

# Alberta Health

## AADL Approved Product List Wheelchair Accessories

Pricing effective July 1, 2015

### Revision History

APL Format	7/1/2015
Price changes and new catalogue numbers (highlighted in yellow)	7/1/2015
Deleted: V207/V275	7/1/2015

## AADL Manufacturer Discounts

- AADL has separate discounts for each manufacturer. The discounts are applied to the retail price and are not negotiable.
- Use the following list of discounts for catalogue numbers that represent more than one manufacturer.

Example: Cushion Replacement Cover → Retail Price - AADL Discount = AADL Maximum Contribution

V101 from ROHO → \$100 - 8% = \$92.00

Action	5%
Geo-Matrix	5%
Future Mobility	5%
INC	5%
Innovators	5%
Invacare	10%
Maple Leaf Wheelchair	5%
Matrx	6%
Nighthawk	5%
Ottobock	5%
Parsons	5%
Personal Aide Woodcrafts	5%
Pride Mobility	6%
Ride	5%
ROHO	5%
Jay	5%
Supracor	5%
Varilite	5%
Vicair	5%
Western Home Medical	5%

## Wheelchair Cushions

Qty. / Freq.                      Cat. No.                      AADL Price  
 (Upgrade)

### B-1 Cushion: Basic

**Indication**

- Intended for part-time wheelchair users.

**Description**

- Cushions under or at \$450.00 manufacturer retail price.
- A variety of materials and configurations available.
- Must meet the following standards:
  - 1) *Warranty* - The manufacturer must warrant that the product will be free from defects in material and workmanship for a minimum of one year from service date of the cushion.
  - 2) *Equipment Limitations* - Cushion must have been in the North American marketplace for a minimum of one year.
  - 3) *Liability Insurance* - Equipment provided must have a minimum two million dollars comprehensive general liability insurance provided by the manufacturer.
  - 4) *Fire Retardancy* - Materials must meet the California 117 Fire code.
  - 5) *Cushion Cover* - Any Cushion in this benchmark category must have a cover. Latex component indicated.

**Generic Catalogue Number**

**Basic Cushions**

1 Cushion Per 3 Years

Any cushion that meets the above criteria.

**V999** \$450.00 Max. Each

*Vendors must submit invoice using the actual manufacturer retail price for cushion and indicate on the invoice the manufacturer and type of cushion.*

### U-1 Cushion: Uniform Surface, with Flat or Gentle Contours

**Indication**

- Pelvic stability is the primary seating outcome.
- Intended for full-time wheelchair users.
- Low maintenance cushion is needed.

**Considerations**

- Clients with a low Braden score may require more pressure redistribution than offered by uniform surface cushions.

**Description**

- Surface is a uniform/single material type. Cushion may have different layers, however the construction remains relatively uniform.
- Cushion is flat or has gentle contours.
- Typically available as foam cushions, although other materials such as gel are also available.

**Action**

**Xact Lite**

1 Cushion Per 3 Years

XL1616, XL1618, XL1816, XL1818

**V500** \$403.75 Each

XL1820, XL2018

**V503** \$470.25 Each

## Wheelchair Cushions

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Geo-Matrix</b>			
<b>Gold or Gold+</b> 16x16, 16x18, 16x20, 18x16, 18x18, 18x20, 20x16, 20x18	1 Cushion Per 3 Years	<b>V611</b>	\$683.05 Each Upgrade: \$56.05
<b>Jay</b>			
<b>Duo</b> 18x16, 17x16, 18x18, 16x16, 17x18, 16x18 20x18, 20x16	1 Cushion Per 3 Years	<b>V641</b>	\$505.40 Each
		<b>V643</b>	\$562.40 Each
<b>Ion</b> 14x15-18, 15x14-21, 16x14-22, 17x14-23, 18x14-24	1 Cushion Per 3 Years	<b>V844</b>	\$532.95 Each
<b>Union</b> 14x14-18; 15x14-20; 16x14-20; 17x14-21	1 Cushion Per 3 Years	<b>V847</b>	\$620.35 Each
<b>Matrx</b>			
<b>Kidabra Vi</b> 12x12, 12x14, 14x12, 14x14	1 Cushion Per 3 Years	<b>V302</b>	\$541.44 Each
<b>Kidabra Vi Base</b> 12x12, 12x14, 13x12, 13x14, 14x12, 14x14	1 Cushion Per 3 Years	<b>V395</b>	\$683.05 Each Upgrade: \$36.99
<b>Nighthawk</b>			
<b>Superior Cumfy</b> 8x8-8x18, 1.040	1 Cushion Per 3 Years	<b>V335</b>	\$472.04 Each
<b>Pride Mobility</b>			
<b>Synergy Spectrum</b> Gel Insert 12x10, 12x12, 12x14, 14x12, 14x14, 14x16, 14x18, 16x16, 16x18, 16x20, 18x16, 18x18, 18x20, 18x22	1 Cushion Per 3 Years	<b>V386</b>	\$516.06 Each
Viscoelastic Insert 10x10, 10x12, 12x10, 12x12, 12x14, 14x12, 14x14, 14x16, 14x18, 16x16, 16x18, 16x20, 17x17, 17x19, 18x16, 18x18, 18x20, 18x22		<b>V353</b>	\$516.06 Each
<b>Supracor</b>			
<b>Stimulite Classic Flat</b> 14x16, 16x16, 16x18, 18x16, 18x18	1 Cushion Per 3 Years	<b>V680</b>	\$543.40 Each

## Wheelchair Cushions

Qty. / Freq.      Cat. No.      AADL Price  
 (Upgrade)

### U-2 Cushion: Uniform Surface with Positioning

#### Indication

- Pelvic stability is the primary seating outcome.
- Requires support from cushion to maintain pelvic position.
- Intended for full-time wheelchair users.
- Low maintenance cushion is needed.

