
Custom compression garment benefits

Alberta Aids to Daily Living
Program Manual Section T

Superseded

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Policy T – 01

Custom Compression Garments Benefits Background

Policy Statement

Alberta Aids to Daily Living (AADL) provides funding for custom compression garments to eligible clients with specific levels of venous insufficiency. Garments authorized are intended to address client requirements for compression.

Products and pricing in Alberta Aids to Daily Living Approved Product List T – Custom Compression Garments are reviewed annually and are subject to change by AADL at any time.

Custom compression garment authorizations are processed through the Alberta Blue Cross online health portal. AADL-approved manufacturers are listed in Alberta Aids to Daily Living Approved Product List T – Custom Compression Garments. Manufacturers may apply to become an AADL-approved manufacturer at any time.

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Policy T – 02

Eligibility Criteria

Policy Statement

Alberta Aids to Daily Living (AADL) provide funding for custom compression stockings for individuals who meet Clinical Etiology Anatomy Pathophysiology (CEAP) criteria C4 or C5, or who have chronic lymphedema (as assessed by a qualified authorizer or as diagnosed by a physician). Clients with C6 (active ulceration) do not meet the criteria.

A client's eligibility for compression benefits is determined by an AADL authorizer prior to authorization.

Clients must meet general eligibility requirements found in AADL Program Manual Section GN – General Policy and Procedures online at: <https://open.alberta.ca/publications/aadl-program-manual-gn>

For detailed information on chronic venous insufficiency, please refer to Policies N – 03 through N – 06 in AADL Program Manual Section N – Ready-Made Compression Garments Benefits at: <https://open.alberta.ca/publications/aadl-program-manual-n>.

Clients presenting with chronic lymphedema must be assessed by a qualified certified lymphedema therapist or specialty assessor. If neither are accessible to the client, clients will be required to provide their AADL authorizer with a prescription from a physician or nurse practitioner.

Procedure

Authorizers:

- Confirm client meets AADL general eligibility for benefits.
- Confirm clients' previous benefit consumption:
 - Refer to Alberta Aids to Daily Living Approved Product List T – Custom Compression Garments for quantity limits at: <https://open.alberta.ca/publications/aadl-program-manual-t>
 - Refer to the Patient Inquiry screen on the Alberta Blue Cross online health portal and check product consumption.
- Submit authorization on the online health portal with any relevant documentation including the Client Consent form.
 - Refer to Policy T – 04 Quantity and Frequency Limits for clients who are over quantity/frequency limit.
- Inform clients of their eligibility status.

Clients:

- Confirm eligibility with authorizer.
- Provide prescription to authorizer, if required.
- Sign Client Consent form.

Vendors:

- Check client's previous benefit consumption:
 - Refer to Alberta Aids to Daily Living Approved Product List T – Custom Compression Garments to determine quantity limits at: <https://open.alberta.ca/publications/aadl-program-manual-t>. Refer to the patient inquiry screen on the Alberta Blue Cross online health portal review client's benefit consumption history and confirm they are eligible for the benefit.
 - Refer to Policy T – 04 Quantity and Frequency Limits for clients who are over quantity/frequency limit.

Alberta Blue Cross

- Responds to telephone or email requests for information on bathing and toileting benefits eligibility and provides reference to the AADL website for further information at: <https://open.alberta.ca/publications/aadl-program-manual-t>
- Adjudicates and audits authorizations submitted through the online health portal for accuracy and completeness.

Policy T – 03

Authorizer Qualifications

Policy Statement

Existing AADL authorizers who are occupational therapists, physiotherapists or registered nurses may apply to have compression garments added to their product range.

Authorizers must complete the Authorizer Application for Product Range: Compression Garments form and submit to AADL. The applications must include a description of education, mentorship and clinical experience related to assessing clients for compression garments.

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 three years
- provide certification to the AADL program manager

Procedure

AADL Authorizer applying for secondary product range:

- Complete Authorizer Application for Product Range: Compression Garments form under Authorizer forms at: <https://www.alberta.ca/aadl-authorizer-information-and-training.aspx>
- Complete compression on-line module under Videos at: <https://www.alberta.ca/aadl-authorizer-information-and-training.aspx>
- Forward completed application with supporting documentation to AADL.

