

# Alberta Health

## Alberta Aids to Daily Living Compression Stockings and Lymphedema Sleeves – Ready Made Benefits

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### Policy & Procedures Manual

November 15, 2015



# Revision History

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# Policy N – 01

## Eligibility Criteria

### Policy Statement

Clients must access all third party benefit plans prior to applying for the funding of compression garments by the Alberta Aids to Daily Living (AADL) program.

Clients will be eligible for authorization of compression garments if they are assessed and meet CEAP criteria C<sub>4</sub> or C<sub>5</sub> or who have chronic lymphedema. Clients with C<sub>6</sub> (active ulceration) do not meet criteria.

Chronic Venous Insufficiency: an advanced form of chronic venous dysfunction caused by increased ambulatory venous hypertension resulting in a series of changes in the subcutaneous tissue and skin. Limb swelling, pigmentation (hemosiderin staining), lipodermatosclerosis, venous eczema (stasis dermatitis) or venous ulceration can develop.

(Gloviczki et al. (May Supplement 2011). *“The care of patients with varicose veins and associated chronic venous diseases: Clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum”* Journal of Vascular Surgery.

Lymphedema: an abnormal collection of high-protein fluid just beneath the skin due to reduced lymphatic drainage. This swelling occurs most commonly in the arm or leg, but it also may occur in other parts of the body including the breast or trunk, head and neck, or genitals. (Best Practice for the Management of Lymphedema, International Lymphedema Framework, 2006).

AADL has adopted the Clinical Etiology Anatomy Pathophysiology (CEAP) classification of chronic venous disorders which was developed by the American Venous Forum (1994, revised 2004).

### CEAP Classification:

Note: Client *does not meet criteria* with C<sub>1</sub>-C<sub>3</sub> alone:

C<sub>0</sub> No visible or palpable signs of venous disease

C<sub>1</sub> Telangiectases, reticular veins or malleolar flare

- Mild venous dilation

C<sub>2</sub> Varicose veins

- Dilated, tortuous veins

C<sub>3</sub> Edema

- Dependent ankle edema worsening by end of the day
- May become persistent

Note: Client *meets criteria* if they have all or some of findings in C<sub>1</sub>-C3 and have findings in C<sub>4a</sub>, C<sub>4b</sub> or C<sub>5</sub>

C<sub>4a</sub> Pigmentation (hemosiderin staining) and/or venous eczema(stasis dermatitis)

- Must have hemosiderin staining to meet criteria for AADL authorization

C<sub>4b</sub> Lipodermatosclerosis and/or atrophe blanche

C<sub>5</sub> Skin changes as defined above with healed venous ulceration

Note: Client with active ulceration *do not meet* AADL criteria

C<sub>6</sub> Skin changes as defined above with active ulceration

Note: Clients presenting with chronic lymphedema must be assessed by a qualified Certified Lymphedema Therapist (CLT) or Specialty Assessor (SA).

AADL does **NOT** provide compression stockings or lymphedema garments for:

- use in acute care/sub-acute care facilities
- short-term interventions
- application or intervention in a physician's/nurse practitioner's/vascular surgeon's office.

## Procedure

### Clients:

1. Confirm eligibility with Authorizer.
2. Sign client declaration form.

### Authorizers:

1. Confirm client meets AADL eligibility requirements.
2. Inform clients of their eligibility status.

### Vendors:

1. Check clients' previous benefit consumption:
  1. Refer to E-business for client's benefit consumption history.
  2. Refer to Policy N-07 Quantity and Frequency Limits for clients who are over the quantity/frequency limit.

**AADL:**

1. Receives authorizations and ensures clients meet eligibility requirements.
2. Confirms general eligibility through Client Services.
3. Confirms benefit specific eligibility through AADL benefit clerks.
4. Returns authorization forms to Authorizers when eligibility cannot be established due to unclear or incomplete information.
5. Responds to telephone or email requests for information on compression benefits eligibility.

