

Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
 <i>Cervical Spine Procedures</i> <i>Physician Prescription Required</i>					
O092	2 or 4 poster C.O. designs - custom fitted, e.g. U.S.M.C. or equivalent		\$428.61	\$321.46	\$107.15
O098	ASPEN		\$263.76	\$197.82	\$65.94
O088	C.O. molded to patient model		\$897.57	\$673.18	\$224.39
O166	C.O. molded to patient model, cervical and thoracic control custom-made (Minerva type)		\$2,653.84	\$2,153.84	\$500.00
O168	C.O. molded to patient model, cervical and thoracic control custom-made (Minerva type) plus interface		\$2,671.59	\$2,171.59	\$500.00
O091	C.O. with cervical and upper thoracic control, custom fitted (e.g. S.O.M.I. vest or equivalent)		\$817.03	\$612.77	\$204.26
O090	C.O. with occipital/mandibular supports with thoracic extensions for increased cervical control, custom-fitted (e.g. S.O.M.I., Fi-way, La-cal, Guilford or equivalent)		\$391.76	\$293.82	\$97.94
O300	Hensinger head support		\$408.83	\$306.62	\$102.21
O084	Prefabricated C.O. which requires custom fitting (e.g. Philadelphia or thermoplastic designs or equivalent)		\$258.56	\$193.92	\$64.64
O495	Replacement liner for cervical orthosis after 6 months .		\$75.73	\$56.80	\$18.93

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 <i>Spinal Orthoses - Non-Rigid</i> <i>Physician Prescription Required</i>					
O097	Thoraco-lumbosacral support, custom made by Orthotist Quantity Limit: 1 per 1 year		\$554.81	\$416.11	\$138.70
O128	Lumbosacral support, custom made by Orthotist. Quantity Limit: 1 per 1 year		\$362.84	\$272.13	\$90.71
O156	Sacroiliac support, custom made by Orthotist. Quantity Limit: 1 per 1 year		\$567.28	\$425.46	\$141.82
N741	Generic Dorso-Lumbar Support - see generic pricing procedure - Max. \$338.68				
N301	Generic Dorso-Lumbar Support - 2nd support - no fitting fee- see generic pricing procedure -Max \$161.68				
N744	Generic Lumbo-Sacral Support - see generic pricing procedure - Max. \$350.62				
N302	Generic Lumbo-Sacral Support - 2nd support - no fitting fee - see generic pricing procedure- Max \$173.62				
 <i>Thoracic Orthoses</i>					
O342	Pectus brace		\$1,131.59	\$848.69	\$282.90
 <i>Spinal Orthosis - Rigid - Anterior Control</i> <i>Physician Prescription Required</i>					
O119	Cruciform hyperextension orthosis, custom fitted (Cash or equivalent)		\$608.80	\$456.60	\$152.20

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<i>Spinal Orthosis - Rigid - Anterior Control</i>					
<i>Physician Prescription Required</i>					
O117	Hyperextension orthosis, custom fitted (Jewitt or equivalent)		\$651.66	\$488.74	\$162.92
O121	Hyperextension orthosis, custom made		\$1,532.84	\$1,149.63	\$383.21
<i>Spinal Orthosis - Rigid - Antero-Posterior Control</i>					
<i>Physician Prescription Required</i>					
O193	California ECO spinal orthosis		\$591.01	\$443.26	\$147.75
O101	Knight orthosis or equivalent (no lat. uprights), custom fitted		\$453.26	\$339.94	\$113.32
O100	Taylor orthosis or equivalent, custom fitted		\$540.19	\$405.14	\$135.05
O103	Taylor orthosis or equivalent, custom made		\$1,136.84	\$852.63	\$284.21
<i>Spinal Orthosis - Rigid - Antero-Posterior and Lateral Control</i>					
<i>Physician Prescription Required</i>					
O130	Knight orthosis or equivalent, custom fitted (conventional design)		\$507.02	\$380.26	\$126.76
O135	Knight orthosis or equivalent, custom made (conventional design)		\$1,404.14	\$1,053.10	\$351.04
O131	Knight orthosis, custom fitted, no additions (Kydex or equivalent thermo plastic design)		\$475.66	\$356.74	\$118.92
O105	Taylor-Knight orthosis or equivalent, custom fitted (conventional design)		\$453.26	\$339.94	\$113.32

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<i>Spinal Orthosis - Rigid - Antero-Posterior and Lateral Control</i>					
<i>Physician Prescription Required</i>					
O106	Taylor-Knight orthosis, custom fitted, no additions (Kydex chairback or equivalent thermoplastic design)		\$493.58	\$370.18	\$123.40
<i>Spinal Orthosis - Rigid - Postero-Lateral Control</i>					
<i>Physician Prescription Required</i>					
O145	Williams flexion orthosis, custom made only, no addition		\$1,639.27	\$1,229.45	\$409.82
<i>Additions to Rigid Spinal Orthoses</i>					
<i>Not for Kydex orthoses O120, O131, O106, or Williams orthosis O145</i>					
O497	Bariatric option - client is 100 lb. over normal weight or over 275 lb.		\$233.00	\$174.75	\$58.25
O150	Corset front, as opposed to apron front		\$178.98	\$134.23	\$44.75
O152	Full corset, as opposed to apron front		\$134.73	\$101.05	\$33.68
O148	Sub-clavicular extensions for rotary control		\$167.11	\$125.33	\$41.78
<i>Total Contact T.L.S.O. (Body Jacket)</i>					
<i>Physician Prescription Required</i>					
<i>May be provided to a client who has had a spinal fracture or surgical intervention, when the orthotic is necessary for discharge from a general hospital.</i>					
O215	Boston jacket custom made from cast		\$1,736.54	\$1,302.40	\$434.14

