**Alberta Health** 

# AADL Approved Products List Seating and Wheelchair Accessory Benefits - X

Pricing effective May 1, 2018 Revised January 2022

Alberta

**Classification: Public** 

## Table of Contents

| Approved Manufacturers         | 2  |
|--------------------------------|----|
| Wheelchair Cushions            | 3  |
| Wheelchair Backrests           | 6  |
| Head Supports                  | 8  |
| Upper Extremity Supports       | 9  |
| Thoracic Supports              | 11 |
| Pelvic Supports                | 12 |
| Lower Extremity Supports       | 13 |
| Wheelchair Accessories         | 15 |
| Other Postural Support Devices | 17 |
| Maintenance & Repairs          | 18 |
|                                |    |

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Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

#### Wheelchair Cushions

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

#### **Cushions**

Part-time wheelchair users are only eligible for V985.

Occasional wheelchair users are only eligible for V990. No Seating Assessment required for V990.

|   | Seating Level          | Qty./Freq.                         | Cat. No.     | Max. Price       |
|---|------------------------|------------------------------------|--------------|------------------|
| Wheelchair Cushion for Occasional User  |                        |                                    |              |                  |
| Sizes up to 20" x 20"   | Α                      | One cushion per three years        | V990         | \$110 each       |
| No Seating Assessment required  |                        |                                    |              |                  |
| Wheelchair Cushion for Level A Seating<br>Needs   |                        |                                    |              |                  |
| Part-time user, sizes up to 20" x 20"   | Α                      | One cushion per three years        | V985         | \$350 each       |
| Full-time user, sizes up to 20" x 20"   | Α                      | One cushion per three years        | V980         | \$589 each       |
| For V980 - Clients must be offered a choice of cush cost.   | ions that includes fo  | am cushions and air immersion      | cushions, w  | ithout an upgrad |
| "Air immersion cushion" is defined as a cushion tha<br>body in order to provide pressure redistribution.  | t has a support surfa  | ace with segmented air cells, whic | h allows fo  | r immersion of t |
| Vheelchair Cushion for Level B Seating<br>leeds   |                        |                                    |              |                  |
| Adjustable positioning, sizes up to 20" x 20  | "В                     | One cushion per three years        | N570         | \$719 each       |
| "Adjustable positioning" means that the shape of the  | e cushion can easily   | be adjusted to meet the client's p | ositioning n | eeds.            |
| For N570 - Clients must be offered a choice of cush cost.   | ions that includes fo  | am cushions and air immersion c    | ushions, wii | hout an upgrad   |
| "Air immersion cushion" is defined as a cushion that<br>body in order to provide pressure redistribution.   | t has a support surfa  | ace with segmented air cells, whic | h allows fo  | r immersion of t |
| Vheelchair Cushion for Level C Seating<br>leeds   |                        |                                    |              |                  |
| Complex cushion, sizes up to 20" x 20"  | С                      | One cushion per three years        | N820         | \$910 each       |
| "Complex" means that the cushion is designed with<br>Cushion may be pre-contoured or custom-configure<br>Cushion may be commercially manufactured or cust<br>Price includes all hardware. | ed (built to a custom) |                                    | sues.        |                  |
| Custom-configured for growth, all sizes   | С                      | One cushion per three years        | N830         | \$1,376 each     |
| A custom-built cushion may be commercially manul<br>Built to a custom-ordered size and shape with ability<br>Price includes all hardware.   |                        | nade.                              |              |                  |
| Custom-contoured foam, all sizes  | С                      | One cushion per three years        | N840         | \$2,191 each     |
| A custom-built cushion may be commercially manuf<br>Shape is customized to the exact anatomic contours<br>Price includes all hardware.  |                        |                                    | ace).        |                  |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### Wheelchair Cushions

All benefits provided must meet the generic description.

