

# Alberta Health

## Alberta Aids to Daily Living Orthotic and Prosthetic Benefits

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### Policy & Procedures Manual

October 4, 2021

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## Revision History

**Description**

**Date**

Updated throughout to reflect transition of benefit authorization and claims to Alberta Blue Cross.	October 4, 2021
Policies OP-02 and OP-08 updated to reflect requirements of new validation certificate.	January 28, 2021
Policy OP-02 updated to clarify eligibility criteria around lower limb prosthetics and other mobility benefits.	October 22, 2019
Orthotic and Prosthetic Policy and Procedures combined and revised.	October 16, 2017

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# Contents

<b>Policy OP – 01 - Orthotic and Prosthetic Benefits Background .....</b>	<b>6</b>
• Policy Statement	6
<b>Policy OP – 02 - Process for Obtaining Orthotic and Prosthetic Benefits .....</b>	<b>7</b>
• Policy Statement	7
• Procedure	7
• Flowchart of Process for Obtaining Orthotic and Prosthetic Benefits	8
<b>Policy OP – 03 - Eligibility Criteria for Orthotic and Prosthetic Benefits .....</b>	<b>9</b>
• Policy Statement	9
• Procedure	10
<b>Policy OP – 04 - Prior Approval for Orthotic and Prosthetic Benefits .....</b>	<b>12</b>
• Policy Statement	12
• Procedure	12
<b>Policy OP – 05 - Quantity &amp; Frequency Limits for Benefits .....</b>	<b>14</b>
• Policy Statement	14
• Procedure	15
<b>Policy OP – 06 - Specialty Assessors of Orthotic and Prosthetic Benefits .....</b>	<b>17</b>
• Policy Statement	17
• Procedure	18
<b>Policy OP – 07 - Specialty Suppliers of Orthotic and Prosthetic Benefits .....</b>	<b>20</b>
• Policy Statement	20
• Procedure	20
<b>Policy OP – 08 - Orthotic and Prosthetic Approved Product Lists .....</b>	<b>22</b>
• Policy Statement	22
• Procedure	22
<b>Policy OP – 09 - Orthotic and Prosthetic Validation Certificate .....</b>	<b>24</b>
• Policy Statement	24
• Procedure	24
<b>Policy OP – 10 - Service Dates .....</b>	<b>26</b>
• Policy Statement	26
• Procedure	26
<b>Policy OP – 11 - Patient Claim Statement .....</b>	<b>27</b>
• Policy Statement	27

- Procedure 27
- Glossary .....28**

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# Policy OP – 01

## Orthotic and Prosthetic Benefits Background

### Policy Statement

The providers of orthotic and/or prosthetic benefit item specific device(s)/service(s) must hold qualifications stipulated under policy OP-06 and be employed by a facility that has an agreement with AADL to provide orthotic and/or prosthetic benefit item specific device(s)/service(s).

Clients must meet AADL general and benefit-specific eligibility criteria to qualify for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s).

AADL benefits are provided for individuals who have a documented ongoing, chronic need for an orthotic or prosthetic device.

AADL only provides funding for one device (either orthotic or prosthetic) per limb or limb segment at a time, subject to the limits described in Policy OP-03.

The maximum funding amounts for orthotic and/or prosthetic benefit item specific device(s)/service(s) are listed in the approved product lists for orthotic and prosthetic benefits.

Authorizations and claims for orthotic and prosthetic benefits must be entered on the Alberta Blue Cross Online Health Portal (OHP).

# Policy OP – 02

## Process for Obtaining Orthotic and Prosthetic Benefits

### Policy Statement

Clients and providers must follow AADL general and benefit-specific policies and procedures for obtaining and providing orthotic and/or prosthetic benefit item specific device(s)/service(s).

Orthotic and prosthetic Specialty Assessors/Suppliers are responsible to ensure a client is eligible to receive orthotic and/or prosthetic benefit item specific device(s)/service(s) prior to providing an orthotic or prosthetic device to the client.

AADL and/or Alberta Blue Cross conducts audits of claims. Claims will be reversed if there is not sufficient evidence to support client eligibility.

Clients must meet AADL general and benefit-specific eligibility criteria to qualify for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s). Any exceptions must receive prior approval from AADL.

- Albertans with private insurance that covers 100% of the cost of the benefit are not eligible for the same benefit under AADL. Once the private insurance coverage has been ruled out or exhausted, the client may become eligible under AADL (Policy GN – 16).

