## Revision History

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<td>Policy OP-02 updated to clarify eligibility criteria around lower limb prosthetics and other mobility benefits.</td>
<td>October 22, 2019</td>
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<td>Orthotic and Prosthetic Policy and Procedures combined and revised.</td>
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Policy OP – 01

Background

Policy Statement

This policy and procedures manual for AADL Orthotic and Prosthetic Benefits replaces the following:

- Alberta Aids to Daily Living Orthotic Benefits Policy and Procedures Manual
- Alberta Aids to Daily Living Prosthetic Benefits Policy and Procedures Manual

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-04.

The maximum funding amounts for devices is listed in the approved product lists for orthotic and prosthetic benefits.
Policy OP - 02

Client Eligibility and Authorization Process

Policy Statement

Orthotic and prosthetic specialty suppliers are responsible to ensure a client is eligible to receive benefits prior to providing an orthotic or prosthetic device to the client. AADL conducts audits of claims.

- Claims will be reversed if there is not sufficient evidence to support client eligibility.

A client must meet general program eligibility requirements found in the AADL General Policy and Procedures manual (Policy GN-16) as well as the specific criteria listed below. Any exceptions must receive explicit prior approval from AADL.

Eligibility for benefits is determined by the “assessment date”.

- Assessments done prior to the client’s anniversary date are not eligible for AADL benefits.

Orthotic and Prosthetic Benefit Specific Eligibility

A client is only eligible for AADL orthotic and prosthetic benefits if all of the following conditions are met:

- Benefits must be assessed and provided by an orthotic or prosthetic specialty assessor who is employed by a facility that has an agreement to provide AADL orthotic and prosthetic benefits (Policy OP-05).
- Benefits must be provided to address a documented ongoing, chronic clinical condition.
- Benefits are only provided when supported by the prescription from a physician or nurse practitioner.
- Lower limb prosthetic benefits are not funded by AADL if the client has a power wheelchair or a Category B, C, or D manual wheelchair that is funded by AADL.
  - Benefits that perform duplicate functions are not funded by AADL.
- The prescription:
  - Must be generic and free of any vendor advertising.
  - Must be provided directly to the client, or provided to the orthotic/prosthetic provider of the client’s choice.
  - Cannot be written by the specialty supplier/assessor.
  - Is valid for a period of three months from the date on the prescription.
- Must be written and signed by a physician who is registered and in good standing with the College of Physicians and Surgeons of Alberta or a nurse practitioner who is registered and in good standing with the College and Association of Registered Nurses of Alberta.

- Is subject to any additional criteria listed in the approved product list.

- Must meet any benefit specific eligibility criteria as outlined in the approved product lists for orthotic and prosthetic benefits.

AADL will not fund any modifications to a device within ninety (90) days of provision of the device.

- The specialty supplier is required to provide all necessary follow-up to ensure the device is able to be used for the purpose intended without additional cost to AADL or the client.

- If the client experiences a significant change in condition and the device is no longer meeting the client’s needs refer to Policy OP-04.

**Assessment of Clients with Complex Amputation**

New clients who have multiple limb amputations and/or complex medical considerations must have an assessment from a physiatrist associated with a multidisciplinary rehabilitation team.

- Individuals with complex medical consideration include multiple medical problems (such as a combination of diabetes, cardiovascular conditions etc.), suspected or known cognitive impairment, a history of difficulty with prosthetic fit or concerns with access to supplemental prosthetic services.

Exceptions can be discussed with the AADL Program Manager.

**Procedure**

**Clients:**

1. Obtain a prescription for a specific orthotic or prosthetic device.
   a. Clients with complex amputations must receive a prescription from a multidisciplinary rehabilitation team.

2. Select a specialty supplier.

3. After assessment by a specialty assessor, sign the first section of the Validation Certificate and the Client Declaration.

4. After fitting by a specialty assessor, sign the second section of the Validation Certificate.

5. After trial, sign the third section of the Validation Certificate.

**Specialty Suppliers/Assessors:**

1. Conduct an assessment to confirm the client’s clinical needs and to ensure the client meets AADL eligibility criteria.