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Total Contact T.L.S.O. (Body Jacket)					
<i>Physician Prescription Required</i>					
<i>May be provided to a client who has had a spinal fracture or surgical intervention, when the orthotic is necessary for discharge from a general hospital.</i>					
O506	Boston jacket custom made from measurement		\$1,259.77	\$944.83	\$314.94
O505	Boston jacket soft - stock		\$1,198.73	\$899.05	\$299.68
O213	Boston orthosis, custom from cast		\$1,762.89	\$1,322.17	\$440.72
O211	Boston orthosis, custom from measurement		\$1,666.67	\$1,250.00	\$416.67
O218	Boston orthosis, stock custom fitted		\$1,677.87	\$1,258.40	\$419.47
O219	Boston overlap orthosis or equivalent, molded to patient		\$1,292.60	\$969.45	\$323.15
O123	T.L.S.O. Molded antero-posterior design		\$2,379.77	\$1,879.77	\$500.00
O125	T.L.S.O. Molded antero-posterior design with interface		\$2,525.12	\$2,025.12	\$500.00
O122	T.L.S.O. Molded to patient model		\$2,246.20	\$1,746.20	\$500.00
O124	T.L.S.O. Molded to patient model with interface		\$2,391.73	\$1,891.73	\$500.00
O220	T.L.S.O. molded to patient model with interface - Scoliosis procedure		\$2,571.68	\$2,071.68	\$500.00
O127	T.L.S.O. Posterior, Anterior shell only with corset or equivalent front		\$1,789.90	\$1,342.43	\$447.47
C.T.L.S.O. - Milwaukee					
<i>Physician Prescription Required</i>					
O188	Initial complete Milwaukee orthosis, no additions		\$3,284.44	\$2,784.44	\$500.00

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 <i>Replacement Parts for Milwaukee Orthosis</i>					
O192	Kyphosis pad		\$163.28	\$122.46	\$40.82
O194	Lumbar pad		\$82.86	\$62.14	\$20.72
O214	Skirt replacement only, molded to patient model		\$1,776.12	\$1,332.09	\$444.03
O198	Sternal pad		\$120.54	\$90.41	\$30.13
 <i>Hip Abduction Control</i> <i>Physician Prescription Required</i>					
O306	Dennis Brown plate		\$224.17	\$168.13	\$56.04
O241	Dynamic Brace, pelvic control, adjustable hip motion control, thigh cuffs (Rancho Hip Action Design)		\$2,134.39	\$1,634.39	\$500.00
O235	Static adjustable, custom fitted (Ilfield design)		\$722.85	\$542.14	\$180.71
O237	Static foam or thermoplastic design, custom fitted (Von Rosen or equivalent)		\$366.24	\$274.68	\$91.56
O238	Static foam or thermoplastic design, custom made (Von Rosen or equivalent)		\$748.10	\$561.08	\$187.02
O233	Static pelvic band or spreader bar with thigh cuffs, custom fitted		\$545.85	\$409.39	\$136.46

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<i>Torsion Control</i>					
<i>Physician Prescription Required</i>					
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O294	Pelvic band/belt with bilateral rotation straps		\$519.99	\$389.99	\$130.00
O298	Pelvic band/belt with torsion cables and ball bearing hip joints, bilateral cable usage		\$1,261.84	\$946.38	\$315.46
O297	Pelvic band/belt with torsion cables and ball bearing hip joints, unilateral cable usage hip joints, unilateral cable usage		\$868.79	\$651.59	\$217.20
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<i>Abduction and Rotation Control</i>					
<i>Physician Prescription Required</i>					
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O305	Atlanta or Scottish-Rite trilateral orthosis		\$2,107.68	\$1,607.68	\$500.00
O242	SWASH		\$1,835.04	\$1,376.28	\$458.76
<hr/>					
<i>Knee Hyperextension Orthoses</i>					
<i>Physician Prescription Required</i>					
<i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i>					
<i>FULL TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY.</i>					
<i>Criteria: Indicate hyperextension criteria under special instructions.</i>					
<i>Quantity Limit: 1 per limb per 4 years</i>					
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O317	Camp CHECK - custom fit hyperextension control knee orthosis		\$804.65	\$603.49	\$201.16
O253	Swedish knee orthosis		\$274.08	\$205.56	\$68.52

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<p><i>Knee Hyperextension Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> <i>FULL TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY.</i> <i>Criteria: Indicate hyperextension criteria under special instructions.</i> <i>Quantity Limit: 1 per limb per 4 years</i></p>					
O260	Swedish knee with hinge		\$392.63	\$294.47	\$98.16
<p><i>Knee Orthosis to Prevent Knee Flexion</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> <i>FULL TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY.</i> <i>Criteria: Indicate condition example failed knee replacement or knee fusion under special instructions.</i> <i>Prescriber: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics.</i> <i>Quantity Limit: 1 per limb per 4 years.</i></p>					
O257	Total contact cylinder orthosis, high temp. thermoplastics, molded to patient model		\$1,024.40	\$768.30	\$256.10
O256	Total contact cylinder orthosis, low temp. thermoplastics, molded directly to patient		\$559.70	\$419.77	\$139.93
<p><i>Dynamic Knee Extension Assist Orthoses</i> <i>Criteria:</i> <i>May be used for maintaining or increasing range of motion at the knee for those who experience chronic flexion contractures. Clients are typically diagnosed with neuromuscular conditions (CP, Stroke) and are not candidates for serial casting due to practical limitations of this option (swelling, access to service). This brace does not apply to clients requiring post-op ROM braces for the short term.</i></p>					
O550	Criteria: to maintain/increase ROM chronic non-fixed flex contractures		\$842.65	\$631.99	\$210.66

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 <i>Knee Joints for Custom Made Knee Orthosis or KAFO</i>					
N303	Generic Knee Joint - for One joint - for generic custom made stabizing knee brace for failed total knee replacements, neurogical deficits(defined by prescription) quadriceps weakness, knee wextension greater than 10degrees where no neurological condition exists (patellectomy) see generic pricing procedure Max \$468.50				
N699	Generic Knee Joint - One joint - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO - see generic pricing procedure - max \$468.58.				
 <i>Adjustable Extension Lock Ring Lock/Swiss Lock - Flexion Adjustment</i>					
O391	Adjustable Extension Ring Lock - Becker 1006 - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$349.84	\$262.38	\$87.46
 <i>Automatic Spring Lever</i>					
O379	Automatic Spring Lever - Becker 1003 - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$322.31	\$241.73	\$80.58
O380	Swiss Lock - Otto Bock 17B36/17B48 - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$382.32	\$286.74	\$95.58
 <i>Free Motion/Ring Lock</i>					
O375	Free Motion/Ring Lock - Becker - 1002/1005/1008 - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$318.46	\$238.84	\$79.62
O373	Free Motion/Ring Lock - Otto Bock 17B43 - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$232.78	\$174.58	\$58.20

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<i>Knee Joints for Custom Made Knee Orthosis or KAFO</i>					
<i>Polycentric</i>					
O377	Polycentric - Becker - knee joint - One joint. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$336.41	\$252.31	\$84.10
O371	Polycentric - Otto Bock 17B46 - Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$357.10	\$267.82	\$89.28
<i>Rachet Lock/Step Lock</i>					
O399	Rachet Lock - Becker - knee joint - One joint. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$342.90	\$257.18	\$85.72
O401	Step Loc - OTS Corp - One joint. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$380.58	\$285.43	\$95.15

