Alberta Health

AADL Approved Product List - Orthotic Benefits

Pricing effective August 1, 2018

General Information

Generic Pricing Procedure

Use the AADL Generic Calculator to determine the AADL price for a generic catalogue number. Generic catalogue numbers have their prices indicated as a "Max". Most generic catalogue numbers start with an "N". All generic catalogue numbers are considered to be "Upgrades". The Generic Calculator provides the amount of the upgrade. The Specialty Supplier is not required to bill the upgrade amount, however, must not bill the client more than the amount indicated in the calculator as an an upgrade. Refer to the General Policies and Procedures Manual for more information about upgrade costs.

Procedure

Locate the catalogue number and enter the *manufacturer invoice cost* for the component into the calculator. Do not include shipping costs, exchange or any other cost. The cost used for the generic catalogue number must be the manufacturer's invoice cost only. The calculator will automatically add mark-up, shipping and labour costs.

Copy and paste the calculation into the Benefit Note on E-Business. Be sure to also indicate the manufacturer and model number in the Benefit Note.

Costs over the indicated maximum are indicated in the calculator and are considered an upgrade.

Functional Outcomes

100	Restrict range of motion of a joint to reduce/prevent the need for surgical or medical treatment
101	Restrict range of motion of a joint to reduce/control tone or spasticity
102	Control spinal deformity (e.g., scoliosis)
103	Protection of a body part (e.g., helmet)
104	Improve function by providing stability of the joint
105	Improve function by positioning body part for activities of daily living
106	Improve function by assisting muscle weakness
107	Improve function by enabling lying, sitting, and standing (likely the more disabled client)
108	Improve function by enabling walking and/or increased walking efficiency/endurance
109	Facilitate healing of a body part
110	Reduce pain (e.g., arthritis-related)
111	Support soft tissue (e.g., hernia)
112	Repairs

General Information

Orthotic Types

AFO	ANKLE FOOT ORTHOSIS
CF	CLUBFOOT ORTHOSIS
CO	CERVICAL ORTHOSIS
CTLSO	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS
EO	ELBOW ORTHOSIS
HELMET	HELMET
HERNIA	CUSTOM MADE HERNIA
HIPO	HIP ORTHOSIS
HKAFO	HIP KNEE ANKLE FOOT ORTHOSIS
KAFO	KNEE ANKLE FOOT ORTHOSIS
KO	KNEE BRACE
LSO	LUMBAR-SACRAL ORTHOSIS
NRS	NON-RIGID SPINAL ORTHOSIS
PF	PARTIAL FOOT PROSTHESIS/ORTHOSIS
RGO	RECIPROCATING GAIT ORTHOSIS
SO	SHOULDER ORTHOSIS
THKAFO	THORACIC KNEE ANKLE FOOT ORTHOSIS
TLSO	THORACIC LUMBAR SACRAL ORTHOSIS
WHO	WRIST HAND ORTHOSIS



וומכ	nal Orthoses			
		Qty. / Freq.	Cat. No.	AADL Price
Cer	vical Orthoses			
	Prescription Required			
C.O.				
	Custom Made - Molded to patient model, cervical	1 Spinal Orthosis Per 2 Years	O166	\$2,653.84 Each
	and thoracic control (Minerva type)		CO	
	Custom Made - molded to patient model, cervical	1 Spinal Orthosis Per 2 Years	0168	\$2,671.59 Each
	and thoracic control (Minerva type) plus interface		СО	
	Molded to patient model	1 Spinal Orthosis Per 2 Years	0088	\$897.57 Each
	Prefabricated C.O. which requires custom fitting	1 Spinal Orthosis Per 2 Years	O084	\$206.42 Each
	(e.g. Philadelphia or thermoplastic designs or	i Spiriai Ortifosis Pei 2 Tears	0064	φ200.42 Lacii
	equivalent)		СО	
	With occipital/mandibular supports with thoracic	1 Spinal Orthosis Per 2 Years	0090	\$510.79 Each
	extensions for increased cervical control, custom-fitted (e.g. S.O.M.I., Fi-way, La-cal,			
	Guilford or equivalent)			
			CO, CTLSO	
Hen	singer Head Support	1 Head Support Per 2 Years	0200	\$441.17 Each
		Thead Support Fel 2 Teals	O300	φ441.17 ⊑aCII
Tho	racic Orthoses			
	Prescription Required			
Pect	tus Brace			
		1 Thoracic Brace Per 2 Years	O342 TLSO	\$1,131.59 Each
Rigi	id Spinal Orthoses			
	Prescription Required			
Rigi	d Spinal Orthosis			
	Custom Made	1 Spinal Orthosis Per 2 Years	O135 LSO	\$1,404.14 Each
	Generic Custom Fitted	1 Spinal Orthosis Per 2 Years	N117 S	\$721.54 Max. Each
Ada	litions to Rigid Spinal Orthoses			
Bari	atric Option			
		1 Rigid Spinal Addition Per 2	O497 TLSO, LSO, TL	\$233.00 Each
	Client is 100 lb. over normal weight or over 275 lb. M	lust indicate criteria in E-Business	Benefit No	ote.
	set front			