AADL:

- Reviews application.
- Advises Alberta Blue Cross to add the product range to eligible authorizers.
- Monitors authorizer activities and determine compliance with policies and procedures.

Policy T – 04

Authorizer Responsibilities

Policy Statement

Authorizers must adhere to the general policies and procedures for authorizing AADL benefits.

In addition, authorizers for compression garments must ensure the client:

- meets the specific eligibility criteria outlined and authorized quantities based on the clinical assessment of the client's needs
- wounds are healed prior to authorization
- is aware that they may receive reduced quantities if their clinical needs change; when this occurs, vendors must supply the reduced quantity
- is aware that products authorized are only for the client that was assessed and authorized
- is aware that quantities are based on their assessed clinical need
- is aware that the authorizer may change products or change quantities based on their re-assessment

Authorizers:

- must document and keep on clients file the clinical details as to the type of custom vascular garments that are required for the client (for example, requires open toe stockings)
- are accountable to ensure that the lower leg assessment, when warranted, meets AADL's eligibility criteria prior to submitting the authorization
- must ensure that clients authorized based on the lower leg assessment (may not be applicable for clients with lymphedema) verifies that the client has signs and symptoms of CEAP 4.0, 5.0 or lymphedema and that the ABPI, TBPI or toe pressures is within therapeutic range as per AADL policy
- must ensure that edema is investigated and reduced prior to authorization
- must follow up once the client has obtained the stockings to ensure effectiveness, proper donning/doffing, compliance and care of garments.

Clinicians can only authorize clients who have an Ankle Brachial Index of 0.8 to 1.4 Toe Brachial Index of 0.7 or greater or a toe pressure of 50mmHG or greater. A prescription from a physician or nurse practitioner with clinical expertise in assessment and management of lower extremity complications or a vascular surgeon is required and must include the amount of compression that is safe to apply according to the lower leg assessment. This documentation must be kept on the client's file.

Clients with a diagnosis of diabetes, or who have an Ankle Brachial Index below 1.0 or above 1.4, must have a toe pressure completed to ensure that it is safe to compress the limb, unless the authorizer has documentation from the client's physician.

A prescription from a vascular surgeon is required for clients who have had recent surgery, including bypass surgery and must be kept on the clients file.

It is recommended that clients receive one compression garment initially to ensure compliance and/or that length or degree of support is clinically appropriate.

Authorizers must ensure that a compression is safe and appropriate for a client and must not order compression stockings until clients wounds are completely healed.

Authorizations

It is the authorizer's clinical discretion to determine the period of time for an authorization; however, authorizations cannot exceed two years.

Authorizations for custom garments must have clear clinical rationale kept on the client's file.

Policy T – 05

Authorization Process

Policy Statement

The clinical assessment is the first step in the process to obtain compression garments.

The assessment determines eligibility, the benefit required to meet basic needs and the appropriate quantities.

Assessments must be completed and documented by a healthcare professional with the necessary competence and regulatory license to practice in Alberta.

Authorizers/assessors must include the clinical rationale for the benefit being requested and a copy of the lower leg assessment (if the garments are for legs) on the client's file. Lower leg assessments cannot be older than six months. If the garments are for the legs, leg measurement and shape of the leg must also be included.

One set of the following values are required in order to determine eligibility:

- Ankle Brachial Pressure Index values must be within the 0.8 – 1.4 range
- Toe Brachial Pressure Index values of 07.mmHG or greater
- Photoplethsmography Toe Pressures values must be 50mmHG or greater

A prescription from a vascular surgeon, physician or nurse practitioner with expertise in lower leg assessment must be submitted with the authorization on the online health portal in the following circumstances:

- when the clients ranges are not within the values as per AADL policy
- for clients who have had recent surgery, including bypass surgery
- when the garments are for lymphedema management, unless they have been authorized by a certified lymphedema therapist or an authorizer with a designation of specialty authorizer

Note: All clients with diabetes require a Toe Brachial Pressure Index or photoplethsmograph when the Ankle Brachial Pressure Index is below 1.0 or above 1.4.