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<p>Unloading Knee Orthoses <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> <i>FULL TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY.</i> <i>Clients must be offered a choice of unloading knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1525.00.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Criteria: For severe valgus or varus deformity and joint space narrowing.</i> <i>Prescriber: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurology, pediatrics</i> <i>Prescription from other physicians will be accepted if prescription includes an x-ray report indicating severity of osteoarthritis.</i> <i>For x-ray reports that indicate "minor or mild" OA or degenerative changes, AADL will provide funding if the Orthotist documents that unloading or realignment of the joint resulted in a functional pain relief (improved ambulation):</i> <ul style="list-style-type: none"> - Realignment can be demonstrated by an off-the-shelf bracing trial or taping techniques - Please document this information in the client note section of the AADL authorization form on e-business - The same documentation must be indicated on the invoices sent to Blue Cross for Seniors Program. <i>Any comparable quality system to below listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years.</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i></p>					
CFAB (Custom)					
O551	CFAB (Custom) Unloading Knee Orthosis Procedure		\$652.19	\$489.14	\$163.05
O110	Bregg Fusion OA custom	Yes	\$993.95	\$745.46	\$248.49
O531	Generation II Unloader XT		\$872.79	\$654.59	\$218.20
O554	Neutralizer		\$812.31	\$609.23	\$203.08
N730	Generic CFAB (Custom) Unloading Knee Orthosis - Canadian Origin - see generic pricing procedure- Max. \$948.95	Yes			
N732	Generic CFAB (Custom) Unloading Knee Orthosis - US Origin - see generic pricing procedure- Max. \$1,166.43	Yes			

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Custom Fit (OTS)					
O565	Presized OA Unloading Knee Orthosis Procedure		\$354.00	\$265.50	\$88.50
O556	Generation EXPRESS - Client must meet the same OA criteria that is required for custom made knee brace		\$446.48	\$334.86	\$111.62
O191	Ossur Unloader One - Off the shelf		\$499.12	\$374.34	\$124.78
N710	Generic Custom Fit (OTS) Unloading Knee Orthosis - Canadian Origin - see generic pricing procedure- Max. \$769.04				
N712	Generic Custom Fit (OTS) Unloading Knee Orthosis - US Origin - see generic pricing procedure- Max. \$959.19				

In House (Custom)

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O501	In House Custom Procedure - Unloading Knee Orthosis	Yes	\$652.19	\$489.14	\$163.05
O259	Custom Knee Orthosis Plastic (Procedure & Joints to be added)	Yes	\$851.40	\$638.55	\$212.85
O537	Custom Knee Orthosis Laminate (Procedure and Joints to be added)	Yes	\$1,214.77	\$911.08	\$303.69

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Locking Function Addition to Off Loading Knee Orthosis

Addition to Unloading Knee Orthosis Procedures: Locking Knee Hinge(s)

Orthotist to specify reason for addition: SEVERE off-loading requirements (i.e. reduction in range of motion to relieve pain in unloading knee orthosis, uneven ground situation, stairs)

Quantity Limit: 1 locking knee hinge per orthosis per 4 years

O477	Locking knee hinge(s), each. Quantity Limit: 1 per single hinged knee orthosis or 2 per double hinged knee orthosis.		\$285.56	\$214.17	\$71.39
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Locking Function Addition to Stabilizing Knee Orthosis

Addition to Stabilizing Knee Orthosis Procedures: Locking Knee Hinge(s)

Orthotist to specify reason for addition, i.e. increased stabilization of stabilizing knee orthosis, for SEVERE instability of knee.

Quantity Limit: 1 locking knee hinge per orthosis per 4 years.

O479	Locking knee hinge(s), each. Quantity Limit: 1 per single hinged knee orthosis or 2 per double hinged knee orthosis.		\$285.56	\$214.17	\$71.39
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Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stabilizing Knee Orthoses <i>Stabilizing Knee Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> FULL-TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY. <i>Clients must be offered a choice of stabilizing knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1454.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Any comparable-quality system to below-listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i> <i>A client must meet either the Orthopedic Criteria or the Neurological Criteria:</i> ORTHOPEDIC CRITERIA: <i>A client must have one of the following four criteria to be eligible for a stabilizing knee brace:</i> <ol style="list-style-type: none"> <i>1. Gross knee instability resulting from partial/total knee replacement.</i> <i>Prescriber: Physician.</i> <i>2. A single ligament tear with a meniscus removed or two ligaments with 2nd or 3rd degree tears. A prescription or an MRI or an arthroscopic report documenting the orthopedic condition will be accepted.</i> <i>3. Ligament instability and client has a vocation that is physically demanding and requires bracing. Examples: construction worker, healthcare worker, police, oilfield worker, farmer. The vocation must be indicated on the authorization.</i> <i>4. Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.</i> <i>5. MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.</i> <i>Prescriber for criteria 2, 3, 4 and 5: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or physicians designated as having a special interest in Sports Medicine as determined by the College of Physicians & Surgeons of Alberta.</i> NEUROLOGICAL CRITERIA: <i>A progressive or chronic neurological condition that results or will result in severe knee instability due to weakening of quadriceps or spasticity at the knee (diagnosis of condition must be indicated on prescription). Brace must be used for ambulation.</i> <i>Prescriber: Physician.</i></p>					
CFAB (Custom)					
O570	CFAB Custom Stabilizing Knee Procedure		\$563.69	\$422.77	\$140.92
O538	Generation II Extreme or Custom Paradigm		\$889.59	\$667.19	\$222.40
O548	Innovation CTI 2		\$888.40	\$666.30	\$222.10