| Level D of Level C benefits may be comme  | iolary available of |   | outing too    |                   |
|---|---------------------|---|---------------|-------------------|
|   | Cushior             | IS  |               |                   |
| Part-time wheelchair users are only eligible  | for V985.           |   |               |                   |
| Occasional wheelchair users are only eligib   | le for V990. No se  | ating assessment required for V           | /990.         |                   |
|   | Seating Level       | Qty./Freq.                                | Cat. No.      | Max. Price        |
| Wheelchair Cushion for Level C Seating  |                     |   |               |                   |
| Needs<br>Custom-contoured polypropylene<br>composite (or equivalent)<br>All sizes   | С                   | One cushion per three years               | N850          | \$2,300 each      |
| Criteria: Client must be able to independently self-pro<br>A custom-built cushion may be commercially manufa<br>specific client (e.g., shape-captured).<br>Price includes all hardware. |                     |   | xact anato    | mic contours of a |
| Options   | for Wheelch         | air Cushions                              |               |                   |
|   | Seating Level       | Qty./Freq.                                | Cat. No.      | Max. Price        |
| Oversized / Heavy Duty Option for<br>Wheelchair Cushions  |                     |   |               |                   |
| Size > 20" or weight capacity $\ge$ 350 lbs.  | Α                   | One cushion option per cushion            | V529          | \$190 each        |
| Combine this catalogue number with the appropriate<br>vendor must bill retail price. This catalogue number of   |                     |   | )             |                   |
| Incontinence Cover  |                     |   |               |                   |
| All sizes   | <b>A</b> (          | One cushion cover per 12 month            | s <b>V006</b> | \$135 each        |
| For clients with unmanaged incontinence.<br>Occasional wheelchair users are NOT eligible.   |                     |   |               |                   |
| Postural Supr   | ort Accesso         | ories for Cushions                        |               |                   |
| Occasional wheelchair users are NOT eligib  |                     |   |               |                   |
|   | Seating Level       | Qty./Freq.                                | Cat. No.      | Max. Price        |
| Lateral Thigh Support<br>Adductor added to cushion - All sizes  | Α                   | Three seating accessories per three years | V864          | \$17.50 each      |
| <b>Obliquity Pad/Build-up/Fluid Supplement</b><br>All sizes   | A                   | Three seating accessories per three years | V860          | \$51.30 each      |
| Wedge<br>Full wedge   | Α                   | Three seating accessories per three years | V861          | \$127.30 eac      |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### Wheelchair Cushions

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an Adaptive Seating Technician.

### **Postural Support Accessories for Cushions**

|  | Seating Level | Qty./Freq.                                | Cat. No. | Max. Price   |
|--|---------------|---|----------|--------------|
| Wedge<br>Hemi wedge  | Α             | Three seating accessories per three years | V862     | \$49.40 each |
| Medial Thigh Support<br>Abductor added to cushion - All sizes    | Α             | Three seating accessories per three years | V863     | \$35 each    |
| Lateral Pelvic Support<br>Hip guide added to cushion - All sizes | А             | Three seating accessories per three years | V865     | \$17.50 each |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

#### Wheelchair Backrests

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an Adaptive Seating Technician.

|  | Backres   | StS   |              |                              |
|--|---|---|--------------|------------------------------|
| Part-time wheelchair users are only eligible   | e for V495.   |   |              |                              |
| Occasional wheelchair users are NOT elig   | ible.   |   |              |                              |
| Prices listed include hardware.  |   |   |              |                              |
|  | Seating Level   | Qty./Freq.  | Cat. No.     | Max. Price                   |
| ackreat for Loval A Secting Needs  |   |   |              |                              |
| ackrest for Level A Seating Needs<br>Keyhole, K-back, or rigid   | А   | One backrest per three years  | V495         | \$350 each                   |
| Part-time or full-time wheelchair user. Not for regular adjustable back upholstery.  |   | , , , , , , , , , , , , ,   | 1400         | ¢000 dadii                   |
| ackrest for Level B Seating Needs  |   |   |              |                              |
| Pre-contoured,<br>Sizes up to 20" wide x 20" tall,<br>≤3" contour depth  | В   | One backrest per three years  | N590         | \$690 each                   |
| Pre-contoured,<br>Sizes up to 20" wide x 20" tall,<br>>3"- 6" contour depth  | В   | One backrest per three years  | N593         | \$790 each                   |
| ackrest for Level C Seating Needs<br>Pre-contoured,<br>Sizes up to 20" wide x 20" tall,<br>$\ge$ 6" contour depth  | С   | One backrest per three years  | N891         | \$903 each                   |
| Pre-contoured, with specialized positioning, sizes up to 20" wide  | C   | One backrest per three years  | N892         | \$995 each                   |
|  |   |   |              |                              |
| Specialized features include bi/multi-angular, grid b  | ack, air immersion b  | ack.  |              |                              |
|  | ack, air immersion ba<br><b>C</b>   | ack.<br>One backrest per three years  | N894         | \$1,000 each                 |
| Specialized features include bi/multi-angular, grid b  | С   | One backrest per three years  | N894         | \$1,000 each                 |
| Specialized features include bi/multi-angular, grid b<br>Custom-configured, all sizes<br>A custom-built backrest may be commercially man   | С   | One backrest per three years  | N894<br>N896 | \$1,000 each<br>\$1,301 each |
| Specialized features include bi/multi-angular, grid b<br>Custom-configured, all sizes<br>A custom-built backrest may be commercially man<br>Built to a custom-ordered size and shape.  | C<br>ufactured or custom-<br>C<br>ufactured or custom-  | One backrest per three years<br>-made.<br>One backrest per three years<br>-made.  |              |                              |
| Specialized features include bi/multi-angular, grid b<br>Custom-configured, all sizes<br>A custom-built backrest may be commercially man<br>Built to a custom-ordered size and shape.<br>Custom-configured for growth, all sizes<br>A custom-built backrest may be commercially man  | C<br>ufactured or custom-<br>C<br>ufactured or custom-  | One backrest per three years<br>-made.<br>One backrest per three years<br>-made.  |              |                              |
| Specialized features include bi/multi-angular, grid b<br>Custom-configured, all sizes<br>A custom-built backrest may be commercially man<br>Built to a custom-ordered size and shape.<br>Custom-configured for growth, all sizes<br>A custom-built backrest may be commercially man<br>Built to a custom-ordered size and shape with the a | C<br>ufactured or custom-<br>C<br>ufactured or custom-<br>ability to accommoda<br>C<br>ufactured or custom- | One backrest per three years<br>-made.<br>One backrest per three years<br>-made.<br>ate growth.<br>One backrest per three years<br>-made. | N896<br>N898 | \$1,301 each                 |