2. Check previous consumption of benefits via IVR or E-business to confirm client is eligible to receive benefits.
   a. If the client has previously received a specific benefit, refer to Policy OP-04.
3. Confirm client’s cost-share status. Refer to Policy GN-20 to GN-25.
4. Recommend the most appropriate device to meet the client’s assessed need.
5. Explain AADL documents to client and request the client sign the first section of the Validation Certificate and the Client Declaration.
   a. Complete the relevant client history screens indicating a Functional Outcome (for orthotic benefits), Functional Level (for prosthetic benefits), or level of amputation as required.
      i. Indicate assessment date.
   b. Select the most appropriate diagnostic code.
      i. Indicate diagnosis in Benefit Notes if “Other” is selected.
   c. Ensure all appropriate benefit notes are included.
   d. If a QFR was approved, include the reference number and clinical justification in the Override Note.
   e. If AADL has authorized a prior approval or other exception, document clinical justification and approval in the Benefit Notes.
7. Fit the client with the device and request the client sign the second section of the Validation Certificate.
8. Once the trial is complete and client has signed the third section of the Validation Certificate, submit claim for benefits provided to the client. Refer to Policy GN-11: “Pricing and Invoicing”.
   a. Provide the client with a Statement of Account for all benefits provided.
6. Retain complete documentation to support the client’s eligibility for the authorization and claim.
Authorization Process

Client requires orthotic/prosthetic device. Client is provided with a prescription for specific device

- Client selects a Specialty Supplier

  Specialty Assessor conducts assessment, including eligibility for AADL benefits

  - Client eligible for benefits?
    - Yes: Specialty Supplier checks previous consumption of required benefits
    - No: Authorizer follows Quantity and Frequency Review (QFR) request process

  Authorizer follows Quantity and Frequency Review (QFR) request process

  - QFR approved?
    - Yes: Specialty Supplier checks cost-share status
      - Client signs first section of Validation Certificate and Client Declaration
      - Specialty Supplier creates E-business authorization.
      - Specialty Assessor fits the device
      - Client signs second section of Validation Certificate
      - Client tries the equipment
      - Once trial is complete, client signs final section of Validation Certificate
      - Specialty Supplier submits claim
        - Claims paid by AADL

    - No: Speciality Supplier checks cost-share status
      - Refer to Policies GN-20 to GN-25
      - Refer to Policy OPR-04 and the approved good list for required Benefit and Override Notes

  - No: Explore alternate funding options

Refer to Policy GN-11 for more information about collecting cost-share and statements of account
Policy OP - 03

Prior Approval for Orthotic and Prosthetic Benefits

Policy Statement

The following situations require prior approval from AADL, prior approval must be granted before provision of the benefit:

- Benefits listed as “prior approval” in the approved product lists
- Substitution of components
- Exceptions to policies or procedures
- Other situations indicated in the program manual or approved product lists

If the benefit requires a prior approval, the authorization is not valid until the prior approval has been provided.

- Benefits provided to a client before the specialty supplier has received prior approval from AADL are not eligible for authorization.

Procedure

Specialty Suppliers/Assessors:

1. Identify a prior approval situation.
2. Provide the following information to AADL for consideration:
   a. Client information.
   b. Detailed information about the nature of the request, including pertinent catalogue numbers and/or pricing information.
   c. Clinical justification for the request.

NOTE: When submitting personal identifying health information must be done in a secure manner. Email is not considered to be secure. If submitting by email, omit names and PHNs in favour of an authorization number. For the majority of situations, faxing is the most secure.

AADL:

1. Approves or denies the request and provides direction to the specialty supplier/assessor the next steps to creating the authorization.
Policy OP - 04

Quantity and Frequency Limits for Orthotic and Prosthetic Benefits

Policy Statement

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 exclusive for work activities or recreational activities, are not eligible for funding as AADL benefits.

Replacement of a device funded as an AADL benefit occurs after the frequency period if the previous device is no longer suitable to meet the client’s needs due to a change in clinical condition, or if the equipment cannot be cost effectively repaired.

Frequency of replacement for orthotic and prosthetic devices is two years, with the following exceptions, as noted in the approved product list:

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

The process for requesting a benefit before the anniversary date or to increase the frequency of a benefit is called the Quantity and Frequency Review (QFR) process (Policy GN-28).

Early Replacement Catalogue Numbers

AADL acknowledges the special growth and developmental needs of children and as such, provides 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. The cost of a third orthotic or prosthetic device within the two-year period must be referred to alternative funding services.

Benefits that can be replaced early and do not require a QFR have a corresponding early replacement catalogue number, which are listed in the approved product list. Early replacement
catalogue numbers are intended to provide early replacement of a benefit without a QFR for commonly occurring or predictable client needs, such as limb atrophy following an amputation. A client is eligible for an early replacement catalogue number based on the criteria listed in the approved product list.

Other exceptions to the QFR process are indicated in the Approved Product List.