#### Considerations

- Clients with low Braden score may require more pressure redistribution than offered by uniform surface cushions.

#### Description

- Surface is a uniform/single material type. Cushion may have different layers, however the construction remains relatively uniform.
- Cushion has significant contours to encourage anatomical positioning of the pelvis.
- Typically available as foam cushions, although other materials such as gel are also available.

#### Action

##### Xact Soft

1 Cushion Per 3 Years

16x16, 18x16, 18x18, 16x18

**V190**

\$565.25 Each

Integrated Base

16x16, 18x16, 16x18, 18x18, 16x20, 20x16, 18x20, 20x18, 20x20

**V475**

\$683.05 Each  
 Upgrade: \$119.70

#### Future Mobility

##### Supreme

1 Cushion Per 3 Years

10x10, 12x12, 14x14, 14x16, 16x14, 16x16, 14x14, 14x16, 16x16, 16x18, 18x16, 18x18, 18x20

**V211**

\$546.25 Each

10x12, 10x14, 10x16, 12x10, 12x14, 12x16, 14x10, 14x12, 16x10, 16x12, 15x16, 15x18, 16x20, 17x16, 17x18, 17x20, 19x16, 19x18, 19x20, 20x16, 20x18, 20x20

**V276**

\$570.00 Each

II Plus

14x14, 14x16, 16x16, 16x18, 18x16, 18x18, 18x20

**V793**

\$546.25 Each

II Plus

15x16, 15x18, 16x20, 17x16, 17x18, 17x20, 19x16, 19x18, 19x20, 20x16, 20x18, 20x20

**V794**

\$570.00 Each

#### Geo-Matrix

##### Hybrid

1 Cushion Per 3 Years

16x16, 16x18, 16x20, 18x16, 18x18, 18x20, 20x16

**V613**

\$683.05 Each  
 Upgrade: \$5.70

##### Hybrid Deep

1 Cushion Per 3 Years

16x16, 16x18, 16x20, 18x16, 18x18, 18x20, 20x16, 20x18

**V614**

\$683.05 Each  
 Upgrade: \$5.70

##### Plantinum

1 Cushion Per 3 Years

16x16, 16x18, 16x20, 18x16, 18x18, 18x20, 20x16, 20x18

**V612**

\$683.05 Each  
 Upgrade: \$237.50

## Wheelchair Cushions

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Matrx</b>			
<b>Flotech</b> 15-19"W x 16-21"D	1 Cushion Per 3 Years	<b>V530</b>	\$680.56 Each
<b>Matrx Vi</b> 14x15, 14x17, 16x16, 16x18, 16x20, 18x16, 18x18, 18x20	1 Cushion Per 3 Years	<b>V400</b>	\$586.56 Each
<b>Matrx Vi Base</b> 14x15, 14x17, 15x16, 15x18, 16x16, 16x18, 17x16, 17x18, 18x16, 18x18, 19x16, 19x18	1 Cushion Per 3 Years	<b>V472</b>	\$683.05 Each Upgrade: \$36.99
<b>Ottobock</b>			
<b>Aerial</b> 15x16, 16x16, 16x18, 17x18, 18x18, 18x16, 20x18	1 Cushion Per 3 Years	<b>V181</b>	\$683.05 Each Upgrade: \$51.11
<b>Ride</b>			
<b>Ride Forward</b> 14x14, 14x16, 16x16, 16x18, 16x20, 18x16, 18x18, 18x20, 20x16, 20x18, 20x20	1 Cushion Per 3 Years	<b>V615</b>	\$560.50 Each
<b>Supracor</b>			
<b>Stimulite Contoured</b> 14x16, 16x16, 16x18, 18x16, 18x18	1 Cushion Per 3 Years	<b>V692</b>	\$632.70 Each
<b>Varilite</b>			
<b>Evolution PSV/Standard Value</b> 12x14, 14x14, 14x16, 14x18, 14x20, 15x15, 15x17, 16x14, 16x16, 16x18, 16x20, 17x17, 18x16, 18x18, 18x20, 20x16, 20x18, 20x20	1 Cushion Per 3 Years	<b>V433</b>	\$683.05 Each Upgrade: \$0.95

### U-3 Cushion: Uniform Surface with Customizable Positioning

#### Indication

- Pelvic stability is the primary seating outcome.
- Requires support from cushion to maintain pelvic position.
- Intended for full-time wheelchair users.

#### Considerations

- Clients with low Braden score may require more pressure redistribution than offered by uniform surface cushions.