# Policy N – 02

## Authorizer Qualifications

### Policy Statement

Existing AADL Authorizers who are PTs, OTs or RNs may apply to have compression garments added to their product range.

Authorizers must complete the Authorizer Application for Product Range: Compression Garments” and submit to AADL.

Assessors and authorizers doing the actual fitting must:

- be a certified fitter by completing a manufacturer fitter course that is recognized by AADL;
- renew the certification every five years; and
- provide certification to the AADL program manager.

### Procedure

#### AADL Authorizer applying for secondary product range:

1. Complete compression garment product range request form available at:  
<http://www.health.alberta.ca/services/AADL-forms-docs.html>
2. Complete compression on-line module available at:  
<http://www.health.alberta.ca/services/AADL-authorizer-resources.html>
3. Forward completed application with supporting documentation to AADL.

#### AADL:

1. Reviews application.
2. Adds product range to eligible authorizers.
3. Monitors authorizer activities and determine compliance with policies and procedures.

## Policy N – 03

### Prescription/Lower Leg Assessment Tool

#### Policy Statement

1. All authorizations for Chronic Venous Insufficiency must have a copy of the AADL lower leg assessment form attached. Ankle Brachial Pressure Index (ABPI)s must be within the 0.8 to 1.3 range. TBPIs must be 0.7 mmHg or greater; PPGs must be 50 mmHg or greater and are only accepted if the authorizer has done an advanced assessment.

**Note:** If the client's ranges are not within the values stated above, a prescription from a vascular surgeon, physician or nurse practitioner with expertise in lower leg assessment must accompany the Lower Leg Assessment form.

**Note:** All clients with diabetes require a TBPI or PPG when the ABPI is below 1.0 or above 1.3.

A prescription from a vascular surgeon is required for clients who have had recent surgery, including bypass surgery.

2. Authorizations for lymphedema garments require a prescription from a physician or nurse practitioner. Note: A Certified Lymphedema therapist (CLT) or Specialty Authorizer (SA), as noted beside their signature on the 1250 form, are not required to submit a prescription with an authorization for lymphedema garments.

Note: Completion of the lower leg assessment form may not be required based on the origin of the lymphedema.

**Note:** Prescriptions are not required for clients receiving active treatment from Alberta Health Services cancer rehabilitation oncology programs. (Authorizers must indicate on the 1250 if the client is receiving treatment from these clinics.)

3. Authorizations for thigh-high stockings must include on the lower leg assessment form, indication of hemosiderin staining and/or ropey torturous veins above the knee. If pantyhose are being requested, there must be indication on the lower leg assessment form of hemosiderin staining and/or ropey torturous veins into the groin.

**Note:** Clients with a history of DVT at or below the knee or who have tortuous veins in the area where a knee high would lie, may be eligible for thigh high stockings if knee high stockings present a clinical risk or are deemed ineffective. Clinical rationale must accompany the request. Note: Authorizations for clients with lymphedema above the knee must include rationale regarding the requirement for thigh high or panty hose.



4. If a client wants thigh-high stockings or pantyhose but only qualifies for below-knee stockings, the client may pay the up-charge for the longer length. Please indicate this on the authorization form.

**Note:** The authorizer is required to advise the client that they will be responsible to pay the upcharge for the thigh high stockings or pantyhose.

If a client requires two different styles and/or compression of stockings, the authorizer is required to provide rationale on the lower leg assessment form or the 1250 form.

**Note:** The total quantity of combined styles cannot exceed the maximum quantity of one type of stocking.

5. Incomplete authorization forms and/or lower leg assessments will be sent back to the authorizer.
6. Vendors do NOT require a copy of the lower leg assessment form.