AADL does not fund duplicate equipment. A client is only eligible for one device per limb, or limb segment, at a time. Early replacement catalogue numbers and the QFR process cannot be used to provide duplicate benefits.

Procedure

**Specialty Suppliers/Assessors:**

1. Advise clients of quantity and frequency limits.
2. Check previous consumption of benefits via IVR or E-business to confirm client is eligible to receive benefits.
   a. Bilateral clients will show previous consumption. Specialty supplier/assessor may contact the AADL program to confirm previous consumption for each limb, if client’s history is not known. An Override Note will be required to authorize the bilateral benefits. The Override Note must clearly indicate “bilateral”.
3. 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.
   c. Confirm alternate funding has been explored exhausted.

If there is no alternate funding available, follow the process below based on the situation:

**Adult or Pediatric Client after Replacement Frequency Period**

i. Clearly indicate the clinical justification for replacing the device on the AADL E-business Client **Benefit** Note screen. Include objective clinical information.

ii. If an **Override** Note is required, do **not proceed**. Contact AADL for assistance.

**Adult Client prior to the Replacement Frequency Period**

i. If there is no alternate funding available, confirm if there is an Early Replacement Catalogue Number.
   a. If there is an Early Replacement Catalogue Number, clearly indicate the clinical justification for replacing the device on the AADL E-business Client **Benefit** Note screen. Include objective clinical information if available, for example measurements.
   b. If an **Override** Note is required, do **not proceed**. Contact AADL for assistance.

ii. If there is no Early Replacement Catalogue Number, follow the Quantity and Frequency Review (QFR) process.
   a. The QFR must be completed by a Specialty Assessor.
b. Provide clear clinical justification (include objective clinical information, if available). Include explanation as to why modifications cannot accommodate the client’s needs.

c. Client must sign the QFR.

d. Submit QFR to AADL for consideration.

e. If the QFR is approved, an Authorization can be created.

   i. Clearly indicate the clinical justification for replacing the device on the AADL E-business Client Override Note screen. Include objective clinical information (if available).

**Pediatric Client prior to the Replacement Frequency**

   i. Clearly indicate the clinical justification for replacing the device on the AADL E-business Client Override Note screen. Include objective clinical information if available.

**Note:** Pediatric clients are only eligible for one early replacement in the frequency period. The cost of a third device must be referred to alternative funding source. To determine eligibility, take the current Assessment Date and subtract the frequency period. There must never be more than two devices in this time frame.

For example, a pediatric client requires a new right AFO.
Assessment Date is January 1, 2017
Subtract two years = January 1, 2015.

The client is eligible if there is only one previous right AFO between January 1, 2015 and January 1, 2017.

The client is not eligible if the client has had two AFOs for the right side in this period.

**AADL:**

1. Establishes quantity and frequency limits of benefits.
2. Reviews QFR requests.
3. Conducts audits of overrides. Reverses claims if claims are submitted to AADL without an approved QFR or appropriate override notes as outlined in this policy.
Policy OP – 05

Specialty Assessors for Orthotic and Prosthetic Benefits

Policy Statement

Specialty assessors for AADL orthotic or prosthetic benefits 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.
- Be employed by a facility with an agreement to provide AADL orthotic and prosthetic benefits.

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 or prosthetic devices.
- Current professional certification with an appropriate Alberta or Canada-based certification body.
- 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 eligibility for AADL benefits.
- Providing education to clients regarding the AADL program and device specific information.
- Fabricating and providing benefits.
- Providing clients with follow-up service.
• Maintaining detailed clinical notes.
  o Notes should be completed during or immediately after client contact and not ahead of time. If a late entry is made, it should include the current date and time, a notation that the entry is late, and the date and time of the events described in the late entry. Entries must be signed by the person who made the entry, including name and credentials.

• Submitting authorizations.

Specialty assessors must be on-site and present for assessment and provision of all benefits to AADL clients including repair and modifications.

Specialty assessors are accountable for all E-Business activity under their specialty assessor number.

AADL reserves the right to withdraw or withhold specialty assessor status at its own discretion.

**Students, Residents, Interns**

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

• Are not eligible to be a specialty assessor.

• Are permitted to provide benefits to AADL clients only under direct supervision of a specialty assessor. This includes conducting the assessment, developing the treatment plan, manufacturing or modifying the devices, fitting devices and follow-up activities.

The specialty assessor is responsible for supervision of any students, residents or interns and is ultimately responsible and accountable for all benefits 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**

**Specialty Assessors:**

1. Complete and submit a Specialty Assessor Application, including any additional supporting documentation that is required.