Prescriptions are not required for clients receiving active treatment from Alberta Health Services cancer rehabilitation oncology departments.

The requirement for above knee stockings must be documented on the clients file and include:

- for thigh-high stocking requests, indication of hemosiderin staining and/ropey torturous veins above the knee, or lymphedema above the knee
- for pantyhose requests, indication of hemosiderin staining and/ropey torturous veins into the groin, or lymphedema above the knee, hips and/or abdomen

Clients with a history of deep vein thrombosis 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 be documented on the client's file.

If a client wants thigh-high or pantyhose but only qualifies for below knee, the client may pay the up-charge to the longer length. The authorizer is required to advise the client of upgrade costs.

If a client requires two different styles and/or compression of stockings, the authorizer is required to document rationale on the clients file.

Custom compression garment benefit authorizations are valid when all authorization process steps and requirements have been met. Authorizers must adhere to the general policies and procedures for authorizing AADL benefits. All authorizations related to custom compression garment benefits must be submitted by an approved AADL compression garment benefit authorizer.

Procedure

Clients:

- Fully participate in the assessment.
- Sign Client Consent form

Authorizers:

- Confirm client eligibility for benefit. Refer to Policy T – 01 Eligibility Criteria.
 - Refer to the patient inquiry screen on the Alberta Blue Cross online health portal and check product consumption to confirm eligibility for the benefit
- Assess client or review assessment if authorizer is not the assessor. Determine benefit and quantity needed based on the client's final clinical assessment results.
- Document assessment details and clinical rationale to support the provision of benefits. File any supporting documentation to support the client's requirements for custom compression garments.
- Provide client with a list of AADL-approved vendors.
- Have client sign the Client Consent form.
- Complete authorization on online health portal and upload client declaration form and prescription if required.
- Inform client's preferred vendor that an approved authorization has been submitted and to expect the client.
- Follow up once the client has obtained the stockings to ensure effectiveness, proper donning/doffing, compliance and care of garments.

Vendors:

- View authorization on Alberta Blue Cross online health portal to view client's eligibility and consumption.

AADL:

- Provides direction to authorizers regarding eligibility criteria as needed.

Policy T – 06

Vendor and Trained Provider Qualifications

Policy Statement

AADL-approved custom compression garments vendors must meet the following criteria:

- meet AADL's general vendor criteria as outlined in AADL Program Manual Section GN – General Policy and Procedures
- adhere to benchmark pricing as outlined in AADL Program Manual Section GN – General Policy and Procedures
- employ at least one full-time certified fitter that is located on site
- ensure fitters have certification from each manufacturer brand sold by the vendor
- ensure certification is updated every three years and that a copy is provided to AADL
- provide a minimum of two different manufacturer's brands

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Policy T – 07

Providing Custom Compression Garments

Policy Statement

AADL vendors must have an agreement with AADL and Alberta Blue Cross to provide ready-made compression garment benefits.

The provision of custom compression garment benefits includes fitting the garment(s), documenting, client billing and claims.

Manufacturers listed in Alberta Aids to Daily Living Approved Product List T – Custom Compression Garments have been reviewed and accepted by AADL.

Vendors must offer a minimum of two different manufacturers' brands of compression garments that:

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

The vendor is responsible for contacting the client within the first two weeks of the client receiving one pair of compression garments to address any client concerns and direct the client to the authorizer, if necessary. Vendors are permitted to contact the client prior to the expiry of the authorization or to remind the client that they are eligible for new garments when their authorization is active.

AADL does not pay for brokerage fees incurred by the vendor or for rush deliveries.