#### Description

- Surface is a uniform/single material type. Cushion may have different layers, however the construction remains relatively uniform.
- Cushion offers ability to adjust the shape to match client's pelvic positioning needs.
- Typically available as foam cushions, although other materials such as gel are also available.

**Clinical rationale describing the need for a cushion with customizable positioning capability must be included in Section 3 of the authorization form.**

<b>Varilite</b>			
<b>Meridian</b> For sizes 12x14 to 20x20	1 Cushion Per 3 Years	<b>V351</b>	\$641.25 Each

## Wheelchair Cushions

Qty. / Freq.                      Cat. No.                      AADL Price  
 (Upgrade)

### S-1 Cushion: Segmented / Dynamic Surface with Flat or Gentle Countours

#### Indication

- Pressure redistribution/equalization or reduction of peak pressures is primary seating outcome.
- Intended for full-time wheelchair users.

#### Considerations

- Client or caregiver must be reliable for maintenance.

#### Description

- The surface is segmented into numerous discreet compartments or cells intended to create a dynamic surface.
- Cushion is flat or has gentle contours.
- Typically available as air cells, although other materials are available.
- Height of cushion will dictate amount client is able to immerse into the cushion and level of pressure redistribution provided.

#### Maple Leaf Wheelchair

<b>Cushionair</b>	1 Cushion Per 3 Years		
Single Compartment: 14x14 to 18x18 - 2" or 4" 18x20, 20x16, 20x18, 20x20 - 2" or 4"		<b>V754</b>	\$555.75 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			

#### ROHO

<b>Single Compartment</b>	1 Cushion Per 3 Years		
High Profile 12x12, 12x13, 15x15, 15x17, 17x17, 17x19, 19x17, 19x19		<b>V515</b>	\$559.55 Each
Low Profile 12x12, 12x13, 15x15, 15x17, 17x17, 17x19, 19x17, 19x19		<b>V539</b>	\$559.55 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			

### S-2 Cushion: Segmented / Dynamic Surface with Positioning

#### Indication

- Pressure redistribution/equalization or reduction of peak pressures is primary seating outcome.
- Require more stability than a S-1 cushion.
- Intended for full-time wheelchair users.

#### Considerations

- Client or caregiver must be reliable for maintenance.
- Client must be able to reposition or have assistance to ensure correct placement on cushion.

#### Description

- Surface is segmented into numerous discreet cells or is a combination of uniform and segmented areas or a combination of different materials.
- Surface is anatomically contoured or uses different materials to offer positioning support.
- Height of cushion will dictate amount client is able to Immerse into the cushion and level of pressure redistribution provided.

#### Maple Leaf Wheelchair

<b>Cushionair</b>	1 Cushion Per 3 Years		
Dual Compartment 14x14 to 18x18 - 2" or 4" 18x20, 20x16, 20x18, 20x20 - 2" or 4"		<b>V754</b>	\$555.75 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			

## Wheelchair Cushions

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Pride Mobility</b>			
<b>Synergy Spectrum Air Cushion</b>	1 Cushion Per 3 Years		
Contour Base 14x12, 14x14, 14x16, 14x18, 16x16, 16x18, 16x20, 17x17, 17x19, 18x16, 18x18, 18x20, 18x22, 18x24, 19x17, 19x19, 20x16, 20x18, 20x20, 20x22, 20x24		<b>V677</b>	\$639.20 Each
Flat Base 14x12, 14x14, 14x16, 14x18, 16x16, 16x18, 16x20, 17x17, 17x19, 18x16, 18x18, 18x20, 18x22, 18x24, 19x17, 19x19, 20x16, 20x18, 20x20, 20x22, 20x24		<b>V704</b>	\$545.20 Each
<b>ROHO</b>			
<b>Dual Compartment</b>	1 Cushion Per 3 Years		
High Profile 12x12, 12x13, 15x15, 15x17, 17x19, 19x17, 19x19		<b>V528</b>	\$578.55 Each
Low Profile 12x12, 12x13, 15x15, 15x17, 17x17, 17x19, 19x17, 19x19		<b>V555</b>	\$578.55 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			
<b>Hybrid Elite</b>	1 Cushion Per 3 Years		
Single Valve 14x14, 14x15, 14x16, 15x15, 15x16, 15x17, 16x15, 16x16, 16x17, 16x18, 17x16, 17x17, 17x18, 18x16, 18x17, 18x18, 20x18, 20x20		<b>V767</b>	\$683.05 Each Upgrade: \$72.20
<b>Nexus Spirit</b>	1 Cushion Per 3 Years		
16x16, 16x18, 17x17, 18x16, 18x18, 20x18		<b>V620</b>	\$555.75 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			



## Wheelchair Cushions

Qty. / Freq.      Cat. No.      AADL Price  
 (Upgrade)

### S-3 Cushion: Segmented / Dynamic Surface with Customizable Positioning

**Indication**

- Pressure redistribution/equalization or reduction of peak pressures is primary seating outcome.
- Require more stability than a S-1 cushion.
- Intended for full-time wheelchair users.