2. Once approved as a specialty assessor:
   a. Conduct Assessment as follows:
      i. Determine the client eligibility and cost-share status through:
         2. Obtain appropriate prescription(s) and documentation.
      ii. Recommend the most appropriate benefit that will meet the client’s assessed needs.
      iii. Recommend the quantity of benefits required.
      iv. Explain cost-sharing and cost-share exemption policies to clients.
      v. Explain the quantity and frequency limit to clients.
      vi. Discuss client’s expectations regarding functional outcomes of the device.
vii. Obtain client’s signature on both the Client Declaration and the Validation Certificate prior to provision of benefits.

b. Provide Benefits:
   i. Provide only approved AADL program benefits as per the current approved product lists.
   ii. Ensure replacement items are only funded by AADL when eligible.
   iii. Obtain prior approval as necessary.
   iv. Advise the client of their responsibilities.
   v. Educate clients regarding proper wear and care of their device.
   vi. Have client sign Validation Certificate for receipt of all components/devices.
   vii. Have client sign Validation Certificate confirming client satisfaction with complete device.
   viii. Ensure client is provided with a statement of account to the client for all AADL benefits provided and invoiced to the AADL Program.

c. Provide Service:
   i. Provide appropriate follow-up activity that will ensure benefits serve the purpose for which they were provided.
   ii. Do not bill AADL for additional service or modifications relating to the provided benefit for a period of ninety (90) days after the final fitting.
   iii. Ensure trained staff is accessible and available to clients.
   iv. Ensure defective supplies and equipment are replaced at no cost to the client or AADL.
   v. Honour manufacturers’ warranties.
   vi. Provide advice to clients.
   vii. Promptly resolve all errors relating to the assessment of a client’s benefits (e.g., duplication of benefits, client’s eligibility status, and assessment errors).
   viii. Ensure specialty supplier resolves any errors at no cost to the client or AADL.

d. Maintain detailed Clinical Notes:
   i. Maintain detailed clinical notes for all patient encounters. Notes must be:
      1. Date and time logged.
      2. Signed by a specialty assessor.
   3. Promptly advise AADL of any updates to name, location, or work status.

AADL:
1. Reviews specialty assessor application.
2. Approves or denies application.
3. Provides a specialty assessor number to approved applications and assigns appropriate product ranges.
4. Monitors specialty assessor compliance with AADL policies and procedures.
Policy OP – 06
Orthotic and Prosthetic Specialty Suppliers

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 as an AADL Specialty Supplier.

Specialty suppliers must employ a specialty assessor as defined in Policy OP-05.

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 statement of account 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 to AADL.

Procedure

Clients:
1. Select a specialty supplier from the lists of approved orthotic and prosthetic vendors.
2. Provide the current specialty supplier the opportunity to provide a device that meets the client’s needs.
3. Contact the AADL Program Manager if there are any concerns about service or device that cannot be resolved with the specialty supplier.
4. Submit a formal “AADL Complaint”, if applicable.
Specialty Suppliers:

1. Check E-Business to verify if client has been provided orthotic benefits by AADL.
   a. If yes, contact AADL benefit clerk to find out who was the previous specialty supplier.
2. Refer client back to original specialty supplier for ongoing service and follow-up with the device.
   a. If client refuses to return to previous provider, the specialty supplier must not provide service to the client unless the client is willing to fund the services privately.
3. Contact previous specialty supplier to discuss transferring care to the new specialty supplier if client wishes to switch suppliers.
   a. Advise AADL Program Manager if agreement of a transfer of care is reached.
4. Do not submit a Quantity and Frequency Review for a request to switch specialty suppliers.
5. Advise the client to submit a formal “AADL Complaint” if applicable.
6. Contact the AADL Program Manager for advice as required.

AADL:

1. Reviews vendor applications.
2. Maintains lists of approved vendors for orthotic and prosthetic benefits.
3. Reviews client’s concerns via formal complaint process.
Policy OP – 07

Orthotic and Prosthetic Approved Product Lists

Policy Statement

AADL provides funding for benefit catalogue numbers listed on the approved product lists. The device provided to a client must match the description of the catalogue number(s). Substitutions 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-04).

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 that the price maximum.

Some catalogue numbers have specific eligibility criteria that must be met, in addition to the general AADL eligibility criteria. This eligibility criteria is outlined in the approved product list.

Upgrades

Some catalogue numbers 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, subject to cost-share.