Spinal Orthoses

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Additions to Rigid Spinal Orthoses			
Full corset As opposed to apron front	1 Rigid Spinal Addition Per 2 Years	0152 LSO	\$134.73 Each
Sub-Clavicular Extensions For rotary control	1 Rigid Spinal Addition Per 2 Years	O148 LSO, TLSO	\$167.11 Each

Total Contact T.L.S.O. (Body Jacket)

Prescription Required

May be provided to a client who has had a spinal fracture or surgical intervention, when the orthotic is required for discharge from a general hospital. Vendor must clearly document clinical assessment and discharge plan.

Must indicate clinical rationale in E-Business Benefit Note.

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Custom made from cast	1 Spinal Orthosis Per 2 Years	O215 TLSO	\$1,825.04 Each
Custom made from measurement	1 Spinal Orthosis Per 2 Years	O506 TLSO	\$1,348.27 Each
Soft - Stock	1 Spinal Orthosis Per 2 Years	O505 TLSO	\$1,287.23 Each
Boston Orthosis			
Custom from cast	1 Spinal Orthosis Per 2 Years	O213 TLSO	\$1,851.39 Each
Custom from measurement	1 Spinal Orthosis Per 2 Years	O211 TLSO	\$1,755.17 Each
Stock custom fitted	1 Spinal Orthosis Per 2 Years	O218 TLSO	\$1,766.37 Each
Boston Overlap Orthosis or Equivalent			
Molded to patient	1 Spinal Orthosis Per 2 Years	O219 TLSO	\$1,379.33 Each
T.L.S.O.			
Molded antero-posterior design	1 Spinal Orthosis Per 2 Years	O123 TLSO	\$2,468.27 Each
Molded antero-posterior design with interface	1 Spinal Orthosis Per 2 Years	O125 CTLSO, TLSO	\$2,613.62 Each
Molded to patient model	1 Spinal Orthosis Per 2 Years	O122 TLSO	\$2,334.70 Each
Molded to patient model with interface	1 Spinal Orthosis Per 2 Years	O124 TLSO	\$2,480.23 Each
Posterior, Anterior shell only with corset or equivalent front	1 Spinal Orthosis Per 2 Years	0127	\$1,878.40 Each
		TLSO	

Spinal Orthoses

Qty. / Freq.

Cat. No. Orth. Type **AADL Price**

Total Contact T.L.S.O. (Body Jacket)

Prescription Required

May be provided to a client who has had a spinal fracture or surgical intervention, when the orthotic is required for discharge from a general hospital. Vendor must clearly document clinical assessment and discharge plan.

Must indicate clinical rationale in E-Business Benefit Note.

T.L.S.O.

Scoliosis procedure - Molded to patient model with interface

1 Spinal Orthosis Per 2 Years

O220

\$2,571.68 Each

TLSO

C.T.L.S.O. - Milwaukee

Prescription Required

Complete Milwaukee Orthosis

Initial

1 Spinal Orthosis Per 2 Years

O188

\$3,284.44 Each

CTLSO

No additions

Protective Helmet

Prescription Required

Criteria

Must be required for daily use for protection in cases of self-abusive behaviour, seizure disorder, and protect/facilitate healing of chronic wounds or cranial defects.

Must indicate criteria in E-Business Benefit Note.

Custom Fitted Helmet

A modular helmet system requiring measurement, modification of modular parts and assembly, based on DANMAR helmet.