**Considerations**

- Client or caregiver must be reliable for maintenance.
- Client must be able to reposition or have assistance to ensure correct placement on cushion.

**Description**

- Surface is segmented into numerous discreet cells or is a combination of uniform and segmented areas or a combination of different materials.
- Surface is anatomically contoured or uses different materials to offer positioning support.
- Height of cushion will dictate amount client is able to immerse into the cushion and level of pressure redistribution provided.

**Clinical rationale describing the need for a cushion with customizable positioning capability must be included in Section 3 of the authorization form.**

Jay			
<b>Fusion</b>	Widths 14"-21" x Depths 14"-21"	1 Cushion Per 3 Years	<b>V137</b> \$683.05 Each Upgrade: \$165.30
<i>Available with gel or air insert. For dual valve air insert add catalogue # V561, see Cushion Options Section. Caution: 3" or less of cell height may not offer sufficient immersion.</i>			
Ottobock			
<b>Cloud</b>	14x14, 14x16, 15x16, 16x16	1 Cushion Per 3 Years	<b>V800</b> \$634.89 Each
	16X18, 17X18, 18X16		<b>V803</b> \$652.53 Each
	18"X18", 20"X16", 20"X18", 22"X16", 18"X20"		<b>V805</b> \$671.19 Each
<b>ComforT</b>	14x14, 14x16, 16x16, 16x18, 17x18, 18x16, 18x18, 20x16, 20x18	1 Cushion Per 3 Years	<b>V116</b> \$683.05 Each Upgrade: \$131.31
ROHO			
<b>Contour Select</b>	15x15, 15x17, 17x17, 19x17, 17x19, 19x19	1 Cushion Per 3 Years	<b>V114</b> \$683.05 Each
<b>Enhancer</b>	12x12, 12x13, 15x15, 15x17, 17x17, 17x19, 19x17	1 Cushion Per 3 Years	<b>V588</b> \$617.50 Each
<b>Hybrid Elite</b>	Dual Valve 14x14, 14x15, 14x16, 15x15, 15x16, 15x17, 16x15, 16x16, 16x17, 16x18, 17x16, 17x17, 17x18, 18x16, 18x17, 18x18, 20x18, 20x20	1 Cushion Per 3 Years	<b>V820</b> \$683.05 Each Upgrade: \$119.70
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			

## Wheelchair Cushions

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>ROHO</b>			
<b>Nexus Spirit</b>	1 Cushion Per 3 Years		
Dual Valve or Custom Cell Height 16x16, 16x18, 17x17, 18x16, 18x18, 20x18		<b>V204</b>	\$578.55 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			
<b>Quadro Select</b>	1 Cushion Per 3 Years		
High Profile 12x12, 12x13, 15x15, 15x17, 17x17, 17x19, 19x17, 19x19		<b>V566</b>	\$683.05 Each
Low Profile 12x12, 12x13, 15x15, 15x17, 17x17, 17x19, 19x19		<b>V578</b>	\$683.05 Each
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			
<b>Vicair</b>			
<b>Academy Adjuster 10</b>	1 Cushion Per 3 Years		
14x16, 16x16, 16x18, 16x20, 17x17, 18x16, 18x18		<b>V836</b>	\$641.25 Each
18x20, 20x16, 20x18, 20x20		<b>V717</b>	\$683.05 Each Upgrade: \$5.70
<b>Academy Adjuster 6</b>	1 Cushion Per 3 Years		
14x16, 16x16, 16x18, 16x20, 17x17, 18x16, 18x18		<b>V676</b>	\$641.25 Each
18x20, 20x16, 20x18, 20x20		<b>V837</b>	\$683.05 Each Upgrade: \$5.70
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			
<b>Academy Vector 6 &amp; 10</b>	1 Cushion Per 3 Years		
10x10 - 18x18		<b>V675</b>	\$683.05 Each Upgrade: \$5.70
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			
18x20 - 20x20		<b>V753</b>	\$683.05 Each Upgrade: \$53.20
<i>Caution: 3" or less of cell height may not offer sufficient immersion.</i>			

# Wheelchair Cushions

Qty. / Freq.                      Cat. No.                      AADL Price  
 (Upgrade)

## Early Replacement Cushions

Early Replacement Cushion catalogue numbers may be used to provide a replacement cushion to a client who has experienced a significant change in clinical condition.

Any cushion listed in this Approved Product List may be provided as an "Early Replacement Cushion". Early Replacement Cushions are subject the same price maximums and upgrades listed in the Approved Product List.

To confirm previous consumption of a Early Replacement Cushion on the IVR or E-Business use one of the catalogue numbers listed below. Replacement Cushion catalogue numbers do not compete with other cushion catalogue numbers.

### Adult Clients

An adult client is only eligible for ONE Early Replacement Cushion in a lifetime. Clients are still eligible to receive one cushion every 3 years based on clinical need. Requests for more than one Early Replacement Cushion will only be considered through the QFR process.

### Pediatric Clients

A pediatric client (< 17 years) is eligible for one Early Replacement Cushion every 3 years. Clients are still eligible to receive one cushion every 3 years based on clinical need.