### Procedure

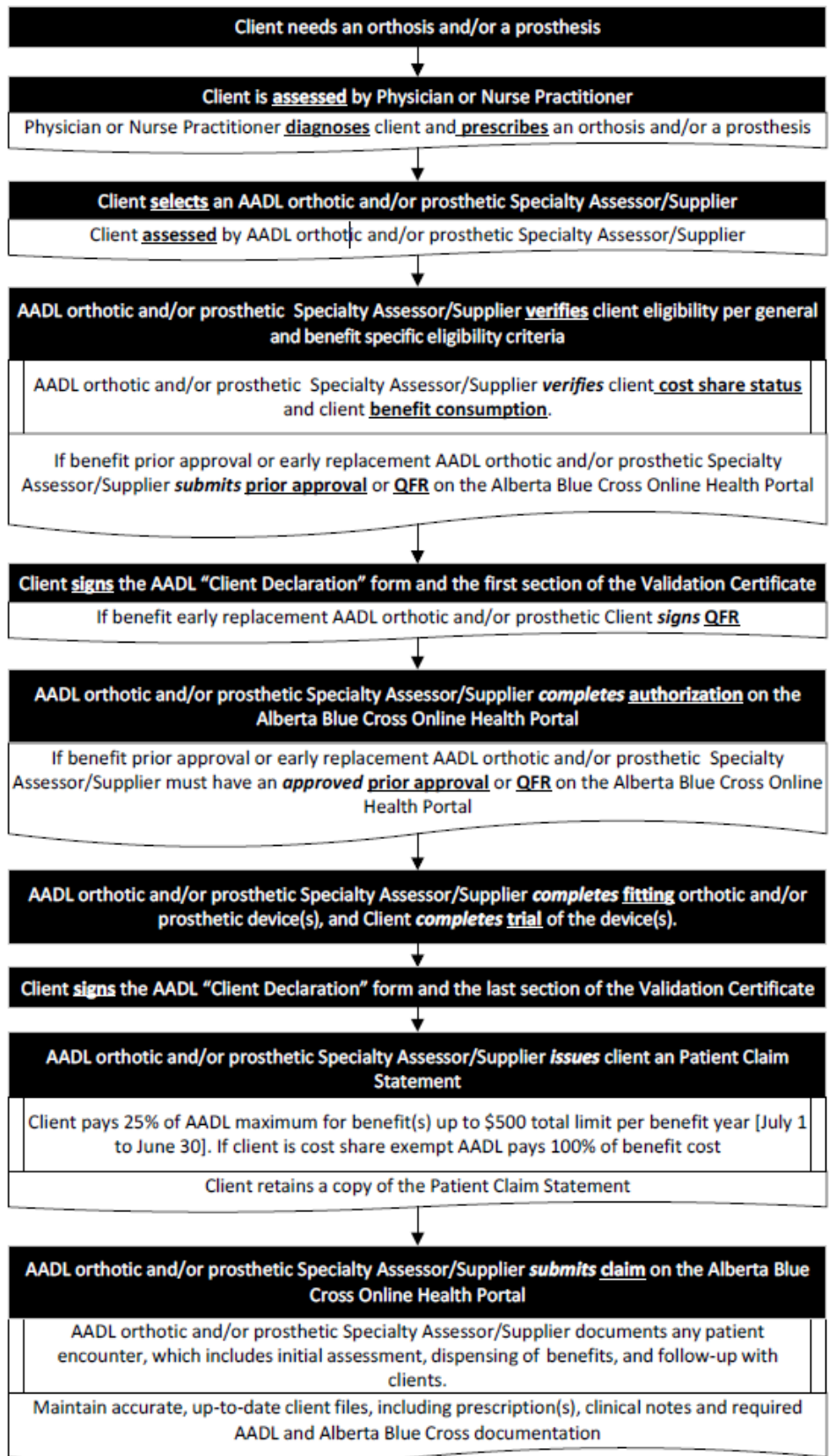
#### Clients:

1. Follow the procedure(s) and process for obtaining orthotic and/or prosthetic benefit item specific device(s)/service(s) as described in AADL general and benefit-specific policies and procedures, as outlined on page 8 of this policy.

#### Orthotic and/or Prosthetic Specialty Suppliers/Assessors:

2. Follow the procedure(s) and process for obtaining orthotic and/or prosthetic benefit item specific device(s)/service(s) as described in AADL general and benefit-specific policies and procedures, as outlined on page 8 of this policy.

**Flowchart of Process for Obtaining Orthotic and Prosthetic Benefits**





# Policy OP – 03

## Eligibility Criteria for Orthotic and Prosthetic Benefits

### Policy Statement

A client is only eligible for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) if all of the following conditions are met:

- Benefits must be assessed and provided by an orthotic or prosthetic Specialty Assessor/Supplier who is employed by a facility that has an agreement to provide AADL orthotic and/or prosthetic benefit item specific device(s)/service(s).
- Benefits must be provided to address a documented ongoing, chronic clinical condition. When the need for orthotic and/or prosthetic benefit item specific device(s)/service(s) is for acute medical need, or short-term need such as pre-operative or post-operative indication, refer client to other resources.
- AADL provides funding for one device (either orthotic or prosthetic) per limb or limb segment at a time. AADL provides funding for a primary device. Secondary devices, back-up devices or devices used exclusively for work activities or recreational activities are not eligible for funding as AADL benefits.
- Benefits that perform duplicate functions are not funded by AADL.
- Lower limb prosthetic benefits are not funded by AADL if the client has an AADL-funded:
  - a. Power wheelchair; or
  - b. Category B, C, or D manual wheelchair.
- Benefits are only provided when supported by the prescription from a physician or nurse practitioner. For a prescription to be deemed valid for the purpose of client eligibility for AADL-funded orthotic and/or prosthetic benefit item specific device(s)/service(s), the prescription:
  - a. Must be generic and free of any vendor advertising;
  - b. Must be provided directly to the client, or provided to the orthotic/prosthetic provider of the client's choice;
  - c. Cannot be written by the Specialty Assessor/Supplier;
  - d. Must be current and thus reflect the client's current clinical/functional status including pertinent comorbid medical status and/or condition(s) which confirms client's basic need for specific orthotic and/or prosthetic benefit item specific device(s)/service(s), including benefit replacement or early replacement;
    - i. A prescription is considered to be current for a period of three months from the date on the prescription.
    - ii. Replacement of a device funded as an AADL benefit occurs after the frequency period if the previous device no longer meets the client's basic needs due to a documented significant and stabilized change in the client's current clinical/functional status including pertinent comorbid medical status and/or condition(s), or if the equipment cannot be cost effectively repaired.
  - e. Must be written and signed by a:
    - i. Physician who is registered and in good standing with the College of Physicians and Surgeons of Alberta; or
    - ii. Nurse Practitioner who is registered and in good standing with the College and Association of Registered Nurses of Alberta.
  - f. Must meet any benefit specific eligibility criteria as outlined in the approved product lists for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s).

**NOTE:** A prescription is **not** required for minor adjustments or repairs and/or if supplying additional soft supplies after original fitting of an AADL orthotic and/or prosthetic benefit item specific device(s).

AADL will not fund any orthotic and/or prosthetic benefit specific modifications and/or repairs to a device within ninety (90) days of provision of the device.