A custom-built backrest may be commercially manufactured or custom-made. Shape is customized to the exact anatomic contours of a specific client (e.g., shape-captured).

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

#### Wheelchair Backrests

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

| Ор  | tions for E  | Backrests                    |                   |            |
|---|--------------|------------------------------|-------------------|------------|
|   | Seating Leve | el Qty./Freq.                | Cat. No.          | Max. Price |
| Oversized / Heavy Duty Option for Backrests   | 5            |                              |                   |            |
| Size > 20" wide or weight capacity > 300 lbs. | В            | One backrest option per back | krest <b>N500</b> | \$300 each |

Combine this catalogue number with the appropriate backrest catalogue number. Price is a maximum. The vendor must bill retail price. This catalogue number cannot be used to reduce upgrade costs.

### **Postural Support Accessories for Backrests**

|                              | Seating Level | Qty./Freq.                                   | Cat. No. | Max. Price    |
|------------------------------|---------------|--|----------|---------------|
| Spinal Alignment Accessories |               |  |          |               |
| Large/small lumbar           | Α             | Three seating accessories<br>per three years | V853     | \$48.45 each  |
| Lateral shim                 | Α             | Three seating accessories per three years    | V854     | \$48.45 each  |
| Post/lateral pelvic          | Α             | Three seating accessories per three years    | V855     | \$48.45 each  |
| Wedge                        | Α             | Three seating accessories per three years    | V856     | \$48.45 each  |
| Gel Insert                   |               |  |          |               |
| Thoracic area                | Α             | Three seating accessories<br>per three years | V901     | \$69 each     |
| Full spinal area             | А             | Three seating accessories per three years    | V902     | \$103.50 each |
| Full back                    | А             | Three seating accessories per three years    | V903     | \$137.08 each |

#### Head Supports

F

#### All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

### Head Support Pads

Occasional wheelchair users are NOT eligible.

|   | Seating Level | Qty./Freq.              | Cat. No. | Max. Price    |
|---|---------------|-------------------------|----------|---------------|
| eadrest/Neck Support Pad                                    |               |                         |          |               |
| Standard pad  | Α             | One pad per three years | V081     | \$190 each    |
| Headrest with lateral support                               | В             | One pad per three years | N582     | \$255 each    |
| Headrest with lateral support and movable lateral extension | C             | One pad per three years | N883     | \$511.43 each |
| Custom-contoured  | С             | One pad per three years | N885     | \$428.78 each |
| Headrest with anterior trunk support                        | С             | One pad per three years | N887     | \$540 each    |

### Head Support Hardware

Occasional wheelchair users are NOT eligible.