### Generic Catalogue Number

#### Adult Early Replacement Cushion

1 Early Replacement Cushion Per  
Lifetime

Due to Size Change

**V551** \$683.05 Max. Each

*Use this catalogue number for the early replacement of a cushion prior to 3 years if there has been a significant change of size/weight of an adult client.*

*Client must meet the following criteria:*

- *Must have had the current cushion for at least 1 year.*
- *Must be a change of at least 2 inches, or if client exceeds weight capacity of current cushion.*

*The authorizer MUST indicate the change in measurements/weights on the 1250/Authorization.*

Due to Skin Integrity Issues

**V551** \$683.05 Max. Each

*Use this catalogue number for the early replacement of a cushion prior to 3 years due to the development of ongoing skin integrity issues.*

*Client must meet the following criteria:*

- *Must have had pressure wound at least Stage II.*
- *Must have had the current cushion for at least 1 year.*

*Document the following on 1250 form:*

- *Stage and location of wound(s).*
- *Indicate other wound prevention strategies that have been implemented.*

## Wheelchair Cushions

Generic Catalogue Number	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Pediatric Early Replacment Cushion</b>	1 Early Replacement Cushion Per 3 Years		
Due to Size Change / Growth		<b>V550</b>	\$683.05 Max. Each
<i>Use this catalogue number for the early replacement of a cushion prior to 3 years due to growth. For ages 17 years or younger only.</i>			
<i>Client must meet the following criteria:</i>			
<ul style="list-style-type: none"> <li>• Must be a size change of at least 2 inches.</li> </ul>			
<i>The authorizer MUST indicate the change in measurements/weights on the 1250/Authorization.</i>			

### Modifications for Wheelchair Cushions

Generic Catalogue Number	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Custom Size / Oversized / Heavy Duty / Custom Cut Option for Wheelchair Cushion</b>	1 Custom Option Per Cushion		
For cushion sizes not listed in the APL		<b>V529</b>	\$190.00 Max. Each
<i>Can only be used for one the following situations:</i>			
<ul style="list-style-type: none"> <li>• Heavy duty: Must be at least 350lbs weight capacity</li> <li>• Extra large: Must be at least 21" in width or depth</li> <li>• Custom sizes: Must be at least 2" difference from size listed in APL.</li> <li>• Custom shape configuration from manufacturer (ie: leg length discrepancy)</li> </ul>			
<i>Combine this catalogue number with the appropriate cushion catalogue number. Price is a maximum, the vendor must bill retail price less AADL manufacturer discount. See discounts listed in this APL.</i>			
<i>This catalogue number CANNOT be used to reduce upgrade costs. If the listed cushion has an upgrade cost, this upgrade must also be applied to the custom size, oversized, heavy duty or custom cut version of the cushion.</i>			

### Options and Accessories for Wheelchair Cushions

- Options listed may not be available for all cushions. Please consult with vendor or manufacturer for product specific information.
- Costs that are over price maximums are considered an upgrade and are client's responsibility.

Future Mobility	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Rigidizer</b>	1 Seat Insert / Drop Base Per 3 Years		
14x16,16x16,16x18,18x16,18x18,18x20		<b>V835</b>	\$76.00 Each
15x16, 15x18, 16x20, 17x16, 17x18, 17x20, 19x16, 19x18, 19x20, 20,x16, 20x18, 20x20		<b>V796</b>	\$82.65 Each
<b>Incontinence Cover</b>	1 Cover Per 12 Months		
All Sizes		<b>V006</b>	\$130.00 Max. Each
<i>Can be combined with purchase of new cushion. For clients with unmanaged incontinence. Vendor must bill retail price less AADL discount. Costs over price maximums are considered an upgrade and are client's responsibility.</i>			

## Wheelchair Cushions

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Generic Catalogue Number</b>			
<b>Replacement Cover - Regular or Incontinence</b>	1 Cover Per 12 Months		
All Sizes		<b>V101</b>	\$165.00 Each
<i>Can only be authorized 1 year or more from service date of cushion. Cannot be combined with new cushion authorization.- Vendor must bill retail price less AADL discount. Costs over price maximums are considered an upgrade and are client's responsibility</i>			
<b>Jay</b>			
<b>Dual Valve Option for Jay Fusion Cushion</b>	1 Dual Valve Option Per 3 Years	<b>V561</b>	\$14.25 Each
<i>Combine this catalogue number with cushion catalogue number when ordering a dual valve air insert.</i>			
<b>Solid Seat Insert</b>	1 Seat Insert / Drop Base Per 3 Years		
Large		<b>V480</b>	\$95.95 Each
Regular		<b>V481</b>	\$80.75 Each
<b>Maple Leaf Wheelchair</b>			
<b>Leg Bolster</b>	1 Leg Bolster Per 3 Years		
Bariatric		<b>V673</b>	\$361.00 Each
Standard		<b>V670</b>	\$114.00 Each
<b>Nighthawk</b>			
<b>ABS Drop Seat</b>	1 Seat Insert / Drop Base Per 3 Years		
Heavy Duty		<b>V467</b>	\$279.06 Each
<i>Must be combined with V277.</i>			
Standard		<b>V461</b>	\$279.06 Each
<b>Heavy Duty Drop Seat Hooks</b>	1 Pair of Hooks Per 3 Years		
300-650 lbs / >20" Wheelchair. Custom made.		<b>V277</b>	\$237.50 Per Pair
<i>This catalogue number may be combined with a new solid base (V461).</i>			
<b>ROHO</b>			
<b>D-Base Insert</b>	1 Seat Insert / Drop Base Per 3 Years		
15"/16"/18"		<b>V484</b>	\$94.05 Each
<i>Combine this catalogue number with appropriate cushion catalogue number.</i>			
<b>Solid Seat Insert</b>	1 Seat Insert / Drop Base Per 3 Years		
14x16, 16x16, 16x18, 18x18, 18x20, 20x20		<b>V448</b>	\$71.25 Each
<i>Up to 340 lbs</i>			
<b>Vicair</b>			
<b>Solid Seat Insert</b>	1 Seat Insert / Drop Base Per 3 Years		
		<b>V737</b>	\$52.25 Each