- a. AADL orthotic and/or prosthetic Specialty Assessors/Suppliers are required to provide all necessary follow up to ensure that AADL-funded orthotic and/or prosthetic benefit item specific device(s) are able to be used for the purpose intended without additional cost to AADL or the client.
- b. If the client experiences a documented significant and stabilized change in their current clinical/functional status including pertinent comorbid medical status and/or condition(s) since the previous benefit was provided and if the AADL-funded orthotic and/or prosthetic benefit item specific device(s) no longer meets the client's basic needs refer to Policy OP-05.

### **Assessment of Clients with Complex Medical Considerations**

Clients with complex medical considerations including but not limited to multiple limb amputations, a complex comorbid medical status and/or condition(s) such as suspected or known cognitive or neurological impairment, and/or a history of orthotic and/or prosthetic device fitting concerns with supplemental orthotic and/or prosthetic device services, must be assessed by a physiatrist associated with a multidisciplinary rehabilitation team.

Exceptions can be discussed with the AADL Program Manager.

### **Procedure**

#### **Clients:**

Follow the procedure(s) and process for obtaining orthotic and/or prosthetic benefit item specific device(s)/service(s) as described in AADL general and benefit-specific policies and procedures, and as is outlined on page 8 of this policy. Clients must:

1. Obtain a current valid prescription for a specific orthotic and/or prosthetic benefit item specific device(s)/service(s). Clients with complex medical considerations must receive a prescription from a multidisciplinary rehabilitation team.
2. Select an AADL approved Specialty Assessor/Supplier of orthotic and/or prosthetic benefit item specific device(s)/service(s) from the AADL approved vendor list as is available on the [AADL website](#).
3. Provide a current and valid prescription to, and be assessed by, an AADL orthotic and/or prosthetic prosthesis Specialty Assessor/Supplier.
4. After assessment by an AADL approved Specialty Assessor/Supplier of orthotic and/or prosthetic benefit item specific device(s)/service(s), read/review and sign the Client Declaration and the first section of the Validation Certificate.
5. After fitting and trial of the device has occurred and the device has been received, read/review and sign the second (i.e. final section) final section of the Validation Certificate form.
6. Must seek alternative funding for orthotic and/or prosthetic device(s)/service(s) if ineligible.

#### **Orthotic and/or Prosthetic Specialty Suppliers/Assessors:**

Follow the procedure(s) and process for obtaining orthotic and/or prosthetic benefit item specific device(s)/service(s) as described in AADL general and benefit-specific policies and procedures, as outlined on page 8 of this policy.

1. Determine if clients meet AADL eligibility requirements, and verify client cost share status and benefit consumption. If a client is eligible for AADL funding, the specialty supplier/assessor must:
  - a. Obtain a current and valid prescription(s) from clients;
  - b. Conduct assessment of clients to confirm client eligibility for orthotic and/or prosthetic benefit item specific device(s)/service(s);
  - c. Recommend the most appropriate AADL-funded orthotic and/or prosthetic benefit item specific device(s)/service(s) that meet client clinical/functional basic needs;

- d. Explain AADL policies and procedures and documents as they pertain to AADL-funded orthotic and/or prosthetic benefit item specific device(s)/service(s);
  - e. Ensure that eligible clients read/review and sign the Client Declaration and the Validation Certificate; and
  - f. Submit a prior approval or Quantity and Frequency Review (QFR) request on the Alberta Blue Cross Online Health Portal (OHP) if prior approval or benefit early replacement is required.
2. Maintain accurate, up-to-date client files with clinical notes and required AADL and Alberta Blue Cross documentation including but not limited to current and valid prescription(s), original signed client declaration(s) and Validation Certificates, and Patient Claim Statement(s).
  - a. Do not accept prescriptions that are not current (i.e. greater than three months old) and that do not conform to prescription requirements stipulated under Policy OP-03.
3. Document any patient encounter, which includes initial assessment, dispensing of benefits, and follow up with clients.
4. Finalize assessment and confirm client eligibility for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s). Once completed, ensure that eligible clients read/review and sign the Client Declaration and the first section of the Validation Certificate form.
5. Complete authorization on the Alberta Blue Cross OHP and upload the Client Declaration form and any other required documentation. If AADL has authorized a prior approval, QFR or other exception, document clinical justification and approval in clinical records.
6. Provide eligible clients authorized orthotic and/or prosthetic benefit item specific device(s)/service(s). Finalize client fitting and trial associated with orthotic and/or prosthetic benefit item specific device(s)/service(s). Once completed, ensure that eligible clients read/review and sign the second (i.e. final) section of the Validation Certificate form.

# Policy OP – 04

## Prior Approval for Orthotic and Prosthetic Benefits

### Policy Statement

The following situations require prior approval from AADL before provision of the benefit:

- Benefits listed as “prior approval” in the orthotics and/or prosthetics approved product lists;
- Substitution of orthotics and/or prosthetics benefit-specific components;
- Exceptions to policies or procedures including but not limited to AADL general and benefit-specific eligibility criteria to qualify for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s); or
- Other situations indicated in the AADL general and benefit-specific program manuals or orthotics and/or prosthetics approved product lists.

If the provision of AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) requires a prior approval, the authorization(s) is/are not valid until the prior approval has been provided by AADL.

### Procedure

#### **Orthotic and/or Prosthetic Specialty Suppliers/Assessors:**

1. Identify a prior approval situation as stipulated under Manual GN and/or Policy OP-04.
2. Only by way of submission via the Alberta Blue Cross Online Health Portal (OHP), provide the following information to AADL for consideration:
  - a. Client information;
  - b. If and/or where required AADL and Alberta Blue Cross documentation including but not limited to current and valid prescription(s), original signed client declaration(s) and Validation Certificates, and/or Patient Claim Statement(s); and
  - c. Detailed information to substantiate the nature, necessity, and validity of the prior approval request for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s), which must include:
    - i. Clinical and/or functional justification for the request including detailed supporting clinical assessment findings and product specific information;
    - ii. Pertinent catalogue numbers including but not limited to benefits listed as “prior approval” in the orthotics and/or prosthetics approved product lists; and
    - iii. Verifiable and valid orthotics and/or prosthetics product and/or benefit specific pricing information including but not limited to manufacturer quotes/invoices, labour time, and/or shipping costs (if and/or where applicable).
3. Submit all prior approval requests for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) via the Alberta Blue Cross OHP.
4. Include with each prior approval request for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) all supporting information and documentation as stipulated under Policy OP-04.