1 Helmet Per 2 Years

O051

\$1,103.07 Each

HELMET

Orthotist must in E-Business Benefit Note indicate why commercial (e.g. bicycle, mountain climbing, etc.) helmets are inadequate.

Helmet Molded to Patient Model.

Helmet made with high temperature thermoplastic with liner.

1 Helmet Per 2 Years

O053

\$1,494.39 Each

HELMET

Orthotist must in E-Business Benefit Note indicate why commercial (e.g. bicycle, mountain climbing, etc.) helmets are inadequate.

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Hip Abduction Control			
Prescription Required			
Dennis Brown Plate			
	1 L/E Orthosis Per 2 Years	O306 AFO, HIPO	\$224.17 Each
Dynamic Brace	44/504 4 5 0 4	A	*******
Pelvic control, adjustable hip motion control, thigh cuffs (Rancho Hip Action Design)	1 L/E Orthosis Per 2 Years	0241	\$2,134.39 Each
		HIPO	
Static Adjustable			
Custom Fitted	1 L/E Orthosis Per 2 Years	O235 HIPO	\$1,059.13 Each
Static Foam or Thermoplastic Design			
Custom Fitted (Von Rosen or equivalent)	1 L/E Orthosis Per 2 Years	O237 HIPO	\$366.24 Each
Custom Made (Von Rosen or equivalent)	1 L/E Orthosis Per 2 Years	O238 HIPO	\$748.10 Each
Static Pelvic Band or Spreader Bar			
Custom Fitted - with thigh cuffs	1 L/E Orthosis Per 2 Years	O233 HIPO	\$545.85 Each
Torsion Control			
Prescription Required			
Pelvic Band/Belt			
With bilateral rotation straps	1 Pelvic Band/Belt Per 2 Years	O294 HIPO	\$519.99 Each
With torsion cables and ball bearing hip joints,	1 Pelvic Band/Belt Per 2 Years	O298	\$1,261.84 Each
bilateral cable usage		HIPO	
With torsion cables and ball bearing hip joints, unilateral cable usage hip joints, unilateral cable	1 Pelvic Band/Belt Per 2 Years	O297	\$868.79 Each
usage		HIPO	
Abduction and Rotation Control			
Prescription Required			
Atlanta or Scottish-Rite Trilateral Orthosis			
	1 L/E Orthosis Per 2 Years	O305 HIPO	\$2,107.68 Each
SWASH			
	1 L/E Orthosis Per 2 Years	O242 HIPO, RGO	\$2,039.66 Each

Qty. / Freq.

Cat. No. Orth. Type **AADL Price**

Knee Orthosis to Prevent Knee Flexion

Prescription Required

Criteria

- Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work. Full-time is defined as a minimum of 6 hours per day, every day. Not eligible for post-operative care or short-term need.
- Prescriber must be one of the following specialist physicians: orthopedics, physiatry, rheumatology, geriatrics.

Must indicate clinical condition in E-Business Benefit Notes (example: failed knee replacement or knee fusion).

Total Contact Cylinder Orthosis

High temp. thermoplastics, molded to patient model

1 L/E Orthosis Per 4 Years

O257

\$1,024.40 Each

Low temp. thermoplastics, molded directly to patient

1 L/E Orthosis Per 4 Years

0256

KO

\$559.70 Each

Knee Hyperextension Orthoses

Prescription Required

Criteria

• Required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work. Full-time is defined as a minimum of 6 hours per day, every day.

Must indicate clinicial condition in E-Business Benefit Note.

Generic Hyperextension Control Knee Orthosis

Custom Fitted

1 L/E Orthosis Per 4 Years

N317 \$800.40 Max. Each

KO

Dynamic Knee Extension Assist Orthoses

Prescription Required

Criteria

- Must be used for maintaining or increasing range of motion at the knee for clients with chronic flexion contractures.
- Clients are typically diagnosed with neuromuscular conditions (CP, Stroke) and must not be candidates for serial casting due to practical limitations of this option (swelling, access to service).
- The benefit cannot be provided to clients that require post-op ROM braces for short-term.

Must indicate criteria in E-Business Benefit Note.

Dynamic Knee Extension Assist Orthoses

1 L/E Orthosis Per 4 Years

O550

\$761.40 Each

KO

Qty. / Freq.

Cat. No. Orth. Type **AADL Price**

Unloading Knee Orthoses

Criteria

- Must be required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work. Full-time activity is defined as a minimum of 6 hours per day, every day.
- Must have severe valgus or varus deformity and joint space narrowing.