## Wheelchair Cushions

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Western Home Medical</b>			
<b>ABS Drop Seat</b>	1 Seat Insert / Drop Base Per 3 Years		
Heavy Duty		<b>V470</b>	\$327.75 Each
Standard		<b>V462</b>	\$281.20 Each
<b>Leg Alignment Bolster</b>	1 Bolster Per 3 Years		
2-3" cushion height		<b>V298</b>	\$125.40 Each

## Trays

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Trays</b>			
<b>Innovators</b>			
<b>Padded Tray</b>	1 Tray Per 2 Years		
S054: 12-14", 14-16", 16-18"; Clear Trays; Half Trays or Through Trays		<b>V548</b>	\$266.00 Each
<i>For custom size option add V773, see "Options for Trays" section.</i>			
S069 - 20x24		<b>V775</b>	\$224.20 Each
<i>For custom size option add V773, see "Options for Trays" section.</i>			
<b>Invacare</b>			
<b>Lap Tray</b>	1 Tray Per 2 Years		
LTACL or LTCLL		<b>V745</b>	\$172.80 Each
Swing-Away LTUL or LTUR		<b>V747</b>	\$249.30 Each
<b>Wheelchair Tray</b>	1 Tray Per 2 Years		
12"-14", 14"-16", 16"-18", 18"-20"		<b>V746</b>	\$260.10 Each
<b>Maple Leaf Wheelchair</b>			
<b>Bariatric Full Padded Lap Tray Assembly</b>	1 Tray Per 2 Years		
19"- 32" widths, one inch increments		<b>V604</b>	\$313.50 Each
<b>Full Padded Lap Tray with Left and Right Bracket</b>	1 Tray Per 2 Years		
14"- 18" widths, one inch increments		<b>V602</b>	\$228.00 Each
<b>Half Padded Lap Tray</b>	1 Tray Per 2 Years		
Bariatric RPLTC or LPLTC		<b>V606</b>	\$282.15 Each
RPLT & LPT		<b>V605</b>	\$232.75 Each
<b>Nighthawk</b>			
<b>Half Lap Tray</b>	1 Tray Per 2 Years		
1161 or 1162		<b>V091</b>	\$231.80 Each
<i>Specify right or left</i>			

## Trays

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Nighthawk</b>			
<b>Padded Tray</b>	1 Tray Per 2 Years		
1.150 - Vinyl		<b>V776</b>	\$249.76 Each
<i>For oversized option add V779, see "Options for Trays" section.</i>			
With 2 Laterals - 1.152		<b>V778</b>	\$450.66 Each
<i>For oversized option add V779, see "Options for Trays" section.</i>			
With Lateral - 1.151		<b>V777</b>	\$346.16 Each
<i>For oversized option add V779, see "Options for Trays" section.</i>			
<b>Western Home Medical</b>			
<b>Clear Half Lap Tray</b>	1 Tray Per 2 Years		
5207		<b>V119</b>	\$264.10 Each
<b>Clear Tray</b>	1 Tray Per 2 Years		
1/4" Thick, 16" - 20" widths, 1" increments, Velcro straps		<b>V749</b>	\$250.80 Each
3/8" Thick, 16" - 20"W, 1" increments		<b>V065</b>	\$336.30 Each
<b>Padded Half Lap Tray</b>	1 Tray Per 2 Years		
5247		<b>V118</b>	\$266.00 Each
<b>Padded Or Clear Tray</b>	1 Tray Per 2 Years		
Custom size, Velcro Straps		<b>V061</b>	\$456.00 Each
<b>Padded Tray</b>	1 Tray Per 2 Years		
14" - 20" widths, 1" increments, With Velcro Straps		<b>V790</b>	\$245.10 Each
With Slide Bracket 16"-20"W, 1" increments		<b>V058</b>	\$298.30 Each

## Options for Trays

The options listed may not be available for all trays. Consult with vendor or manufacturer for product specific information.

Costs that are over price maximums are considered an upgrade and are client's responsibility.

