with the sector.
Serious Injury clients and Orthotist Service Items	Change in limit costs for orthotics to \$500 until 30/9/22	A temporary measure put in place until 30 th September 2022 due to the impacts of the COVID19 pandemic.

1 October 2022		
Ref.	Change	Rationale
Serious Injury clients and Orthotist Service Items	Change in pre-approval for orthotics reverted back to \$300 from 1/10/22	A temporary measure that was put in place until 30 th September 2022 due to the impacts of the COVID19 pandemic.