Generic Catalogue Numbers

AADL uses generic catalogue numbers for some benefits. A generic catalogue number:

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

The price invoiced to AADL is determined using the material cost/manufacturer invoice cost. Refer to the Approved Product List for the pricing procedure.

Procedure

Specialty Suppliers/Assessors:

1. Review the approved products lists to become familiar with AADL benefits.
2. Ensure device provided to client matches the description in the approved product list.
3. Ensure the client meets all criteria listed for the catalogue number.
4. Use the pricing listed in the approved product list when invoicing clients and AADL.

**AADL:**
1. Establishes the benefits listed on the approved product lists.
Policy OP – 08

Validation Certificate

Policy Statement

The Validation Certificate is a document intended to ensure accountability and clarify expectations for all parties involved in the provision of an orthotic or prosthetic device.

The Validation Certificate is a three part form, in that the client will sign this form on three separate occasions:
1. At time of assessment: acknowledging agreement to the type of device being provided.
2. During fabrication of device: acknowledging receipt of major components.
3. After final provision of the device: acknowledging satisfactory fit and function of final device.

The AADL Program Manager should be contacted if the client refuses or feels they are unable to sign the form.

A Validation Certificate is not required for minor repairs or adjustments or if supplying additional soft supplies after original fitting.

Procedure

Clients:
1. Fully read and understand the Validation Certificate prior to signing it.
2. Contact the AADL Program Manager if they are unable to sign the Validation Certificate.

Specialty Suppliers/Assessors:
1. Discuss device to be provided and ensure client understands their responsibilities.
2. Have client sign first section of Validation Certificate prior to fabricating the device.
   a. Offer the client a copy of the Validation Certificate and retain the original on the client’s file.
3. Upon providing any components to the client, have the client sign the second section of the Validation Certificate to confirm receipt. For example, after fitting an AFO, have the client sign the Validation Certificate even if further modifications are required.
4. Once the device is completed and the final fitting complete, the client must sign the Validation Certificate to confirm satisfactory fit and function of the device.
   a. The client should be provided with a reasonable length of time to trial the device prior to being asked to sign the Validation Certificate. For some clients, the trial
period may be very short. A client may be able to sign both the second and third sections on the same day.

b. The client should only sign once all concerns are addressed.

c. The specialty supplier must not submit a claim for the final components or procedures until the last section of the Validation Certificate is signed by the client, which is considered the service date for these components and/or procedures.

d. If the client fails to return for the final fitting or refuses to sign the final section of the Validation Certificate, the orthotist may claim for a portion of the cost of the procedure and/or components as follows:
   i. Provide AADL with a copy of the Validation Certificate signed in the first two sections.
   ii. Provide evidence of attempts to resolve issues or contact client for follow-up.
   iii. Provide catalogue numbers and cost for unclaimed items to AADL. AADL will provide billable amount.

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, mail).

AADL:
1. Responds to questions and concerns from specialty supplier or clients regarding the Validation Certificate.
2. May request copies of the completed Validation Certificates.
3. Reviews cases of client refusal to sign Validation Certificate.
Glossary

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. This assessment includes a clinical assessment as well as evaluating all required documentation.

Diagnostic Coding
Diagnostic coding must be provided to assist in determining client eligibility for benefits.
Indicate the exact diagnostic code on the AADL E-business authorization form. Choices are listed in the drop down box on the AADL E-business “Create/Maintain” authorization screen.
If “Other” is used, the specialty assessor must indicate the specific diagnosis in the AADL E-business Client Benefit note.

Functional Level
In consultation with the client, the specialty assessor must determine the “Functional Level” that the client should be able to achieve with a prosthesis.
Indicate the Functional Level on the applicable E-business “Prosthetic History” screen for lower extremities and each upper extremity. The definitions of Functional Levels are listed in the prosthetic benefits approved product list.

Functional Outcome
In consultation with the client, the specialty assessor must determine the “Functional Outcome” that the client should be able to achieve with an orthotic device.
Indicate the Functional Outcome on the applicable E-business “Orthotic History” screen for each affected joint. The Orthotic Functional Outcomes are listed in the orthotic benefits approved product list.

Level of Amputation
The level of amputation is the surgical level of amputation, not the functional level of the remaining limb.

Service Date
The service date used for submitting claims for a device/component is the date the client actually receives the device or component.
Indicate the service date for each procedure/component on the claim according to the date the client received the benefit.
Statement of Account

Specialty suppliers must provide every client with a statement of account for each benefit (catalogue number) invoiced to the AADL Program. The statement of account must include the AADL contribution and cost-share portion of each benefit, even if the client's cost share is zero.