|                                     | Seating Level | Qty./Freq.                               | Cat. No. | Max. Price |
|-------------------------------------|---------------|--|----------|------------|
| lardware for Headrest/Neck Support  |               |  |          |            |
| Standard straight                   | Α             | One headrest hardware<br>per three years | V338     | \$165 each |
| Multi-axishardware                  | В             | One headrest hardware per three years    | N533     | \$200 each |
| Link or goose neck style multi-axis | В             | One headrest hardware per three years    | N535     | \$280 each |
| Multi-axis flip back                | С             | One headrest hardware per three years    | N832     | \$380 each |

### **Options for Head Supports**

|  | Seating Level | Qty./Freq.   | Cat. No.      | Max. Price    |
|--|---------------|--|---------------|---------------|
| Adaptor Kit or Mounting Plate<br>All types | А             | One adaptor kit or mounting<br>plate per three years | V085          | \$189.70 each |
| Tone Deflector                             |               |  |               |               |
| All types                                  | C             | One tone deflector per three years                   | s <b>N865</b> | \$265 each    |
| Head Strap                                 |               |  |               |               |
| Halo strap or fitted head strap            | С             | One head strap per 12 months                         | s <b>N873</b> | \$120.72 each |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### **Upper Extremity Supports**

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

### Inferior Arm Supports

Occasional wheelchair users are NOT eligible.

|  | Seating Leve      | el Qty./Freq.                                   | Cat. No. | Max. Price   |
|--|-------------------|---|----------|--------------|
| rm Strap   |                   |   |          |              |
| Single strap   | С                 | Four upper ext. support straps<br>per 12 months | N819     | \$96.94 eacl |
| rm Trough or Channel                                       |                   |   |          |              |
| Hardware and Pad   | Α                 | One arm support per side per<br>three years     | V572     | \$182 each   |
| With Swivel Elevating Unit for Arm Trough                  | Α                 | One arm support per side per<br>three years     | V574     | \$432 each   |
| Arm Trough Tray Assembly                                   | Α                 | One arm trough per side per<br>three years      | V577     | \$432 each   |
| lodified Armrest   |                   |   |          |              |
| Hardware and Pad   | C                 | One arm support per side per<br>three years     | N866     | \$168.74 ea  |
|  | Tray              | 'S  |          |              |
| Occasional wheelchair users are NOT eligibl                | e.                |   |          |              |
| All prices include hardware and tray.                      |                   |   |          |              |
|  | Seating Leve      | el Qty./Freq.                                   | Cat. No. | Max. Price   |
| /heelchair Tray  |                   |   |          |              |
| Standard or padded, full or half, up to 18" wide           | Α                 | One arm support per three years                 | V476     | \$257.60 ea  |
| Standard or padded, > 18" wide                             | Α                 | One arm support per three years                 | V542     | \$310.20 ea  |
| Custom-made, padded  | С                 | One arm support per three years                 | N851     | \$510.07 ea  |
| Custom-made for communication device                       | С                 | One arm support per three years                 | N856     | \$534.79 ea  |
| Eligible for a client with Level B seating needs if author | orized for a powe | er wheelchair by Level C team.                  |          |              |
| Custom-made, Lexan, added lip                              | С                 | One arm support per three years                 | N854     | \$687.41 ea  |
| Custom-made, heavy duty, Lexan                             | С                 | One arm support per three years                 | N880     | \$705.11 ea  |
| Custom-made, heavy duty bayonet, Lexan,                    | С                 | One arm support per three years                 | N881     | \$862.70 ea  |

Eligible for a client with Level B seating needs if authorized for a power wheelchair by Level C team.

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### **Upper Extremity Supports**

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

## **Options & Accessories for Trays**

|   | Seating Level | Qty./Freq.   | Cat. No. | Max. Price    |
|---|---------------|--|----------|---------------|
| Elbow Stops   |               |  |          |               |
| <ul> <li>Elbow stop straight</li> <li>Elbow stop curved</li> <li>Elbow stop curved extended</li> <li>Extended padded elbow stops</li> </ul> | A             | One posterior arm support<br>per arm per three years     | V762     | \$90 each     |
| Added to custom-built tray  | C             | One posterior arm support per arm per three years        | N843     | \$201.85 each |
| _ateral Support   |               |  |          |               |
| <ul><li>Lateral support</li><li>Lateral support extended</li></ul>  | Α             | One lateral thoracic support<br>per side per three years | V766     | \$90 each     |
| Hand Block  | Α             | Three tray accessories per three years                   | V769     | \$90 each     |
| Fray Customization  |               |  |          |               |
| Up to 1 hour labour   | Α             | One tray customization<br>per three years                | V710     | \$66.50 each  |
| Clear Overlay for Speech Board  |               |  |          |               |
|   | Α             | Three tray accessories per<br>three years                | V768     | \$90 each     |
| Bayonet Mounting on Tray  |               |  |          |               |
|   | С             | One mounting of tray<br>per two years                    | N863     | \$213.15 each |
| Communication Board Mount to Seating  |               |  |          |               |
| System  | С             | One mounting of tray<br>per two years                    | N860     | \$312.13 each |
| Po  | sterior Arm S | Supports   |          |               |
|   | Seating Level | Qty./Freq.   | Cat. No. | Max. Price    |
| Shoulder Protraction Wedges   |               |  | NO 44    | ¢06.04 aaab   |
| All sizes   | С             | One posterior arm support<br>per arm per three years     | N841     | \$96.94 each  |