## **Procedure**

### **Clients:**

1. Fully participate in the assessment.
2. Sign declaration form.

### **Authorizers:**

1. Assess client or review assessment if authorizer is not the assessor.
2. Document assessment details and clinical rationale to support the provision of benefits.
3. Complete any specific AADL assessment forms as required. These can be found on the AADL website at <http://www.health.alberta.ca/services/AADL-forms-docs.html>.
4. Determine benefit and quantity needed based on the client's final clinical assessment results.
5. Provide any additional documentation completed for submission with authorization form. (e.g. assessment forms, medical letters and prescriptions).

### **AADL:**

1. Provides competency requirements for assessors and authorizers.
2. Provides direction to authorizers regarding eligibility criteria as it relates to the assessment as needed.

## Policy N – 04

### Contraindications for Eligibility for Compression Stockings

#### Policy Statement

AADL does NOT provide funding for compression stockings for:

1. acute treatment including: DVT's (deep vein thrombosis), emboli or arterial blood clots, cellulitis, thrombophlebitis, phlebitis, post phlebitis syndrome, arterial insufficiency, hypotension
2. prevention (i.e., predisposing conditions such as pregnancy);
3. active treatment (initial edema reduction prior to achieving dry/stable state preceding garment fitting) edema management, and systemic edema
4. short term interventions
5. nighttime use
6. osteoarthritis, to the degree of mechanical restriction.

# Policy N – 05

## Contraindications for Compression Garments

### Policy Statement

Do not authorize compression garments for the following unsafe conditions:

- hypodermatitis in acute phase (sedation of pain and softening of infiltrates are only obtained with stronger pressures than those provided by compression hose)
- malignant tumor of the leg
- acute microbial infection of any part of the leg, abscess, furuncle, erysipelas
- scleroderma
- arterial insufficiency
- neuropathy
- acute cellulitis

# Policy N – 06

## Authorizer Responsibilities

### Procedure

1. Authorizers ensure the client:
  - a) meets AADL's eligibility criteria as outlined in the Client Eligibility Criteria section of the general Policies & Procedures;
  - b) meets the specific eligibility criteria outlined and authorizes quantities based on the clinical assessment of the client's needs;
  - c) does not have an open wound on the area to be compressed;
  - d) signs the Client Declaration Form;
  - e) is aware that they have a choice of three (3) vendors and that a full list of all AADL approved vendors is available; and
  - f) is provided with follow-up assessments.

### Authorizers:

1. May only sign authorizations by an assessor that is an RN, PT or OT and who is trained in lower leg assessment that includes an ankle brachial index.
2. Signing for assessors, must ensure that the client meets AADL's eligibility criteria and that the lower leg assessment form has been completed.

Note: Clients are authorized based on the lower leg assessment that verifies that the client meets AADL criteria: confirm that any Edema has been investigated and reduced prior to authorization.

3. Can only authorize clients who have an ankle brachial index of 1.8-1.3.

**Note:** clients with a diagnosis of diabetes with values below 1.0 or above 1.3 must have a toe pressure completed to ensure that it is safe to compress the limb, or a prescription that includes the amount of compression.

4. Ensure clients with values outside of AADL criteria have a prescription that includes the amount of compression.

### **Authorizations:**

1. It is the authorizer's clinical discretion to determine the period of time for an authorization, however authorizations cannot exceed four years (the authorizer must indicate on the 1250 form the length of the authorization period.)
2. Best practice recommends that clients wear a 30-40 mm Hg of pressure, and that below-knee stockings are the most effective and have the highest rate of client compliance.
3. Cellulitis, dermatitis and open wounds must be healed prior to authorization.
4. Authorizers must indicate the type of stockings, according to the assessed clinical need, that are required for the client on the authorization form (for example, requires open-toe stockings).
5. Clients receive one compression garment initially to ensure compliance and/or that length or degree of support is clinically appropriate.