**NOTE:** Prior approval requests will only be considered if and when submitted via the Alberta Blue Cross OHP.

**Alberta Blue Cross:**

1. Receives all prior approval requests for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) that are submitted via the Alberta Blue Cross Online Health Portal (OHP), as stipulated under Manual GN and/or Policy OP-04.
2. Escalates all pertinent prior approval requests for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) to AADL for adjudication.
3. Updates prior approval request adjudication status and/or authorization(s) for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) on the Alberta Blue Cross OHP consistent with AADL adjudication criteria and/or requirements as are stipulated under Manual GN and/or Policy OP-04, or AADL adjudication decision(s).
4. Notifies and/or responds to questions about prior approval requests including those generated by clients, orthotic and/or prosthetic Specialty Suppliers/Assessors and AADL.

**AADL:**

1. Receives, triages and adjudicates prior approval requests for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) that are submitted via the Alberta Blue Cross OHP, escalated to AADL from Alberta Blue Cross, as stipulated under Manual GN and/or Policy OP-04.
2. Notifies Alberta Blue Cross about prior approval request adjudication status and/or decision(s) for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) consistent with AADL adjudication criteria and/or requirements as are stipulated under Manual GN and/or Policy OP-04.
3. Notifies and/or responds to questions about prior approval requests including those generated by Alberta Blue Cross.

# Policy OP – 05

## Quantity and Frequency Limits for Orthotic and Prosthetic Benefits

### Policy Statement

AADL does not fund duplicate equipment. AADL only provides funding for one orthotic or prosthetic device per limb or limb segment at a time. AADL only provides funding for a primary orthotic or prosthetic device. Secondary orthotic or prosthetic devices, back-up orthotic or prosthetic devices or orthotic or prosthetic devices used exclusively for recreational or work activities are not eligible for funding as AADL benefits.

The AADL Program does not replace lost, stolen, or broken/damaged benefits. In these instances, it is the client's financial responsibility to cover the cost of replacement(s).

Replacement of a device funded as an AADL benefit occurs after the frequency period if the previous device no longer meets the client's basic needs due to a documented significant and stabilized change in the client's current clinical/functional status, including pertinent comorbid medical status and/or condition(s), or if the equipment cannot be cost effectively repaired.

Clients are eligible to receive orthotic and/or prosthetic benefit item specific device(s)/service(s) per the benefit-specific quantity and frequency limits listed on the AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) APL.

Frequency of replacement for orthotic and/or prosthetic benefit item specific device(s)/service(s) is two years, with the following exceptions, as noted in the AADL orthotic and/or prosthetic approved product list(s):

- Clubfoot orthoses;
- Knee orthoses;
- Microprocessor knees;
- Myoelectric prostheses;
- Non-rigid orthotic supports;
- Prosthetic soft supplies;
- Repairs and modifications; and
- Any other exception noted in the approved product list.

The process for requesting early replacement benefit funding before benefit-specific quantity and frequency associated anniversary dates is called the Quantity and Frequency Review (QFR) process (Policy GN-28).

AADL providers of orthotic and/or prosthetic benefit item specific device(s)/service(s) benefits must submit a QFR for benefits that are over the quantity and frequency limit. A QFR authorization is submitted on the Alberta Blue Cross Online Health Portal (OHP).

### **Early Replacement Authorization Streams**

Benefits that can be replaced early and do not require a QFR have corresponding benefit early replacement authorization stream(s), adjusted quantity or frequency limits and/or associated early replacement catalogue numbers which are listed in the orthotics and/or prosthetics approved product list(s) and/or specified in the Alberta Blue Cross OHP.

Benefit early replacement authorization stream(s), adjusted quantity or frequency limits and/or associated catalogue numbers which are listed in the orthotics and/or prosthetics approved product list(s) and/or specified in the Alberta Blue Cross OHP are intended to provide early replacement of orthotic and/or prosthetic benefits without a QFR for commonly occurring or predictable client needs, as follows:

- AADL acknowledges the special growth and developmental needs of children and as such, provides funding for one early replacement of an orthotic or prosthetic device within the two-year period in order to meet the child's evolving needs. No QFR is required for this early replacement. Eligibility requires a documented significant and stabilized change in the client's body weight and dimensions and/or atrophy of the client's residual limb. Comparative objective measurements are required.
- AADL acknowledges the special needs of individuals who have newly incurred lower extremity amputation and as such, provide funding for one prosthetic socket early replacement within the two-year period in order to meet individual evolving needs. No QFR is required for this early replacement for the following common or prevalent amputation levels: transfemoral, knee disarticulation, and transtibial. Eligibility requires a documented significant and stabilized change in the client's body weight and dimensions and/or atrophy of the client's residual limb. Comparative objective measurements are required.

Benefit early replacement authorization stream(s), adjusted quantity or frequency limits, and/or associated catalogue numbers, and/or the QFR process cannot be used to provide duplicate benefits.

For all other orthotic and/or prosthetic benefit item specific device(s)/service(s) that fall outside of benefit early replacement authorization stream(s), a QFR is required for eligible benefit early replacement.

Where eligible benefit early replacement has occurred within a two-year period or per the applicable benefit item specific quantity and frequency limits, the cost of a third orthotic and/or prosthetic device(s) within the two-year period or per the applicable benefit item specific quantity and frequency period must be referred to alternative funding services.

Other exceptions to the QFR process are indicated in the orthotics and/or prosthetics approved product list(s) and/or specified in the Alberta Blue Cross OHP.