<b>Generic Catalogue Number</b>			
<b>Wheelchair Tray Accessories</b>	3 Accessories Per 2 Years		
<ul style="list-style-type: none"> <li>• Elbow stop straight</li> <li>• Elbow stop curved</li> <li>• Elbow stop curved extended</li> <li>• Extended padded elbow stops</li> <li>• Lateral support</li> <li>• Lateral support extended</li> <li>• Clear overlay for speech board</li> <li>• Hand block</li> </ul>		<b>V541</b>	\$90.00 Max. Each
<i>Combine this code with appropriate tray catalogue number. Price is maximum. Vendor must bill retail price less AADL discount.</i>			
<b>Wheelchair Tray Customization</b>	1 Hour Per 2 Years		
		<b>V710</b>	\$66.50 Per Hour
<i>Supplier must charge only actual time up to 1 hour to customize.</i>			



## Trays

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Innovators</b>			
<b>Lateral Support Tray</b> Custom Size S055	1 Custom Tray Option Per 2 Years	<b>V773</b>	\$51.30 Each
<i>Combine this catalogue number with appropriate tray catalogue number.</i>			
<b>Nighthawk</b>			
<b>Oversized Padded Tray Option</b> 1.153 - For padded trays over 18"	1 Overside Tray Option Per 2 Years	<b>V779</b>	\$47.50 Each
<i>Combine this catalogue number with appropriate tray catalogue number.</i>			
<b>Western Home Medical</b>			
<b>Plastic Side Brackets for Padded Tray</b>	1 Bracket Per 2 Years	<b>V069</b>	\$94.05 Each
<i>Combine this code with appropriate tray catalogue number.</i>			

## Arm Supports

Qty. / Freq. Cat. No. AADL Price (Upgrade)

### Arm Troughs

Quantity/Frequency: 1 arm trough per arm, per two year period, however bilateral arm troughs will show as over-quantity. **This is not a QFR.** Indicate on authorization that client is bilateral.

<b>Innovators</b>			
<b>Arm Trough Tray Assembly</b> S139	1 Arm Trough Per Arm Per 2 Years	<b>V549</b>	\$410.40 Each
<b>Ottobock</b>			
<b>Channel Forearm (436A2) Plus Hand Pad</b> Select hand pad type: flat, palm extensor, horn, or cone.	1 Arm Trough Per Arm Per 2 Years	<b>V731</b>	\$172.90 Each
<b>Hand Pad Replacement</b> Cone, horn, palm or flat	1 Replacement Pad Per 2 Years	<b>V003</b>	\$76.85 Each
<b>Swivel Elevating Unit 436E52</b> Specify right or left	1 Arm Trough Per Arm Per 2 Years	<b>V732</b>	\$186.73 Each

## Transfer Boards

Qty. / Freq. Cat. No. AADL Price (Upgrade)

### Transfer Boards

<b>INC</b>			
<b>Transfer Board</b> 6040 - 24"	1 Transfer Board Per 2 Years	<b>V755</b>	\$37.53 Each
6041 - 30"		<b>V756</b>	\$37.99 Each



## Transfer Boards

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Parsons</b>			
<b>Transfer Board</b>	1 Transfer Board Per 2 Years		
16C045 - 9x24" <i>Up to 250 lbs</i>		<b>V759</b>	\$43.65 Each
16C046 - 9x28" <i>Up to 250 lbs</i>		<b>V760</b>	\$44.60 Each
With Safety Grip 16C046SG 9x28" <i>Up to 250 lbs</i>		<b>V158</b>	\$55.05 Each
<b>Personal Aide Woodcrafts</b>			
<b>Specialty Transfer Board</b>	1 Transfer Board Per 2 Years		
One of the following: Model 30 HD, 20R, TCC, TCT, TBC, TCW, 23W, 28W		<b>V080</b>	\$114.00 Each
<b>Transfer Board</b>	1 Transfer Board Per 2 Years		
Model 20 <i>Load capacity 250 lbs</i>		<b>V008</b>	\$77.93 Each
Model 23, 23R, 28, 28R or 30 <i>Load capacity 250 lbs</i>		<b>V545</b>	\$85.50 Each
<b>Western Home Medical</b>			
<b>Bariatric Transfer Board</b>	1 Transfer Board Per 2 Years		
7544 -32" <i>Load capacity 650 lbs</i>		<b>V173</b>	\$218.50 Each
<b>Heavy Duty Transfer Board</b>	1 Transfer Board Per 2 Years		
7536 - 24", 7538 - 29" <i>Load capacity 450 lbs</i>		<b>V170</b>	\$161.50 Each
With Wheel Notches 7540 - 24", 7542 - 29" <i>Load capacity 450 lbs</i>		<b>V172</b>	\$152.00 Each
<b>Transfer Board</b>	1 Transfer Board Per 2 Years		
7533 - 24" <i>Load capacity 300 lbs</i>		<b>V168</b>	\$60.80 Each

## Amputee Boards

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Amputee Boards and Pads</b>			
<b>Personal Aide Woodcrafts</b>			
<b>Amputee Board</b>	1 Amp Board Per 4 Years		
Heavy Duty Standard or Angle Board. Chair Width 16-28", Depth 16-22" <i>Heavy duty up to 400 lbs. or for bilateral amputees</i>		<b>V317</b>	\$391.88 Each
Up to 18-20" <i>Up to 250 lbs</i>		<b>V622</b>	\$332.50 Each