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Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stabilizing Knee Orthoses <i>Stabilizing Knee Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> FULL-TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY. <i>Clients must be offered a choice of stabilizing knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1454.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Any comparable-quality system to below-listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i> <i>A client must meet either the Orthopedic Criteria or the Neurological Criteria:</i> ORTHOPEDIC CRITERIA: <i>A client must have one of the following four criteria to be eligible for a stabilizing knee brace:</i> <ol style="list-style-type: none"> <i>1. Gross knee instability resulting from partial/total knee replacement.</i> <i>Prescriber: Physician.</i> <i>2. A single ligament tear with a meniscus removed or two ligaments with 2nd or 3rd degree tears. A prescription or an MRI or an arthroscopic report documenting the orthopedic condition will be accepted.</i> <i>3. Ligament instability and client has a vocation that is physically demanding and requires bracing. Examples: construction worker, healthcare worker, police, oilfield worker, farmer. The vocation must be indicated on the authorization.</i> <i>4. Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.</i> <i>5. MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.</i> <i>Prescriber for criteria 2, 3, 4 and 5: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or physicians designated as having a special interest in Sports Medicine as determined by the College of Physicians & Surgeons of Alberta.</i> NEUROLOGICAL CRITERIA: <i>A progressive or chronic neurological condition that results or will result in severe knee instability due to weakening of quadriceps or spasticity at the knee (diagnosis of condition must be indicated on prescription). Brace must be used for ambulation.</i> <i>Prescriber: Physician.</i></p>					
N700	Generic CFAB (Custom) Stabilizing Knee Orthosis - Canadian Origin - see generic pricing procedure- Max. \$1,010.55	Yes			
N701	Generic CFAB (Custom) Stabilizing Knee Orthosis - US Origin - see generic pricing procedure- Max. \$1,240.35	Yes			

Custom Fit (OTS)

Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stabilizing Knee Orthoses <i>Stabilizing Knee Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> FULL-TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY. <i>Clients must be offered a choice of stabilizing knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1454.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Any comparable-quality system to below-listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i> <i>A client must meet either the Orthopedic Criteria or the Neurological Criteria:</i> ORTHOPEDIC CRITERIA: <i>A client must have one of the following four criteria to be eligible for a stabilizing knee brace:</i> <ol style="list-style-type: none"> <i>1. Gross knee instability resulting from partial/total knee replacement.</i> <i>Prescriber: Physician.</i> <i>2. A single ligament tear with a meniscus removed or two ligaments with 2nd or 3rd degree tears. A prescription or an MRI or an arthroscopic report documenting the orthopedic condition will be accepted.</i> <i>3. Ligament instability and client has a vocation that is physically demanding and requires bracing. Examples: construction worker, healthcare worker, police, oilfield worker, farmer. The vocation must be indicated on the authorization.</i> <i>4. Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.</i> <i>5. MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.</i> <i>Prescriber for criteria 2, 3, 4 and 5: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or physicians designated as having a special interest in Sports Medicine as determined by the College of Physicians & Surgeons of Alberta.</i> NEUROLOGICAL CRITERIA: <i>A progressive or chronic neurological condition that results or will result in severe knee instability due to weakening of quadriceps or spasticity at the knee (diagnosis of condition must be indicated on prescription). Brace must be used for ambulation.</i> <i>Prescriber: Physician.</i></p>					
O571	Custom Fit (OTS) Stabilizing Knee Procedure		\$354.00	\$265.50	\$88.50
O340	GII Paradigm		\$562.96	\$422.22	\$140.74
O558	Innovations Sport C180 - Client must meet the same knee instability criteria that is required for custom made knee brace		\$456.76	\$342.57	\$114.19

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Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stabilizing Knee Orthoses <i>Stabilizing Knee Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> FULL-TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY. <i>Clients must be offered a choice of stabilizing knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1454.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Any comparable-quality system to below-listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i> <i>A client must meet either the Orthopedic Criteria or the Neurological Criteria:</i> ORTHOPEDIC CRITERIA: <i>A client must have one of the following four criteria to be eligible for a stabilizing knee brace:</i></p> <ol style="list-style-type: none"> <i>1. Gross knee instability resulting from partial/total knee replacement.</i> <i>Prescriber: Physician.</i> <i>2. A single ligament tear with a meniscus removed or two ligaments with 2nd or 3rd degree tears. A prescription or an MRI or an arthroscopic report documenting the orthopedic condition will be accepted.</i> <i>3. Ligament instability and client has a vocation that is physically demanding and requires bracing. Examples: construction worker, healthcare worker, police, oilfield worker, farmer. The vocation must be indicated on the authorization.</i> <i>4. Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.</i> <i>5. MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.</i> <p style="text-align: right;"><i>Prescriber for criteria 2, 3, 4 and 5: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or physicians designated as having a special interest in Sports Medicine as determined by the College of Physicians & Surgeons of Alberta.</i></p> <p>NEUROLOGICAL CRITERIA: <i>A progressive or chronic neurological condition that results or will result in severe knee instability due to weakening of quadriceps or spasticity at the knee (diagnosis of condition must be indicated on prescription). Brace must be used for ambulation.</i> <i>Prescriber: Physician.</i></p>					
N720	Generic Custom Fit (OTS) Stabilizing Knee Orthosis - Canadian Origin - see generic pricing procedure- Max. \$519.72				
N722	Generic Custom Fit (OTS) Stabilizing Knee Orthosis - US Origin - see generic pricing procedure- Max. \$660.00				

In House (Custom)

Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stabilizing Knee Orthoses <i>Stabilizing Knee Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> FULL-TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY. <i>Clients must be offered a choice of stabilizing knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1454.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Any comparable-quality system to below-listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i> <i>A client must meet either the Orthopedic Criteria or the Neurological Criteria:</i> ORTHOPEDIC CRITERIA: <i>A client must have one of the following four criteria to be eligible for a stabilizing knee brace:</i> <ol style="list-style-type: none"> <i>1. Gross knee instability resulting from partial/total knee replacement.</i> <i>Prescriber: Physician.</i> <i>2. A single ligament tear with a meniscus removed or two ligaments with 2nd or 3rd degree tears. A prescription or an MRI or an arthroscopic report documenting the orthopedic condition will be accepted.</i> <i>3. Ligament instability and client has a vocation that is physically demanding and requires bracing. Examples: construction worker, healthcare worker, police, oilfield worker, farmer. The vocation must be indicated on the authorization.</i> <i>4. Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.</i> <i>5. MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.</i> <i>Prescriber for criteria 2, 3, 4 and 5: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or physicians designated as having a special interest in Sports Medicine as determined by the College of Physicians & Surgeons of Alberta.</i> NEUROLOGICAL CRITERIA: <i>A progressive or chronic neurological condition that results or will result in severe knee instability due to weakening of quadriceps or spasticity at the knee (diagnosis of condition must be indicated on prescription). Brace must be used for ambulation.</i> <i>Prescriber: Physician.</i></p>					
O546	Custom Knee Orthosis Laminate (Procedure and Joints to be added)	Yes	\$1,214.77	\$911.08	\$303.69
O545	Custom Knee Orthosis Plastic (Procedure & Joints to be added)	Yes	\$851.40	\$638.55	\$212.85

Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stabilizing Knee Orthoses <i>Stabilizing Knee Orthoses</i> <i>Physician Prescription Required</i> <i>Criteria: Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work.</i> FULL-TIME ACTIVITY IS DEFINED AS A MINIMUM OF 6 HOURS PER DAY EVERY DAY. <i>Clients must be offered a choice of stabilizing knee braces that are available to address their identified medical need at or below AADL's maximum contribution of \$1454.</i> <i>"Upgrade" indicates a product whose cost exceeds the AADL maximum contribution.</i> <i>Where "Upgrade" is noted, any additional cost is a client's choice and responsibility.</i> <i>Any comparable-quality system to below-listed items may be substituted with AADL prior approval.</i> <i>Quantity Limit: 1 per limb per 4 years</i> <i>Total price of the knee brace requires a procedure price and a knee brace price.</i> <i>A client must meet either the Orthopedic Criteria or the Neurological Criteria:</i> ORTHOPEDIC CRITERIA: <i>A client must have one of the following four criteria to be eligible for a stabilizing knee brace:</i> <ol style="list-style-type: none"> 1. <i>Gross knee instability resulting from partial/total knee replacement.</i> <i>Prescriber: Physician.</i> 2. <i>A single ligament tear with a meniscus removed or two ligaments with 2nd or 3rd degree tears. A prescription or an MRI or an arthroscopic report documenting the orthopedic condition will be accepted.</i> 3. <i>Ligament instability and client has a vocation that is physically demanding and requires bracing. Examples: construction worker, healthcare worker, police, oilfield worker, farmer. The vocation must be indicated on the authorization.</i> 4. <i>Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.</i> 5. <i>MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.</i> <i>Prescriber for criteria 2, 3, 4 and 5: A physician practicing in one of the following specialties: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or physicians designated as having a special interest in Sports Medicine as determined by the College of Physicians & Surgeons of Alberta.</i> NEUROLOGICAL CRITERIA: <i>A progressive or chronic neurological condition that results or will result in severe knee instability due to weakening of quadriceps or spasticity at the knee (diagnosis of condition must be indicated on prescription). Brace must be used for ambulation.</i> <i>Prescriber: Physician.</i></p>					
N304	Custom Knee Orthosis Laminate/plastic for failed total knee replacements, neurological deficits(defined by prescription) quadriceps weakness, knee extension greater than 10 degrees where no neurological condition exists (patellectomy)(Procedure and Joints to be added) see generic pricing procedure -Max \$1,214.77				
O507	In House Custom Procedure - Stabilizing Knee Orthosis	Yes	\$563.69	\$422.77	\$140.92

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Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
 <i>Ankle Foot Orthoses</i> <i>Physician Prescription Required</i>					
O265	AFO - composite plastic molded to patient model layered lamination/carbon fibre - check socket should be used. Criteria - Severe deformity and greater than or equal to 200 lbs. and rotational stability required.		\$2,217.38	\$1,717.38	\$500.00
O286	Ankle orthosis molded to patient model, articulating		\$1,299.23	\$974.42	\$324.81
O288	Anterior Floor Reaction AFO		\$1,343.48	\$1,007.61	\$335.87
O280	Conventional AFO with double uprights, calf band and free ankle		\$771.27	\$578.45	\$192.82
O278	Conventional AFO with single upright, calf band and free ankle		\$638.52	\$478.89	\$159.63
E601	Night Splints for Neuromuscular Peds. Client not eligible for day and night AFO. Definitive brace policy confirmed with Physician. If KAFO required within 1 year, cost of AFO deducted.		\$297.90	\$223.42	\$74.48
O277	Plastic PTB AFO molded to patient model Ant/Post shell		\$1,962.98	\$1,472.23	\$490.75
O270	Polypropylene AFO, custom fitted		\$328.02	\$246.02	\$82.00
O272	Polypropylene AFO, custom made to patient model		\$1,249.68	\$937.26	\$312.42
O369	Polypropylene rigid AFO - double form		\$1,654.66	\$1,241.00	\$413.66
O275	Prosthetic BK type socket molded to patient model with double uprights and free ankles (PTB AFO)		\$1,962.98	\$1,472.23	\$490.75

Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
Ankle Foot Orthoses					
<i>Physician Prescription Required</i>					
O155	Supra malleolar AFO - high temperature thermoplastic molded to patient model. Indicate criteria on benefit note - Criteria: combined midfoot and hindfoot instability causing severe valgus or varus deformity at the ankle as a result of neuromuscular conditions such as CP, Spina Bifida, Down's Syndrome or orthopedic conditions such as post tibial dysfunction. Client's with soft tissue inflammatory conditions are not eligible		\$1,010.84	\$758.13	\$252.71
N309	Check for AFO criteria - Skinny & boney prominent patients, Valgus / Varus Greater than 10 – 15 degrees, severe sagittal deformity, rotational deformity, high body weight, unstable midfoot, scarring or adhesions greater than 8 square cm. see generic pricing procedure- Max \$424.28				
O602	CROWE walkers - bivalved AFO (lined with Rocker sole) criteria charcot ankle joint Clients cannot have custom made footwear and a CROWE walker.		\$2,372.98	\$1,872.98	\$500.00
O578	ESR AFO (energy storing/ return ankle foot orthosis Criteria :active community ambulator plantar flexion weakness, quads good		\$1,703.93	\$1,277.95	\$425.98
N280	Generic Pre-Fab AFO - see generic pricing procedures - Max \$1148.93				
Pressure Downloading Orthoses					
<i>Physician Prescription Required</i>					
<p><i>Assessed through High Risk Foot Clinics: Royal Alex, Colonel Belcher or another high-risk foot clinic with a multi-disciplinary approach to foot care. The Orthotist must be an active member and have a functional working relationship with the high-risk foot clinic prescribing the pressure-downloading device. Documentation from clinic's PT/OT or doctor that Pressure Downloading Orthosis is required for 6 months or longer. Clients are not eligible for another type of AFO or KAFO, or mods and/or repairs to these devices for 6 months after the E600 is provided.</i></p>					
E600	Pressure Downloading Orthosis - Boot or Healing Sandal		\$729.35	\$547.01	\$182.34