## **Procedure**

### **Clients:**

1. Follow the QFR process as outlined in the general AADL Program Manual for situations of significant and stabilized change in condition. Client must sign the QFR(s).
2. Pursue alternate funding sources prior to requesting additional funding via AADL or if the QFR process and/or criteria precludes the request from consideration for AADL funding.
3. Are responsible for the cost of the benefit if the QFR is denied.

### **Orthotic and/or Prosthetic Specialty Suppliers/Assessors:**

1. Check previous consumption of benefits via the Alberta Blue Cross OHP.
2. Advise clients of quantity and frequency limits.
3. Explain QFR policy and procedure to clients.
  - a. The preceding service date and associated quantity and frequency limits for the orthotic and/or prosthetic benefit item specific device(s)/service(s) determines the next eligibility date for AADL-funded orthotic and/or prosthetic benefit item specific device(s)/service(s).
4. If the client has previously received a specific benefit and if there is a clinically justifiable reason to seek replacement of a benefit, the specialty assessor must:
  - a. Confirm request is not for duplicate benefits;
  - b. Confirm if replacement is not possible under warranty; and
  - c. Confirm alternate funding has been explored and/or exhausted.
5. If there is no alternate funding available, either utilize the benefit early replacement authorization streams for the special and/or evolving:
  - a. Growth and developmental needs of children for one early replacement of an orthotic or prosthetic device within the two-year or pertinent quantity and frequency period. No QFR is required for this early replacement.
  - b. Needs of individuals who have newly incurred lower extremity amputation for one prosthetic socket early replacement within the two-year or pertinent quantity and frequency period. No QFR is required for this early

replacement.

6. For all other orthotic and/or prosthetic benefit item specific device(s)/service(s), enter QFR authorization request on the Alberta Blue Cross OHP including the following documents:
  - a. QFR Request Form;
  - b. Client Declaration; and
  - c. Other eligibility-specific and required supporting documentation.

**Alberta Blue Cross:**

1. Receives and logs QFR requests.
2. Forwards QFR requests to AADL for adjudication.
3. Updates QFR status on the Alberta Blue Cross OHP, which can be viewed on the provider portal.
4. Provides notification of QFR decisions to the client and authorizer.

**AADL:**

1. Receives QFRs and supporting documentation from Alberta Blue Cross.
2. Adjudicates QFRs and provides decision(s) to Alberta Blue Cross.



## Policy OP – 06

### Specialty Assessors for Orthotic and Prosthetic Benefits

#### Policy Statement

Specialty Assessors for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) must:

- Have successfully completed the certification exam for a Certified Orthotist or Certified Prosthetist via the Canadian Board for Certification of Prosthetists and Orthotists;
- Be registered as a “Certified Orthotist” or “Certified Prosthetist” who is an active member in good standing with Orthotics Prosthetics Canada; and
- Be employed by a facility with an agreement to provide AADL orthotic and/or prosthetic benefit item specific device(s)/service(s).

In limited circumstances, AADL may consider approving Specialty Assessors with other professional qualifications for a limited range of benefits. Consideration may be given to Regulated Healthcare Professionals with documented competency in the assessment and provision for the types of devices that are benefits of the AADL Program. Competency is defined by fulfillment of all of the following requirements to the satisfaction of AADL:

- Successful completion of an education program related to assessment and provision of orthotic and/or prosthetic benefit item specific device(s)/service(s);
- Current professional certification with an appropriate Alberta or Canada-based certification body; and
- Ongoing membership in good standing with an appropriate Albertan or Canadian professional college or association.

#### **Specialty Assessor Responsibilities:**

Specialty Assessors are responsible for providing benefits and services to clients in accordance with the AADL policies and procedures. General roles and responsibilities include:

- Assessing clients' clinical needs;
- Assessing clients' eligibility for AADL benefit item specific device(s)/service(s);
- Providing education to clients regarding the AADL program including information about benefit item specific device(s)/service(s);
- Fabricating and providing benefit item specific device(s);
- Providing clients with follow-up service(s);
- Maintaining detailed clinical notes; and
  - a. Entries must be signed by the person who made the entry, including name and credentials.
- Submitting authorizations and claims in accordance with AADL Program and Alberta Blue Cross Online Health Portal (OHP) specific policies and procedures.

Specialty Assessors must be on-site and present for the assessment and provision of all benefit item specific device(s)/service(s) to AADL clients including modifications and repairs.

Specialty Assessors are accountable for all Alberta Blue Cross OHP authorization and claim activity under their Specialty Assessor/Supplier number.

AADL reserves the right to withdraw or withhold Specialty Assessor status at its own discretion.

### **Students, Residents, Interns**

AADL Specialty Suppliers may employ a student, resident, and/or intern for the provision of AADL benefits. Residents, students, and interns:

- Are not eligible to be an AADL Specialty Assessor; and
- Are permitted to provide associated benefit item specific device(s)/service(s) to AADL clients only under direct supervision of an AADL Specialty Assessor. This includes conducting the assessment, developing the treatment plan, manufacturing or modifying devices, fitting devices, and follow-up activities.

The Specialty Assessor is responsible for direct supervision of any students, residents, or interns and is ultimately responsible and accountable for all benefit item specific device(s)/service(s) that are provided. The Specialty Assessor is responsible for documenting their involvement in the client notes and to ensure clinical notes clearly indicate who provided the benefits to the client.