Procedure

Vendors:

- Confirm client eligibility and authorization for the benefit by checking client consumption on the Alberta Blue Cross online health portal.
- Provide the appropriate product as per the online authorization.
 - Inform the client and the authorizer if the vendor cannot provide a garment recommended by the authorizer.
- Provide one garment or pair of compression garments initially. The vendor must conduct a follow up three to four weeks after initial fitting to ensure product is suitable for client.
- 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 to ensure the product authorized is still appropriate.
- Must provide compression garments 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 compression garments to the client and notify the authorizer.
- Have clients 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.
- Provide verbal and written instructions on compression garment wear and care.
- If there are concerns, regarding the client's ability to don and doff the garments, contact the authorizer.
- Document the client's fitting and garment provided and keep the information on the client's file.
- Collect any cost-share and upgrade costs on the day the equipment is provided and the claim is submitted.
- Submit claim through the online health portal once garment is provided (service date).
 - Invoice for garments that have been provided to the client, not for the quantity that has been authorized.

Policy T – 08

Quantity and Frequency Limits

Policy Statement

The quantity and frequency of custom compression garments is a maximum of two garments per affected limb per 12-month period.

The AADL program does not replace lost, stolen or broken/damaged benefits. It is the client's financial responsibility to cover the cost of replacements in these instances.

If an authorizer determines a client's condition has changed and the compression garment they are currently using no longer meets the clinically-assessed basic need, they may submit a quantity and frequency review request through the Alberta Blue Cross online health portal.

A certified lymphedema therapist or specialty assessor may authorize for over the maximum quantity (up to double) pending the provision of adequate clinical rationale to support the quantity increase without submitting a quantity and frequency review request. Any requests for more than the double the maximum quantity require a quantity and frequency review request.

All other AADL authorizers must submit a quantity and frequency review request for benefit requests over the limit. A quantity and frequency review request authorization is submitted on the Alberta Blue Cross online health portal.

Procedure

Authorizers:

- Advise clients of quantity and frequency limits.
- Explain policy and process to client, ensuring client understands.
- Followup once the client has obtained the stockings to ensure effectiveness, proper donning/doffing, compliance and care of garments.
- Enter quantity and frequency review authorization on the online health portal including the following documents:
 - Quantity and Frequency Review Request form
 - Client Consent form
 - other supporting documentation
- Receive notification of review decision from Alberta Blue Cross and inform the client.
- Certified lymphedema therapists or specialty assessors can contact the Alberta Blue Cross provider contact center to request products over quantity limits without completing the quantity and frequency review authorization.

Clients:

- Pursue alternate funding sources prior to requesting additional benefits from AADL or if request falls outside the quantity and frequency review process.

Alberta Blue Cross:

- Receive and log quantity and frequency review requests.
- Forwards quantity and frequency review requests to AADL for adjudication.
- Updates quantity and frequency review request status on the online health portal which can then be viewed on the provider portal.
- Sends notification of the decision to the authorizer, and client if necessary.

AADL:

- Receives the quantity and frequency review and supporting documentation from Alberta Blue Cross.

- Adjudicates and provides decision to Alberta Blue Cross.

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Policy T – 09

Patient Claim Statement

Policy Statement

Custom compression garment vendors must provide every client with a patient claim statement for each benefit invoiced to the AADL program. The statement can be printed from the Alberta Blue Cross online health portal, and must include general information such as statement details, Alberta Blue Cross contact information and client data.

The patient claim statement is comprised of three sections: statement information, claim summary and claim details.

The claim summary displays the overall breakdown of how much each client is responsible for against the total claimed amount for all claims submitted:

- Total amount claimed – The sum of claimed amounts for all claims submitted.
- AADL will pay – The total amount that AADL will cover for all claims submitted.
- Client will pay – The total amount the client is responsible to pay for all claims submitted. This amount is the sum of any cost-share amount the client owes and upgrade charges that are not covered by AADL.

Clients must be provided with a copy of their patient claim statement.

Procedure

Vendors:

- 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.
- For cost-share clients, identify the AADL contribution and the client's cost-share contribution for each benefit.
- For cost-share exempt clients, identify AADL's contribution for each benefit.
- Retain a copy of the patient claim statement on the client's file.

Alberta Blue Cross:

- Provide vendors with a patient claim statement through the online health portal as required.