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Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
<i>Additions to Ankle Foot Orthoses</i>					
O314	a) Flat caliper plate and split stirrup OR b) solid stirrup Quantity Limit: 2 per 2 years		\$280.43	\$210.32	\$70.11
O499	Bariatric option - client is 100 lb. over normal weight or over 275 lb.		\$233.00	\$174.75	\$58.25
O319	Calf band, custom molded to patient model		\$399.36	\$299.52	\$99.84
O335	Dorsal ankle strap (retention). Criteria: High extensor tone requires additional strap		\$47.40	\$35.55	\$11.85
O310	Dorsiflexion assist ankle joints		\$248.28	\$186.21	\$62.07
O312	Double action ankle joints - Each		\$284.57	\$213.43	\$71.14
O308	Limited motion ankle joints, pair. If only single joint claim for 1/2 of price maximum		\$223.25	\$167.44	\$55.81
O318	Molded foot section attached to stirrup		\$743.68	\$557.76	\$185.92
O309	Pre-tibial shell - removeable or fabricated into rigid AFO		\$435.85	\$326.89	\$108.96
O316	Round caliper plate. Quantity Limit: 2 per 2 years		\$288.32	\$216.24	\$72.08
O322	Valgus or varus "T" straps. Quantity Limit: 1 per 2 years, except 2/2 years with O314, O316, O320		\$191.36	\$143.52	\$47.84
O577	Custom fabricated flexible interface for unstable, high tone, or severe foot deformity		\$289.05	\$216.79	\$72.26

Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
 <i>Articulated Ankle Foot Orthoses</i> <i>Physician Prescription Required</i>					
O325	Polypropylene Articulating AFO - custom made to patient model (single form) base price		\$1,254.98	\$941.23	\$313.75
O323	Polypropylene Articulating AFO - double form		\$1,721.16	\$1,290.87	\$430.29
 <i>Additions to Articulating AFOs - O323 and O325</i>					
O311	Becker Tamarack ankle joints - Dorsiflexion Assist/Non-Dorsiflexion Assist (pair). Quantity Limit: 1 pair per AFO		\$306.32	\$229.74	\$76.58
O329	Dorsi flexion stop (custom). Quantity Limit: 1 per AFO		\$293.50	\$220.13	\$73.37
O333	Gaffney joints. Quantity Limit: 1 pair per AFO		\$329.72	\$247.29	\$82.43
N300	Generic Ankle Joints - see generic pricing procedure- Max \$410.92 One pair per AFO				
O327	Plantar flexion stop (custom). Quantity Limit: 1 per AFO		\$184.14	\$138.11	\$46.03
 <i>Knee Ankle Foot Orthoses (KAFO)</i> <i>Physician Prescription Required</i> <i>Knee joints listed before knee orthoses. Please refer back to that section of the schedule.</i>					
O287	Conventional double upright KAFO, joint to be added		\$1,909.63	\$1,432.22	\$477.41
O285	Conventional single upright KAFO, without knee joint		\$1,510.16	\$1,132.62	\$377.54

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Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p><i>Knee Ankle Foot Orthoses (KAFO)</i> <i>Physician Prescription Required</i> <i>Knee joints listed before knee orthoses. Please refer back to that section of the schedule.</i></p>					
O283	Conventional single upright KAFO, joint to be added		\$1,510.16	\$1,132.62	\$377.54
O291	Double upright KAFO, plastic, joints to be added		\$2,566.32	\$2,066.32	\$500.00
O299	Graphite KAFO, joints to be added, double upright		\$3,710.78	\$3,210.78	\$500.00
O293	Hybrid double upright KAFO, joints to be added		\$2,566.32	\$2,066.32	\$500.00
O292	Hybrid single upright KAFO, joint to be added		\$2,273.83	\$1,773.83	\$500.00
O290	Single upright KAFO, plastic, joint to be added		\$2,063.31	\$1,563.31	\$500.00
N310	Check for KAFO -Skinny & boney prominent patients, Valgus / Varus Greater than 10 – 15 degrees, severe sagittal deformity, rotational deformity, high body weight, unstable midfoot,scarring or adhesions greater than 8 square cm. see generic pricing proceduresee generic pricing procedure- Max \$626.73				
<p><i>Stance Phase KAFO</i> <i>Physician Prescription Required</i> <i>Criteria: Must be indicated on request to ABC or AADL Benefit Note:</i></p> <ul style="list-style-type: none"> - weak quadriceps mechanism - adequate hip flexion and extension power - no spasticity - no knee flexion contracture > 10 degrees - no hip flexion contracture > 220 lbs. - good balance - good cognition <p><i>Any comparable quality system to below listed items may be substituted with AADL prior approval.</i></p>					
O232	Stance Phase KAFO - Free Walk Otto Bock		\$4,354.54	\$3,854.54	\$500.00

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Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p>Stance Phase KAFO <i>Physician Prescription Required</i> <i>Criteria: Must be indicated on request to ABC or AADL Benefit Note:</i></p> <ul style="list-style-type: none"> - weak quadriceps mechanism - adequate hip flexion and extension power - no spasticity - no knee flexion contracture > 10 degrees - no hip flexion contracture > 220 lbs. - good balance - good cognition <p><i>Any comparable quality system to below listed items may be substituted with AADL prior approval.</i></p>					
O230	Stance Phase KAFO - UTX Becker		\$3,450.50	\$2,950.50	\$500.00
<p>Additions to KAFO and Knee Joints</p>					
O343	Bail locks bar or equivalent. To be added if the bail lock is activated by an extension assist, cable release, or other remote method, or in the case of bi-lateral joint uprights, the bail is contoured and attached to both joint. Quantity Limit: 1 per KAFO If only a single hinge/lock claim for 1/2 of price max.		\$352.95	\$264.71	\$88.24
O498	Bariatric option - client is 100 lb. over normal weight or over 275 lb.		\$466.00	\$349.50	\$116.50
O184	Becker MX003-HS/R Cable Control for trigger lock		\$339.32	\$254.49	\$84.83
O345	Disc or dial lock joints for adjustable knee or equivalent, pair. Quantity Limit: 1 pair per double upright KAFO. If only a single hinge/lock claim for 1/2 of price maximum		\$449.14	\$336.86	\$112.28

Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
<i>Additions to KAFO and Knee Joints</i>					
O341	Drop lock or equivalent, pair. To be added if the addition of magnets or corking screws are incorporated into the fabrication procedure. Quantity Limit: 1 pair per double upright KAFO. If only a single hinge/lock claim for 1/2 of price maximum		\$212.36	\$159.27	\$53.09
O388	Extension for lineal adjustment for growth for side bars, each. Quantity Limit: 1 per KAFO		\$222.92	\$167.19	\$55.73
O334	Full calf lacer, molded to patient model		\$525.28	\$393.96	\$131.32
O374	Full thigh lacer, molded to patient model		\$620.28	\$465.21	\$155.07
O372	Full thigh lacer, non-molded		\$422.36	\$316.77	\$105.59
O386	Gluteal pad. Quantity Limit: 1 per KAFO		\$148.93	\$111.70	\$37.23
O330	Half calf lacer, non-molded		\$239.99	\$179.99	\$60.00
O376	Half thigh lacer, custom made		\$365.09	\$273.82	\$91.27
O381	Hip joint, clevis type or thrust bearing, free, each. Quantity Limit: 1 per KAFO		\$655.63	\$491.72	\$163.91
O366	Ischial ring		\$618.59	\$463.94	\$154.65
O363	Joint covers, pair. Quantity Limit: 1 pair per KAFO		\$135.90	\$101.92	\$33.98
O352	Offset bail locks 17B33 or equivalent, each. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$349.26	\$261.94	\$87.32
O350	Offset drop locks 17B20 or equivalent, each. Quantity Limit: 2 per double upright KAFO. 1 per single upright KAFO.		\$242.85	\$182.14	\$60.71
O384	Pelvic band, belt and bilateral hip joint		\$1,696.74	\$1,272.56	\$424.18
O382	Pelvic band, belt and unilateral hip joint		\$1,094.03	\$820.52	\$273.51

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Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
<i>Additions to KAFO and Knee Joints</i>					
O336	Pre-tibial / femoral shell, molded to patient model		\$705.51	\$529.13	\$176.38
O359	Pull over knee cage		\$510.59	\$382.94	\$127.65
O368	Quadrilateral brim, molded to patient model		\$867.99	\$650.99	\$217.00
O387	RGO reciprocating gait orthosis, pelvic assembly and jacket only, does not include KAFO's. Contact AADL for prior approval of price.				
O357	Standard knee cage		\$420.09	\$315.07	\$105.02
O358	Sub patellar pad		\$183.91	\$137.93	\$45.98

Stance Phase Knee Joint

Criteria: Must be indicated on AADL Benefit Note

- *weak quadriceps mechanism*
- *adequate hip flexion and extension power*
- *no spasticity*
- *no knee flexion contracture > 10 degrees*
- *no hip flexion contracture > 220 lbs.*
- *good balance*
- *good cognition*

Any comparable quality system to below listed items may be substituted with AADL prior approval.

O240	Becker Load Response. Quantity Limit: 1 per KAFO		\$1,219.36	\$914.52	\$304.84
O243	Horton Stance Phase. Quantity Limit: 2 per KAFO		\$1,585.88	\$1,189.41	\$396.47
O263	Stance Phase Knee Joint - Fillauer Swing Phase Lock. Quantity Limit: 1 per KAFO		\$3,182.72	\$2,682.72	\$500.00

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Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
<p><i>Thoracic-Hip-Knee-Ankle Orthoses</i> <i>Physician Prescription Required</i> Any comparable quality system to below listed items may be substituted with AADL prior approval. Quantity Limit: 1 per limb per 4 years</p>					
O517	Recycle fee - 25% of list of: O224, O225, O223, O226, O227, O222, O302, O242				
O224	Small/large parapodium (Variety Village style)		\$2,600.25	\$2,100.25	\$500.00
O226	Standing frame, custom fitted (Variety Village style)		\$1,695.23	\$1,271.42	\$423.81
O227	Standing frame, custom made		\$2,344.47	\$1,844.47	\$500.00
O222	Winnipeg standing frame		\$2,273.70	\$1,773.70	\$500.00
<p><i>Shoulder and Shoulder-Elbow-Wrist-Hand Orthoses</i> <i>Physician Prescription Required</i></p>					
O453	Functional arm orthosis with shoulder cap, no additions		\$2,109.73	\$1,609.73	\$500.00
O447	Highlander shoulder sling		\$363.76	\$272.82	\$90.94
O449	Humeral orthosis, custom fitted		\$430.72	\$323.04	\$107.68
O451	Humeral orthosis, molded to patient model		\$961.96	\$721.47	\$240.49

Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
 <i>Elbow Orthoses</i> <i>Physician Prescription Required</i>					
O454	Elbow orthosis, molded to patient (low temp thermoplastics)		\$426.71	\$320.03	\$106.68
O456	Elbow orthosis, molded to patient model		\$838.69	\$629.02	\$209.67
O455	Hinged elbow orthosis, molded to patient model		\$1,230.04	\$922.53	\$307.51
 <i>Additions to Elbow Orthosis</i>					
O460	Adjustable position lock (contracture reduction)		\$349.83	\$262.37	\$87.46
O461	Adjustable position lock with active control		\$1,130.49	\$847.87	\$282.62
O365	Dynamic Elbow extension assist -Criteria: to maintain/increase ROM chronic non-fixed flexion contractures		\$842.65	\$631.99	\$210.66
O458	Flexion/extension assist		\$237.25	\$177.94	\$59.31
O360	Metal uniaxial hinge with adjustable position lock - Beckers 4001C/4001B - 1 per joint		\$326.48	\$244.86	\$81.62
O158	Tamarack hinge (dorsiflexion assist or non dorsiflexion assist) for elbow		\$313.88	\$235.41	\$78.47
 <i>Wrist-Hand Orthoses - Dynamic</i> <i>Physician Prescription Required</i>					
O140	Custom CTI2 Wrist Brace made from cast		\$1,512.42	\$1,134.31	\$378.11

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<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
<i>Wrist-Hand Orthoses - Dynamic</i>					
<i>Physician Prescription Required</i>					
O153	OTS CTI2 Wrist Brace fit according to measurements		\$544.31	\$408.23	\$136.08
O463	WHO molded to patient model with joints		\$1,098.57	\$823.93	\$274.64
O465	WHO Rancho, Engen, or equivalent		\$1,663.01	\$1,247.26	\$415.75
<i>Additions to the Dynamic WHO</i>					
O485	Figure 8 harness and bowden cable		\$259.00	\$194.25	\$64.75
O484	Flexion or extension assist		\$205.69	\$154.27	\$51.42
O356	Metal uniaxial hinge with adjustable position lock-Beckers Flexion or extension assist 4001C/4001B - 1 per joint		\$294.92	\$221.19	\$73.73
O160	Tamarack hinge (dorsiflexion assist or non dorsiflexion assist for wrist)		\$313.88	\$235.41	\$78.47
<i>Wrist-Hand Orthoses - Static</i>					
<i>Physician Prescription Required</i>					
O466	WHO custom fitted, long opponens kit type		\$535.00	\$401.25	\$133.75
O492	WHO custom made, soft leather		\$983.73	\$737.80	\$245.93
O462	WHO molded to patient model, high temperature thermoplastics.		\$918.81	\$689.11	\$229.70
O490	WHO molded to the patient model, working splint (wrist gauntlet)		\$807.79	\$605.84	\$201.95