### **Procedure**

#### **Orthotic and/or Prosthetic Specialty Assessors:**

1. Complete and submit an AADL Specialty Assessor Application, including any additional supporting documentation that is required.
2. Once approved as a Specialty Assessor:
  - a. Conduct assessments as follows:
    - i. Determine the client eligibility and cost-share status through:
      1. History of provision of benefits; and
      2. Obtain appropriate prescription(s) and documentation.
    - ii. Recommend the most appropriate benefit that will meet the client's assessed needs;
    - iii. Recommend the eligible benefits required;
    - iv. Explain cost-sharing and cost-share exemption policies to clients;
    - v. Explain benefit quantity and frequency limit to clients;
    - vi. Discuss client's expectations regarding functional outcomes of the benefit item specific device(s)/service(s); and
    - vii. Obtain client's signature on both the Client Declaration and the first section of the Validation Certificate prior to provision of benefits.
  - b. Provide benefits:
    - i. Provide only approved AADL benefit item specific device(s)/service(s) as per the current approved product lists;
    - ii. Ensure replacement benefit item specific device(s)/service(s) are only funded by AADL when eligible;
    - iii. Obtain prior approval for benefit item specific device(s)/service(s) as necessary;
    - iv. Advise the client of their responsibilities related to benefit item specific device(s)/service(s);
    - v. Educate clients regarding proper wear and care of their benefit item specific device(s);
    - vi. Once fitting and trial are completed for benefit item specific device(s)/service(s), have client sign the final section of the Validation Certificate for receipt of all benefit item specific device(s)/service(s); and
    - vii. Ensure client is provided with a Patient Claim Statement for all AADL benefit item specific device(s)/service(s) provided and invoiced to the AADL Program via the Online Health Portal (OHP).
  - c. Provide service:
    - i. Ensure trained staff are accessible and available to clients concerning benefit item specific device(s)/service(s);

- ii. Provide follow-up activity that will ensure AADL benefit item specific device(s)/service(s) serve the purpose for which they were provided;
  - iii. Provide advice and educate clients about benefit item specific device(s)/service(s);
  - iv. Do not bill AADL for additional services including modifications and repairs relating to the provided benefit for a period of ninety (90) days after the final fitting;
  - v. Honour manufacturers' warranties as relating to benefit item specific device(s)/service(s);
  - vi. Ensure defective benefit item specific device(s)/service(s) are replaced at no cost to the client or AADL;
  - vii. Promptly resolve all errors relating to the assessment of a client's benefit item specific device(s)/service(s) (e.g., duplication of benefits, client's eligibility status, and assessment errors); and
  - viii. Ensure Specialty Assessor(s)/Supplier(s) resolve any errors related to AADL benefit item specific device(s)/service(s) at no cost to the client or AADL.
- d. Maintain detailed clinical notes:
- i. Maintain detailed clinical notes for all client/patient encounters. Notes must be:
    - 1. Date and time logged; and
    - 2. Signed by a Specialty Assessor.
3. Promptly advise AADL and Alberta Blue Cross of any updates to name, location, or work status.

**AADL and Alberta Blue Cross:**

- 1. Reviews and/or adjudicates Specialty Assessor applications.
- 2. Provides a Specialty Assessor number to approved applications and assigns appropriate product ranges.
- 3. Monitors Specialty Assessor/Supplier compliance with AADL and/or Alberta Blue Cross OHP policies and procedures.

# Policy OP – 07

## Specialty Suppliers of Orthotic and Prosthetic Benefits

### Policy Statement

AADL only provides funding to eligible clients who are assessed and provided orthotic and prosthetic benefits from vendors listed on the:

- “Approved List of Orthotic Vendors”
- “Approved List of Prosthetic Vendors”

Specialty suppliers must be approved via vendor application process in order to be considered an AADL Specialty Supplier.

Specialty Suppliers must employ a Specialty Assessor as defined in Policy OP-06. Specialty Suppliers must adhere to Policy GN-11.

Specialty Suppliers are accountable for all Specialty Assessors it employs and responsible to ensure the Specialty Assessors follow AADL policies and procedure. In addition, Specialty Suppliers are responsible for:

- Submitting claims for benefits provided to eligible clients. See Policy GN-11.
- Providing clients with a Patient Claim Statement for all benefits provided. See Policy GN-11.

### Clients Choice of Specialty Supplier

Clients have a choice of Specialty Supplier, unless they are inpatients at a health care facility that employs a publicly funded Specialty Assessor.

Specialty Suppliers are responsible to confirm the client is not being provided benefits by different Specialty Suppliers before submitting authorizations and claims to AADL via the Alberta Blue Cross Online Health Portal (OHP).

### Procedure

#### Clients:

1. Select a(n) orthotic and/or prosthetic Specialty Supplier from the lists of approved orthotic and/or prosthetic vendors.
2. Provide the current Specialty Supplier the opportunity to provide AADL benefit item specific device(s)/service(s) that meets the client's basic need(s).
3. Contact the AADL Program Manager if there are any concerns about AADL benefit item specific device(s)/service(s) that cannot be resolved with the Specialty Supplier.

#### Orthotic and/or Prosthetic Specialty Suppliers:

1. Check the Alberta Blue Cross OHP to verify if client has been provided AADL orthotic and/or prosthetic benefit item specific device(s)/service(s). AADL does not fund duplicate equipment. AADL only provides funding for one orthotic or prosthetic device per limb or limb segment at a time.
  - a. If a transfer of care is required to finalize the provision and follow up associated with ongoing AADL orthotic and/or prosthetic benefit item specific device(s)/service(s), contact Alberta Blue Cross to find out who was the

previous Specialty Supplier.

- b. Where indicated, refer client back to original Specialty Supplier to finalize the provision and follow up associated with ongoing AADL orthotic and/or prosthetic benefit item specific device(s)/service(s).
  - c. If a client refuses to return to previous Specialty Supplier, the new Specialty Supplier must not commence the provision of follow up associated with ongoing AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) unless the client is willing to fund the services privately.
  - d. If a client wishes to switch Specialty Suppliers, contact previous Specialty Supplier to discuss transferring care to the new Specialty Supplier. If needed, contact Alberta Blue Cross concerning the arrangement and/or agreement of a transfer of care.
2. Do not submit a Quantity and Frequency Review for a request to switch Specialty Suppliers.
  3. Advise the client to submit a formal "AADL Complaint" if applicable.
  4. Contact Alberta Blue Cross for advice as required.