#### **Thoracic Supports**

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

## Lateral Thoracic Supports

|                             | Seating Level | Qty./Freq.   | Cat. No. | Max. Price |
|-----------------------------|---------------|--|----------|------------|
| Lateral Thoracic Support    |               |  |          |            |
| Fixed hardware and pad      | В             | One lateral thoracic support<br>per side per three years | N514     | \$235 each |
| Swing-away hardware and pad | С             | One lateral thoracic support per side per three years    | N849     | \$365 each |
| Integrated lateral support  | С             | One lateral thoracic support per side per three years    | N818     | \$305 each |

For Level C backrests with an integrated lateral support of >6".

|                         | Anterior Thoracie | c Supports                                   |          |               |
|-------------------------|-------------------|--|----------|---------------|
|                         | Seating Level     | Qty./Freq.                                   | Cat. No. | Max. Price    |
| Chest Strap             |                   |  |          |               |
| Single horizontal strap | В                 | One thoracic support strap<br>per 12 months  | N541     | \$94 each     |
| Butterfly strap         | В                 | One thoracic support strap per 12 months     | N525     | \$193 each    |
| Waistcoat style         | В                 | One thoracic support strap per 12 months     | N505     | \$283.56 each |
| Axilla Strap            |                   |  |          |               |
| Single strap            | C                 | One axilla support per side<br>per 12 months | N817     | \$96.94 each  |

### **Pelvic Supports**

All benefits provided must meet the generic description.

| La  | teral Pelvic  | Supports   |          |                    |
|---|---------------|--|----------|--------------------|
|   | Seating Level | Qty./Freq.   | Cat. No. | Max. Price         |
| _ateral Pelvic Support/Hip Bolster        |               |  |          |                    |
| Hardware and pad                          | В             | One lateral pelvic support<br>per side per two years | N588     | \$85 each          |
| Hardware and pad                          | С             | One lateral pelvic support per side per two years    | N831     | \$210.47 ead       |
| Suj                                       | perior Pelvic | Supports   |          |                    |
|   | Seating Level | Qty./Freq.   | Cat. No. | Max. Price         |
| Pelvic Strap                              |               |  |          | <b>•</b> • • • • • |
| Two- or four-point                        | В             | One pelvic support belt per<br>12 months             | N527     | \$165 each         |
| Sub-ASIS Support                          |               |  |          |                    |
| Sub-ASIS belt                             | С             | One pelvic support belt per<br>12 months             | N805     | \$232 each         |
| Sub-ASIS bar                              | С             | One pelvic support belt per<br>12 months             | N800     | \$417.14 ea        |
| Inf                                       | erior Pelvic  | Supports   |          |                    |
| Occasional wheelchair users are NOT eligi | ble.          |  |          |                    |
|   | Seating Level | Qty./Freq.   | Cat. No. | Max. Price         |
| Solid Seat Base                           |               |  |          |                    |
| Standard, up to 18"x18"                   | А             | One base per three years                             | V554     | \$94 each          |
| Heavy duty, >18"x18                       | Α             | One base per three years                             | V556     | \$143 each         |
| Custom contoured, all sizes               | С             | One base per three years                             | N855     | \$549.54 ea        |
|   |               |  |          |                    |
| Drop Base                                 | •             | One have not three years                             |          | <u> </u>           |
| Standard, up to 18"x18"                   | A             | One base per three years                             | V565     | \$247 each         |
| Heavy duty, over 18" wide                 | A             | One base per three years                             | V567     | \$327.75 ea        |
| Adjustable, up to 18" wide                | B             | One base per three years                             | N564     | \$376 each         |
| Adjustable, 18" - 22" wide                | В             | One base per three years                             | N566     | \$441 each         |
| Padded, all sizes                         | С             | One base per three years                             | N862     | \$455.92 ea        |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### Lower Extremity Supports