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 <i>Hand Orthoses - cannot be added to WHO</i> <i>Physician Prescription Required</i>					
O464	Short opponens kit, custom fitted (e.g. Rancho, Engen or equivalent)		\$590.62	\$442.96	\$147.66
O469	Short opponens, molded to patient model		\$564.34	\$423.25	\$141.09
 <i>Additions to WHO (Static) and HO</i>					
O470	1st Dorsal interosseous assist		\$154.22	\$115.66	\$38.56
O486	Adjustable MP flexion control		\$302.85	\$227.14	\$75.71
O488	Adjustable MP flexion control and IP flexion control		\$347.10	\$260.33	\$86.77
O472	IP ext. assist, per digit		\$65.77	\$49.33	\$16.44
O473	Lumbrical bar		\$182.65	\$136.99	\$45.66
O476	MP ext. assist, per digit		\$65.77	\$49.33	\$16.44
O474	MP ext. stop, per digit		\$94.15	\$70.61	\$23.54
O480	Spring swivel thumb		\$214.52	\$160.89	\$53.63
O482	Thumb MP stop with thumb IP ext. assist		\$211.68	\$158.76	\$52.92
O471	Thumb post		\$101.42	\$76.06	\$25.36

Schedule "A" - Orthotic Benefits

<i>Cat. #</i>	<i>Orthotic Groupings and Catalogue Descriptions</i>	<i>Upgrade</i>	<i>AADL Maximum</i>	<i>AADL Share 75%</i>	<i>Client Share 25%</i>
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Finger Orthoses

N305	Generic Finger Orthosis - functional ring splints to control finger deformities max 12 /yr - see generic pricing procedureMax \$514.88				
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Hernia Supports - 1 per 1 year

Physician Prescription Required

O179	Cloth/elastic type - custom made		\$597.55	\$448.16	\$149.39
N740	Generic Abdominal Hernia Support - see generic pricing procedure - Max. \$281.56				
N742	Generic Inguinal Hernia Support - see generic pricing procedure - Max. \$237.70				

Helmet

Qualifying Criteria: Use for daily use in cases of self-abusive behaviour, seizure disorder, and protect/facilitate healing of chronic wounds or cranial defects.

O051	Custom fitted helmet. A modular helmet system requiring measurement, modification of modular parts and assembly, based on DANMAR helmet. Orthotist shall indicate why commercial (e.g. bicycle, mountain climbing, etc.) helmets are inadequate		\$1,184.32	\$888.24	\$296.08
O053	Helmet molded to patient model. Helmet made with high temperature thermoplastic with liner. Orthotist shall indicate why custom fitted helmet is inadequate		\$1,494.39	\$1,120.79	\$373.60

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Additions to Footwear

O442	Transfer of caliper plate from shoe to shoe. Quantity Limit: 2 per 2 years		\$355.90	\$266.93	\$88.97
O446	Transfer of Dennis Brown foot plates to new shoes. Quantity Limit: 2 per 2 years		\$181.22	\$135.92	\$45.30
O444	Transfer of solid stirrup from shoe to shoe. Quantity Limit: 2 per 2 years		\$444.40	\$333.30	\$111.10

Other Fees

Please refer to the appendix for a description of policies.

O407	90 Day Workmanship Follow up. Maximum two follow ups per year. Document on the benefit note: the name of off-site facility, device, and reason for off-site fee.				
O403	Consult with Client and Multidisciplinary team. Maximum four consults per year. Maximum one hour per client at \$177.00. Available to private orthotic facilities only. See Policy & Procedures for eligibility criteria.				
O405	Off-site Facility fee. Maximum one hour per client per year at \$177.00 per hour. Invoice for only one off site fee /per client/ per device. Available to all orthotic facilities.				

Schedule "A" - Orthotic Benefits

Cat. #	Orthotic Groupings and Catalogue Descriptions	Upgrade	AADL Maximum	AADL Share 75%	Client Share 25%
Repairs					
a) Total cost of all repairs per device per two year period not to exceed 50% of the cost of a replacement orthotic device.					
b) Total cost of repair to a component is not to exceed 50% of the AADL maximum contribution for that component.					
c) Repairs over \$800 contact AADL for prior approval					
d) If a new device is prescribed within 3 months of a major repair (\$800.00), 50% of the cost of the repair will be deducted from the initial procedure on the cost of the new device.					
e) Repairs or maintenance to knee orthosis must be authorized and invoiced under O616.					
f) Shipping and Brokerage Fees where a device or component is:					
- under warranty and is being replaced/repared by the manufacturer, there should be no cost for "materials", and no "shipping or brokerage fees". Exceptions can be discussed with AADL.					
- under warranty and being replaced, it must be provided under the appropriate AADL catalogue number (shipping and brokerage fees are already included).					
- is not under warranty and being repaired by the manufacturer, shipping and brokerage fees may be included under O615.					
Quantity Limit:					
O514 - 10 per year					
O615 - 4 per year					
<hr/>					
O616	Flat Rate Maintenance of Knee Orthosis - up to \$309 every 2 years.	Yes			
O514	Hours - \$177.00/hr. Indicate on invoice # of hrs. & total \$ of hrs. only Documentation required: - Describe repair/mods. - # of hrs. and cost - Cost of materials - Total cost of repair (hrs.+ materials) - % of total repair cost of device/component				
O615	Materials - Invoice qty. = 1 per repair/modification, qty of 1 is up to a maximum price of \$300 Documentation req'd: List of materials and cost				

Schedule "A" - Orthotic Benefits

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Partial Foot Prostheses

Physician Prescription Required

O516 Prior approval - Email the name of the client, PHN, description of the procedure, cost of materials and hours to fabricate the partial foot prosthesis. When approved by the AADL Manager, create the authorization on ebusiness

Soft Supports

N746 Bariatric Option for Soft Supports - see generic pricing procedure - Max. \$177.00

Generic pricing procedure

1. To determine the price to invoice AADL for the generic catalogue number, use the AADL generic pricing calculator
2. Enter the manufacture name and manufacturer part number and the component cost from the manufacturer into the generic price calculator
3. Copy and paste the generic pricing calculation line into the summary sheet tab at the bottom of the calculator **and** the authorization benefit note
4. Create claim on ebusiness
5. If the price calculated by the generic price calculator is greater than the AADL maximum, contribution for the generic catalogue number on the Schedule, contact AADL