**AADL with support from Alberta Blue Cross:**

1. Receives, reviews and, with support from Alberta Blue Cross, adjudicates Vendor (i.e. Specialty Supplier) applications.
2. Provides a Vendor (i.e. Specialty Supplier) number to approved applications and assigns appropriate product ranges.
3. Maintains lists of approved Vendors (i.e. Specialty Supplier) for orthotic and prosthetic benefits.
4. Monitors Specialty Assessor/Supplier compliance with AADL and/or Alberta Blue Cross OHP policies and procedures.
5. Reviews client's concerns via formal complaint process.

# Policy OP – 08

## Orthotic and Prosthetic Benefit Approved Product Lists

### Policy Statement

AADL only provides funding for orthotic and/or prosthetic benefit item specific device(s)/service(s) per the catalogue numbers listed on the orthotic and/or prosthetic approved product lists.

The orthotic and/or prosthetic benefit item specific device(s)/service(s) provided to a client must match the description of the catalogue number(s).

Substitutions of orthotic and/or prosthetic benefit item specific device(s)/service(s) that are listed on the orthotic and/or prosthetic approved product lists are considered by prior approval only.

AADL will provide funding for the maximum quantity and frequency listed in the approved product lists (refer to Policy OP-05).

AADL will fund up to the price maximum for a benefit listed in the approved product list. All benefits pricing is subject to cost-share (Policy GN-20 to GN-25). A Specialty Supplier must provide the benefit to an eligible client for the maximum price listed or less. The Specialty Supplier may not invoice AADL or the client for more than the price maximum.

Some catalogue numbers listed on the orthotic and/or prosthetic approved product lists have specific eligibility criteria that must be met in addition to the general AADL eligibility criteria. These specific eligibility criteria are outlined in the orthotic and/or prosthetic approved product lists.

### Generic Catalogue Numbers

AADL uses generic catalogue numbers for some benefits that are listed on the orthotic and/or prosthetic approved product lists. A generic catalogue number:

- Represents a specific type of benefit, not a specific product or manufacturer.
- Has a designated AADL maximum contribution amount where costs over the maximum are considered an “upgrade.”

The price invoiced to AADL is determined using the material cost(s) and/or manufacturer invoice cost(s). Refer to the orthotic and/or prosthetic approved product lists for the pricing procedure associated with generic catalogue numbers and “upgrades.”

### Upgrades

Some orthotic and/or prosthetic catalogue numbers (i.e. generic catalogue numbers) are listed on the orthotic and/or prosthetic approved product lists are designated as “upgrade.” For these “upgrade” catalogue numbers, the Specialty Supplier is permitted to invoice the client for amounts over the price maximum. However, the maximum amount invoiced to AADL must not exceed the price maximum for catalogue numbers listed on the orthotic and/or prosthetic approved product lists, subject to cost-share.

### Procedure

#### Orthotic and/or Prosthetic Specialty Suppliers/Assessors:

1. Review the orthotic and/or prosthetic approved product lists to become familiar with AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) that are funded.
2. Ensure that eligible clients meet **all** pertinent AADL general **and** orthotic and/or prosthetic benefit item specific criteria listed on the orthotic and/or prosthetic approved product lists.
3. Ensure that the AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) provided to eligible clients match the

description in the AADL orthotic and/or prosthetic approved product list(s).

4. Subject to cost sharing and aligned to pertinent AADL general and benefit specific policies and procedures, use the pricing listed in the AADL orthotic and/or prosthetic approved product lists when invoicing clients and AADL for orthotic and/or prosthetic benefit item specific device(s)/service(s).

**Alberta Blue Cross:**

1. Responds to inquiries pertaining to AADL orthotic and/or prosthetic approved product lists including inquiries associated with authorizations and claims for orthotic and/or prosthetic benefit item specific device(s)/service(s).

**AADL:**

1. Establishes, maintains and updates the benefits listed on the AADL orthotic and/or prosthetic approved product lists in accordance with AADL regulation, agreements, policies and procedures, and operational need and best practices.
2. Provides support to Alberta Blue Cross as it pertains to the AADL orthotic and/or prosthetic approved product lists, and associated orthotic and/or prosthetic provider roles and responsibilities in accordance with AADL regulation, agreements, policies and procedures, and operational need and best practices.

# Policy OP – 09

## Orthotic and Prosthetic Validation Certificate

### Policy Statement

The Orthotic and Prosthetic Validation Certificate is a document intended to ensure accountability and clarify expectations for all parties involved in the provision of AADL-funded orthotic and/or prosthetic benefit item specific device(s)/service(s).

The Validation Certificate is a two-part form, in that the client will sign this form on two separate occasions:

- At time of assessment for AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) whereby eligible clients and Specialty Assessors/Suppliers acknowledge agreement to the type of AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) being provided.
- After final provision of AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) whereby eligible clients and Specialty Assessors/Suppliers acknowledge agreement that pertinent fitting and trial associated with AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) has been completed.

Alberta Blue Cross should be contacted if the client is unable to complete the final fitting/trial, or is unable or refuses to sign the Validation Certificate form.

A Validation Certificate form is **not** required for minor adjustments or repairs and/or if supplying additional soft supplies after original fitting of an AADL orthotic and/or prosthetic benefit item specific device(s).

### Procedure

#### **Clients:**

1. Read the Validation Certificate fully prior to signing it.
2. Request clarification from the Specialty Assessor(s)/Suppliers(s), if needed, prior to signing it.
3. Sign all sections of the Validation Certificate.
  - a. Clients who are unable to return for follow up may sign and submit the final section of the Validation Certificate by alternate methods (i.e. fax or mail).
4. Obtain a copy (if requested) of the signed Validation Certificate.
5. Contact Alberta Blue Cross client contact centre if they:
  - a. Have any unresolved questions about the Validation Certificate; or
  - b. Are unable to sign the Validation Certificate.

#### **Orthotic and/or Prosthetic Specialty Suppliers/Assessors:**

1. Provide all eligible clients with a copy of the required Validation Certificate form(s) to read/review.
2. Discuss/resolve all questions clients may have regarding eligible client roles and responsibilities pertaining to the provision of their AADL orthotic and/or prosthetic benefit item specific device(s)/service(s) that are funded.
3. Ensure eligible clients sign all required section(s) of the Validation Certificate form.