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

### Lateral Thigh/Knee Supports

|                                  | Ŭ             |   |          |               |
|----------------------------------|---------------|---|----------|---------------|
|                                  | Seating Level | Qty./Freq.  | Cat. No. | Max. Price    |
| bduction Strap                   |               |   | Nooo     | <b>#00.04</b> |
| Single strap                     | С             | Three lower ext. support straps per 12 months     | N868     | \$96.94 each  |
| ateral Thigh Support/Adductors   |               |   |          |               |
| Hardware and pad                 | В             | One lateral thigh support per leg per three years | N814     | \$150 each    |
| eoprene Padding of Front Rigging |               |   |          |               |
| All sizes                        | С             | One lateral thigh support per leg per three years | N846     | \$106.89 eac  |
| M                                | edial Knee S  | Supports  |          |               |
|                                  | Seating Level | Qty./Freq.  | Cat. No. | Max. Price    |
| bductor/Pommel                   |               |   |          |               |
| Non-removable hardware and pad   | В             | One medial thigh support<br>per three years       | N532     | \$227.69 eac  |
| Removable hardware and pad       | В             | One medial thigh support per three years          | N523     | \$410 each    |
| Flip-down hardware and pad       | С             | One medial thigh support per three years          | N877     | \$540 each    |
|                                  |               |   |          |               |

|                                 | Seating Level | Qty./Freq.                                 | Cat. No. | Max. Price    |
|---------------------------------|---------------|--|----------|---------------|
| Knee Block<br>Hardware and pads | <b>C</b> On   | e anterior knee support<br>per three years | N829     | \$505.54 each |
| Single strap                    | <b>C</b> On   | e anterior knee support<br>per three years | N821     | \$92.63 each  |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### Lower Extremity Supports

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

| POSterr  | or Lower L         | .eg Supports                                     |          |              |
|--|--------------------|--|----------|--------------|
|  | Seating Leve       | I Qty./Freq.                                     | Cat. No. | Max. Price   |
| Calf Support   |                    |  |          |              |
| Bilateral calf strap or H-strap  | Α                  | Three lower ext. support straps per 12 months    | V617     | \$80 each    |
| Rigid support  | С                  | Three lower ext. support straps per 12 months    | N861     | \$234.94 eac |
| Foo  | ot & Ankle         | Supports   |          |              |
|  | Seating Leve       | I Qty./Freq.                                     | Cat. No. | Max. Price   |
| Foot Strap/Toe Loop  |                    |  |          |              |
| Single strap   | В                  | Three lower ext. support straps per 12 months    | N554     | \$31.00 each |
| Heel Loop/Ankle Strap  |                    |  |          |              |
| Single strap   | В                  | Three lower ext. support straps per 12 months    | N507     | \$92.63 eac  |
| Ankle hugger style   | В                  | Three lower ext. support straps<br>per 12 months | N571     | \$187 per pa |
| lodified Foot Support  |                    |  |          |              |
| <ul> <li>Foot box/foot pocket</li> <li>Modified/adapted footplate</li> <li>Shoe holders</li> <li>Padded footrests or footboards</li> </ul> | A                  | One foot support per foot per<br>two years       | V619     | \$179.55 eac |
| Price represents cost for one side/foot.<br>1 footboard = quantity of 2, or 1 shoe holder = quantity                                       | ity of 1           |  |          |              |
| •  | itation Boa        | ards & Pads                                      |          |              |
| No seating assessment required.  |                    |  |          |              |
|  | Seating Leve       | I Qty./Freq.                                     | Cat. No. | Max. Price   |
| Amputee Board  |                    |  |          |              |
| Standard, up to 20" wide   | Α                  | One base per three years                         | V581     | \$350 each   |
| Heavy duty or angle board, up to 28" x 22"   | Α                  | One base per three years                         | V583     | \$412.50 eac |
| For clients who require weight capacity >250 lbs. or v   | with bilateral amp | utations.  |          |              |
| Drop seat style, up to 22" x 18"   | Α                  | One base per three years                         | V585     | \$440.88 ead |

Α

#### Pad for Amputee Board

All sizes

One amp. pad per limb per two years **V579** \$62.50 each

#### Wheelchair Accessories

All benefits provided must meet the generic description.