## Amputee Boards

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Personal Aide Woodcrafts</b>			
<b>Amputee Board</b>	1 Amp Board Per 4 Years		
With Drop Seat 16-22" Width, 16-18" Depth, Up to 250 lbs		<b>V630</b>	\$418.84 Each
<b>Pad for Amputee Board</b>	1 Pad Per Limb Per 2 Years		
1"		<b>V625</b>	\$47.50 Each
2"		<b>V626</b>	\$53.44 Each
3"		<b>V627</b>	\$59.38 Each
<b>Western Home Medical</b>			
<b>Multi-Angle Adjustable Amputee Board</b>	1 Amp Board Per 4 Years		
5083 or 5084		<b>V174</b>	\$289.75 Each

## Specialty Upholstered Backs

### Specialty Upholstered Backrests

Specialty upholstered backrests are in the same group as the solid backrests listed in the Seating Approved Products List ("X" backrests). Do not authorize a "V" backrest if client is likely to require a solid backrest as the client will not be eligible for a new backrest for 4 years.

	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Innovators</b>			
<b>Key-Hole Back</b>	1 Back Per 4 Years		
K-106		<b>V489</b>	\$224.20 Each
<i>If options being added use V636.</i>			
K-107 - Custom		<b>V636</b>	\$250.80 Each
<i>Required for options</i>			
<b>K-Special Back</b>	1 Back Per 4 Years		
14"-18"		<b>V047</b>	\$193.80 Each
<i>If options being added use V631.</i>			
K-066 - Custom		<b>V631</b>	\$224.20 Each
<i>Required for options</i>			
<b>Nighthawk</b>			
<b>Keyhole Back</b>	1 Back Per 4 Years		
		<b>V305</b>	\$249.38 Each

## Specialty Upholstered Backs

Qty. / Freq.                      Cat. No.                      AADL Price  
 (Upgrade)

### Options for Specialty Upholstered Backs

The options listed may not be available for all specialty upholstered backs. Consult with vendor or manufacturer for product specific information.

Costs that are over the indicated price maximums are considered an upgrade and are client's responsibility.

#### Generic Catalogue Number

<b>Custom Option for Specialty Upholstered Back</b>	1 Custom Size Option Per 4 Years		
Non-standard size, custom size, recliner or other custom option		<b>V439</b>	\$36.80 Max. Each
<i>Price is maximum. Vendor must bill retail price less AADL discount. Combine this code with appropriate specialty upholstered back catalogue number.</i>			
<b>External Eggcrate Foam Pad</b>	1 Option Per 4 Years		
To fit size of back.		<b>V557</b>	\$51.52 Max. Each
<i>Price is maximum. Vendor must bill retail price less AADL discount. Combine this code with appropriate specialty upholstered back catalogue number.</i>			
<b>Gel Insert</b>	1 Gel Insert Per 4 Years		
Full Spinal Area		<b>V523</b>	\$103.50 Max. Each
<i>Price is maximum. Vendor must bill retail price less AADL discount. Combine this code with appropriate specialty upholstered back catalogue number.</i>			
Thoracic Area		<b>V521</b>	\$69.00 Max. Each
<i>Price is maximum. Vendor must bill retail price less AADL discount. Combine this code with appropriate specialty upholstered back catalogue number.</i>			
Total Area Pad - External gel pad to fit the size of back		<b>V524</b>	\$137.08 Max. Each
<i>Price is maximum. Vendor must bill retail price less AADL discount. Combine this code with appropriate specialty upholstered back catalogue number.</i>			

## Service Fees

Qty. / Freq.                      Cat. No.                      AADL Price  
 (Upgrade)

### Service Fees

**Service fees must not be used with newly provided wheelchairs.** Services fees can only be authorized for wheelchair accessories provided to a client who has an existing wheelchair.

#### Service Fee

<b>Installation of Cushion Solid Seat Inserts / Drop Base</b>	1 Base Service Fee Per 3 Years		
Labour cost to install cushion solid insert or drop base onto wheelchair.		<b>V107</b>	\$13.75 Each
<b>Installation of Specialty Upholstered Back</b>	1 Back Service Fee Per 4 Years		
Labour cost to install specialty upholstered back onto wheelchair.		<b>V106</b>	\$13.75 Each
<b>Shipping Fee</b>	2 Shipping Fees Per 4 Years		
For Specialty upholstered back sent directly to Authorizer or Client, no installation by Supplier required.		<b>V110</b>	\$12.00 Each
<i>One-way. Cannot be combined with V108 or V109.</i>			

## Service Fees

Service Fee	Qty. / Freq.	Cat. No.	AADL Price (Upgrade)
<b>Shipping Fee</b>	2 Shipping Fees Per 4 Years		
Local/Urban - Cost to ship wheelchair for installation of back or cushion.		<b>V108</b>	\$19.00 Each
<i>One-way. Cannot be combined with V109 or V110.</i>			
Rural - Cost to ship wheelchair for installation of back or cushion.		<b>V109</b>	\$60.00 Each
<i>One-way. Cannot be combined with V108 or V110.</i>			

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