- a. The first section of Validation Certificate form must be signed by eligible clients prior to fabricating the AADL orthotic and/or prosthetic benefit item specific device(s). Offer the client a copy of the Validation Certificate form and retain the original on the client's file.
  - b. The second section (i.e. final section) of the Validation Certificate form must be signed by eligible clients once the AADL orthotic and/or prosthetic benefit item specific device(s) is fabricated, fitted and trialed. Offer the client a copy of the Validation Certificate form and retain the original on the client's file.
4. The Specialty Supplier must not submit a claim for the final components or procedures until all sections of the Validation Certificate form are signed by the client; this is considered the service date for associated AADL orthotic and/or prosthetic benefit item specific device(s)/service(s).
- a. If the client is unable to complete the final fitting/trial, or is unable or refuses to sign the Validation Certificate form, AADL may consider a Specialty Supplier's request to claim a portion of the cost of the procedure and/or components, as follows:
    - i. Provide Alberta Blue Cross with a copy of the Client Declaration, Validation Certificate form, a valid prescription, and other supporting documentation. Provide evidence of attempts to contact client for follow up and/or resolve issue(s).
    - ii. Provide catalogue numbers and cost(s) for unclaimed items to Alberta Blue Cross. AADL will adjudicate in terms of potential billable amount.

**Alberta Blue Cross:**

1. Responds to questions from client and/or Specialty Assessor(s)/Supplier(s) regarding the Validation Certificate.
2. May request copies of the completed Validation Certificates.
3. In consultation with AADL, reviews cases and addresses client and/or Specialty Assessor(s)/Supplier(s) concerns pertaining to client inability to complete the final fitting/trial, or is unable or refuses to sign the Validation Certificate form.

**AADL:**

1. Maintains and updates the Validation Certificates in accordance with AADL regulation, agreements, policies and procedures, and operational need and best practices.
2. Provides support and direction to Alberta Blue Cross as it pertains to the Validation Certificate.

# Policy OP – 10

## Service Dates

### Policy Statement

The service date used for submitting claims for orthotic and/or prosthetic benefit item specific device(s)/service(s) is the date the client actually receives the orthotic and/or prosthetic benefit item specific device(s)/service(s).

### Procedure

#### Orthotic and/or Prosthetic Specialty Assessors/Suppliers:

1. Submit claim to Alberta Blue Cross following the provision of orthotic and/or prosthetic benefit item specific device(s)/service(s) to the client.

# Policy OP – 11

## Patient Claim Statement

### Policy Statement

Orthotic and/or Prosthetic benefit providers must provide every client with a Patient Claim Statement for each orthotic and/or prosthetic benefit item specific device(s)/service(s) invoiced to the AADL Program. The Patient Claim Statement must include the AADL contribution and cost-share portion of each benefit (when applicable).

### Procedure

#### Orthotic and/or Prosthetic Specialty Assessors/Suppliers:

1. Provide clients with a Patient Claim Statement for AADL benefits. The Patient Claim Statement must be printed from the Alberta Blue Cross Online Health Portal (OHP).
2. For cost-share clients, identify the AADL contribution and the client's cost-share contribution for each benefit.
3. For cost-share exempt clients, identify AADL's contribution for each benefit.
4. Retain a copy of Patient Claim Statement on client file.

#### Alberta Blue Cross:

1. Provide provider with Patient Claim Statement.

# Glossary

## **Alberta Blue Cross**

Benefit administrator for AADL Program funded benefit item specific device(s)/service(s).

## **Assessment Date**

The assessment date for an AADL authorization is the date that the client is assessed by the Specialty Assessor to determine eligibility for AADL benefits. Assessment includes a clinical assessment as well as evaluation of all required documentation to establish and confirm client eligibility for AADL benefit item specific device(s)/service(s).

## **Functional Level**

Via assessment and in consultation with the Client, the Specialty Assessor must determine the “Functional Level” that the client should be able to achieve with a prosthesis.

The “Functional Level” definitions are listed in the prosthetic benefits approved product list. A client's unique “Functional Level” is required to establish and confirm client eligibility for AADL benefit item specific device(s)/service(s). For eligible clients, the “Functional Level” is also required by Specialty Assessors to enter authorizations and claims via the Alberta Blue Cross OHP.

## **Functional Outcome**

Via assessment and in consultation with the client, the Specialty Assessor determine the “Functional Outcome” that the client should be able to achieve with an orthotic device.

The “Functional Outcome” definitions are listed in the orthotic benefits approved product list. A client's unique “Functional Outcome” is required to establish and confirm client eligibility for AADL benefit item specific device(s)/service(s). For eligible clients, the “Functional Outcome” is also required by Specialty Assessors to enter authorizations and claims via the Alberta Blue Cross OHP.

## **Level of Amputation**

The level of amputation is the surgical level of amputation, not the “Functional Level” associated with a client's remaining or residual limb.

## **Online Health Portal (OHP)**

The authorization and claims portal administered by Alberta Blue Cross for the purpose of AADL Authorizers, Vendors, and/or Specialty Assessors/Suppliers submitting authorizations and/or claims on behalf of eligible clients for AADL-funded benefit item specific device(s)/service(s).

## **Service Date**

The Service Date used for submitting claims for AADL-funded benefit item specific device(s)/service(s) is the date eligible clients actually receive their AADL-funded benefit item specific device(s)/service(s).

Vendors and/or Specialty Suppliers must indicate the Service Date for each AADL-funded benefit item specific device(s)/service(s) on the claim according to the date the client received the benefit.

## **Patient Claim Statement**

Vendors and/or Specialty Suppliers must provide every eligible client with a Patient Claim Statement for each AADL-funded benefit item specific device(s)/service(s) (i.e. catalogue number(s)) invoiced to the AADL Program via the Alberta Blue Cross OHP. The Patient Claim Statement must include the AADL contribution and cost-share portion of each benefit, even if the client's cost share is zero.