|                                      | Hardw       | /are   |          |                      |
|--------------------------------------|-------------|--|----------|----------------------|
|                                      | Seating Lev | el Qty./Freq.                                  | Cat. No. | Max. Price           |
| Clips or Hooks                       |             |  |          |                      |
| Standard hooks                       | В           | Eight clips or hooks per three years           | N537     | \$14.90 each         |
| Drop base mount clips                | В           | Eight clips or hooks per three years           | N534     | \$26.30 each         |
| Locking suspension hook              | В           | Eight clips or hooks per three years           | N538     | \$34.63 each         |
| Seat-to-BackBracket                  |             |  |          |                      |
| Sliding 90 degree bracket            | В           | One seat-to-back bracket<br>per three years    | N502     | \$46.07 each         |
| Growth bracket/hardware              | В           | One seat-to-back bracket<br>per three years    | N508     | \$60.08 each         |
| Clamp                                |             |  |          |                      |
| All sizes                            | В           | Two clamps per three years                     | N531     | \$46.46 each         |
| Spacer Hardware                      |             |  |          |                      |
| All sizes                            | В           | One pair of space hardware<br>per three years  | N510     | \$215.65 per<br>pair |
| nd Set Backrest Hardware             |             |  |          |                      |
| Standard                             | В           | One 2nd back hardware<br>per three years       | N551     | \$311 per pa         |
| To transfer to a second wheelchair.  |             |  |          |                      |
| Heavy duty                           | В           | One 2nd back hardware<br>per three years       | N552     | \$381.90 per<br>pair |
| To transfer to a second wheelchair.  |             |  |          |                      |
| lardware Kit for Belt or Strap       |             |  | 1150     |                      |
| All sizes                            | В           | One strap hardware kit<br>per 12 months        | N504     | \$24.70 each         |
| Safety Strap                         |             |  |          |                      |
| Single strap                         | С           | One safety strap per two                       | N844     | \$103 each           |
| To secure insert to mobility base.   |             | years  |          |                      |
| Postural Support Hardware Not-Listed |             |  |          |                      |
| All sizes                            | С           | One misc. hardware per side<br>per three years | N836     | \$150 each           |

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

#### Wheelchair Accessories

To be used in cases where there is a clinically assessed need for specific hardware that is not otherwise listed in the approved product list. This catalogue cannot be used to reduce upgrade costs or provide duplicate benefits. Utilization of this catalogue number will be closely monitored by AADL.

#### All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

#### **Options for Belts or Straps** Seating Level Qty./Freq. Cat. No. Max. Price **Padded Option for Strap** С Padding for single strap Four padded options \$120.69 each N879 per 12 months

For custom-made straps only. Not eligible for commercially available straps.

Alberta Aids to Daily Living - Program Manual Section X - Seating and Wheelchair Accessories Approved Products List

### **Other Postural Support Devices**

All benefits provided must meet the generic description.

|   | Seating Level                   | Qty./Freq.   | Cat. No.     | Max. Price              |
|---|---------------------------------|--|--------------|-------------------------|
| ustom-Made Commode Insert   |                                 |  |              |                         |
| Includes: Back, laterals, foot straps, chest straps   | С                               | One commode insert<br>per four years                                   | X047         | Prior approval          |
|   |                                 |  |              |                         |
| Must be custom-made components only. Not eligib<br>AADL does not fund pelvic straps for commodes. | le if off-the-shelf compo       | onents can provide appropriate   | postural sup | port.                   |
| AADL does not fund pelvic straps for commodes.  | ele if off-the-shelf compo<br>B | Onents can provide appropriate<br>One stroller insert<br>per two years | x636         | port.<br>\$1,102.20 eac |

|           | Seating Level | Qty./Freq.                     | Cat. No. | Max. Price |
|-----------|---------------|--------------------------------|----------|------------|
| GRIP Seat | _             |                                |          | •          |
|           | В             | One floor sitter per two years | X474     | \$172 each |

#### **Maintenance & Repairs**

All benefits provided must meet the generic description.

Level B or Level C benefits may be commercially available or custom-made by an adaptive seating technician.

### **Replacement Components**

Occasional wheelchair users are NOT eligible.