**Note:** clients will advise the authorizer with any concerns about the compression garment.

**Note:** clients are responsible to obtain the remaining garments as needed based on AADL maximum quantity limits.

### **Authorizer Role in the Client Fitting by the Vendor:**

- a) Educate your clients that vendor fittings must occur early in the morning when the edema is minimized.
- b) If the authorizer is doing the actual fitting, then the authorizer must be a certified fitter with one of AADL's recognized manufacturer training courses.
- c) If a client cannot put on heavy graduated pressure stockings, two lesser stockings (e.g., two 15mm), one worn on top of the other, may be manageable.

Note: AADL does not provide funding for these two lesser weight stockings.

## Policy N – 07

### Quantity and Frequency Limits for Ready-Made Compression Garments

#### Policy Statement

The quantity and frequency of custom compression garments is a maximum of three garments per 12-month period for initial clients.

Existing clients will be eligible for three pairs as per their reassessment date provided they continue to meet AADL's eligibility criteria for compression garments.

AADL Authorizers must submit a Quantity and Frequency Request (QFR) for benefit requests over the limit. See the QFR policy and process in the general AADL Policy and Procedure Manual at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

Note: clients requiring two different types of compression are only allowed the maximum of three pairs combined.

Note: eligibility renewal for subsequent pairs is based on when the vendor claimed for the compression garment, not based on the date of the authorization.

#### Procedure

##### Authorizers:

1. Follow the QFR process as outlined in the general AADL Policy and Procedure Manual at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

##### Clients:

1. Pursue alternate funding sources prior to requesting additional benefits from AADL.
2. Follow the QFR process as outlined in the general AADL Policy and Procedure Manual at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

##### AADL:

1. Reviews quantity maximums annually.

# **Policy N – 08**

## **Insurance Coverage**

### **Policy Statement**

The AADL Program does not replace lost, stolen, or broken/damaged benefits. It is recommended that clients be advised that they are financially responsible to replace compression stockings with damage related to tears, rips and/or runs that can occur from misuse, such as not wearing stocking gloves.

# Policy N – 09

## AADL Pricing

### Policy Statement

The vendor **MUST OFFER** the client several brands of compression garments that:

- meet the generic description;
- comply with AADL's product standards; and
- are at or below AADL's price.

For detailed information, vendors please refer to your individual AADL contract.



# Policy N – 10

## Vendor Responsibilities: Summary for Authorizers

### Policy Statement

The following are vendor requirements as per their individual AADL contract for compression garments:

1. A private wheelchair accessible fitting room.
2. Vendors are to employ at least one certified fitter that renews their education at least once every five years training by completing a manufacturer's fitting course recognized by AADL.
3. Vendors are to have at least two different manufacturers' brands. Vendors may order in pantyhose, chap style or garments of compression greater than 40 mmHg on an as needed basis.
4. Vendors are to perform fittings between 8:00 a.m. to 11:00 a.m. only when the edema is reduced. Exceptions may apply, for example the client wrapped or as per clinician recommendation as noted on the 1250 form.
5. Vendors document the client's fitting and garment provided as per AADL's fitters form.
6. Vendors:
  - cannot recommend a different type of garment than what has been ordered by the authorizer.
  - must notify the authorizer if there are any concerns regarding the garment ordered.
  - must not proceed with the fitting and contact the authorizer if there is evidence of edema or any other concern during the fitting, including but not limited to any major life event that could impact circulation to the affected limb(s), e.g., heart attack or stroke.
  - must provide stockings based on the client's measurements and are not to provide larger sizes. If a client requests a larger size, the vendor is to stop the fitting, not provide any stockings to the client and notify the authorizer.
7. Clients MUST demonstrate to the vendor that they can don and doff the garments independently or confirm with the authorizer that the client has assistance to don/doff on a daily basis.

Note: If there are concerns, regarding the client's ability to don & doff the garments the authorizer is to be contacted.

8. Only one garment or pair of compression is provided initially. The vendor must conduct a follow-up three to four weeks after initial fitting to ensure product is suitable for client.