No seating assessment required. Clinical justification and explanation must be clearly documented on client file.

|   | Seating Level        | Qty./Freq.   | Cat. No.  | Max. Price           |
|---|----------------------|--|-----------|----------------------|
| eplacement Cover for Wheelchair Cushion   |                      |  |           |                      |
| Level A or B cushion cover - All sizes  | Α                    | One cover per 12 months                              | V101      | \$165 each           |
| Level C pre-contoured cushion cover - All sizes   | C                    | One cover per 12 months                              | N801      | \$190 each           |
| Level C custom-contoured cushion cover -<br>All sizes   | C                    | One cover per 12 months                              | N806      | \$300 each           |
| eplacement Cover for Backrest   |                      |  |           |                      |
| Level A or B backrest cover - All sizes   | Α                    | One cover per 12 months                              | V571      | \$183 each           |
| Level C backrest cover - All sizes  | C                    | One cover per 12 months                              | N869      | \$333.45 each        |
| eplacement Foam for Backrest  |                      |  |           |                      |
| All sizes   | В                    | One replacement backrest<br>foam per three years     | N513      | \$130 each           |
| Current foam must be outside of warranty (minimum<br>Ensure the current backrest will continue to meet the<br>The client is not eligible for a replacement backrest fo    | client's long-term n |  |           |                      |
| eplacement Hardware for Backrest  |                      |  |           |                      |
| Standard  | В                    | One replacement backrest<br>hardware per three years | N567      | \$311 per pai        |
| Current hardware must be outside of warranty (minim<br>Ensure the current backrest will continue to meet the<br>The client will not be eligible for a new backrest for    | client's long-term n |  | <i>I.</i> |                      |
| Heavy duty  | В                    | One replacement backrest<br>hardware per three years | N569      | \$381.90 per<br>pair |
| Current hardware must be outside of warranty (minim<br>Ensure the current backrest will continue to meet the<br>The client will not be eligible for a new backrest for tw | client's long-term n |  |           |                      |
| eplacement Cover for Head Support   |                      |  |           |                      |
| All sizes   | Α                    | One cover per 12 months                              | V570      | \$120 each           |
| eplacement Cover for Lateral Thoracic<br>upport   |                      |  |           |                      |
| All sizes   | В                    | One lateral cover per side<br>per 12 months          | N549      | \$50 each            |

#### **Maintenance & Repairs**

All benefits provided must meet the generic description.

|   | eplacementCo  | nponents   |             |                |
|---|---|--|-------------|----------------|
| Occasional wheelchair users are NOT   | eligible.   |  |             |                |
| No seating assessment required. Clinic  | al justification and expl                           | anation must be clearly docume                                     | ented on c  | lient file.    |
|   | Seating Level                                       | Qty./Freq.   |             | Max. Price     |
| eplacement Pad for Pediatric Lateral<br>horacic Support   |   |  |             |                |
| All sizes   | С   | One replacement pad<br>per three years                             | N847        | \$50 each      |
| May only be authorized due to growth or chang   | e in posture for a pediatri                         | c client.  |             |                |
|   | Modificatio   | ons  |             |                |
| Modification can only be authorized for authorized for newly provided equipmer                                  |   | st six months after the service                                    | date. Canr  | not be         |
| Occasional wheelchair users are NOT   | eligible.   |  |             |                |
| No Seating Assessment required. Clinic  | cal justification and exp                           | lanation must be clearly docum                                     | ented on o  | client file.   |
|   | Seating Level                                       | Qty./Freq.   |             | Max. Price     |
| djustments  |   |  |             |                |
| Growth of Seating System  | A Th  | ree modifications per 12 months                                    | V596        | \$67 each      |
| Adjustment of Postural Supports   | A Th  | ree modifications per 12 months                                    | V599        | \$35 each      |
|   |   |  |             |                |
| ransfer System to New Wheelchair  |   |  |             | <b>A</b>       |
|   |   | ree modifications per 12 months                                    | V594        | \$67 each      |
| Eligible when client is provided a new wheelcha   | hir and fixed hardware mu                           |  | to transfer | a cushion only |
|   |   |  |             |                |
|   | Repairs   | ;  |             |                |
| For Level C seating components only.  | Repairs   | ;  |             |                |
| For Level C seating components only.<br>Repairs can only be authorized for exis<br>newly provided equipment.    |   |  | Cannot b    | e authorized   |
| Repairs can only be authorized for exis   | sting systems at least o                            | one year after the service date.                                   |             |                |
| Repairs can only be authorized for exist newly provided equipment.  | sting systems at least o                            | one year after the service date.                                   |             |                |
| Repairs can only be authorized for exist newly provided equipment.  | sting systems at least o                            | one year after the service date.<br>lanation must be clearly docum |             | client file.   |
| Repairs can only be authorized for exist<br>newly provided equipment.<br>No Seating Assessment required. Clinic | sting systems at least of cal justification and exp | one year after the service date.<br>lanation must be clearly docum |             | client file.   |