Prescriber

- Must be one of the following specialist physicians: orthopedics, physiatry, rheumatology, geriatrics, neurology, pediatrics.
- Prescriptions from other physicians will only be accepted if accompanied by an x-ray report indicating moderate or severe osteoarthritis.

AADL will provide funding for "minor or mild" OA or degenerative changes, if the Orthotist documents that unloading or realignment of the joint resulted in functional pain relief (improved ambulation). Realignment can be demonstrated by an off-the-shelf bracing trial or taping techniques. The outcome must be documentd in the E-Business Benefit Note.

Clients must be offered a choice of unloading knee braces to address their assessed medical need at or below AADL's maximum contribution. "Upgrade" indicates a product whose cost exceeds the AADL maximum contribution, any additional cost is a client's choice and responsibility.

Libertain Property	17	0-41
Unloading	Knee	Orthosis

Generic CFAB (Custom)	1 L/E Orthosis Per 4 Years	N730	\$1,141.45 Max. Each
Procedure to be added, no other additions.			
Generic Custom Fit (OTS)	1 L/E Orthosis Per 4 Years	N712 KO	\$782.12 Max. Each
Procedure to be added, no other additions.	Y		
In-House (Custom) - Laminate	1 L/E Orthosis Per 4 Years	O537	\$1,214.77 Each
Procedure and joints to be added			
In-House (Custom) - Plastic	1 L/E Orthosis Per 4 Year	O259 KO	\$851.40 Each
Procedure and joints to be added			
Unloading Knee Orthosis Procedure			
CFAB (Custom)	1 KO Procedure Per 4 Years	O551 KO	\$563.69 Each
In-House Custom Procedure	1 KO Procedure Per 4 Years	O501 KO	\$652.19 Each
Presized OA	1 KO Procedure Per 4 Years	O565 KO	\$354.00 Each

Qty. / Freq. Cat. No. Orth. Type

AADL Price

Stabilizing Knee Orthoses

Criteria

- Must be required for 6 months and longer, for full-time activities of daily living and/or full-time activities at work. Full-time activity is defined as a minimum of 6 hours per day, every day.
- Must meet either the "Orthopedic Criteria" or "Neurological Criteria" listed below.

Criteria must be indicated in E-Business Benefit Note.

Orthopedic Criteria

Must meet one of the following four criteria:

- 1. Gross knee instability resulting from partial/total knee replacement. Prescriber: Physician.
- 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.*
- 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.*
- 4. Ligament instability and client is not a surgical candidate. Examples: skeletal immaturity, medical condition, age, failed surgical repair.*
- 5. MRI demonstrates complete tear of two ligaments and surgery not scheduled for six months.*
- *Prescriber for Criteria 2, 3, 4 and 5: One of the following specialist physicians: orthopedics, physiatry, rheumatology, geriatrics, neurosurgery, neurology, pediatrics or a physician with a diploma in Sports Medicine from the Canadian Academy of Sport and Exercise Medicine.

Neurological Criteria

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. Prescriber: Physician.

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. "Upgrade" indicates a product whose cost exceeds the AADL maximum contribution, any additional cost is a client's choice and responsibility.

1 L/E Orthosis Per 4 Years

Stabilizing Knee Orthosis

Generic CFAB (Custom)

	Generic Cr Ab (Custoff)	TE/E Offilosis Fel 4 Teals	14700	Each
			KO	
	Procedure to be added, no other additions.			
	Generic Custom Fit (OTS)	1 L/E Orthosis Per 4 Years	N722 KO	\$785.05 Max. Each
	Procedure to be added, no other additions.			
	In-House Custom - Plastic	1 L/E Orthosis Per 4 Years	O545 KO	\$851.40 Each
	Procedure and joints to be added			
	In-House Custom - Laminate	1 L/E Orthosis Per 4 Years	O546 KO	\$1,214.77 Each
	Procedure and joints to be added			
Sta	bilizing Knee Orthosis Procedure			
	CFAB Custom	1 KO Procedure Per 4 Years	O570 KO	\$563.69 Each
	Custom Fit (OTS)	1 KO Procedure Per 4 Years	O571 KO	\$354.00 Each
	In-House Custom	1 KO Procedure Per 4 Years	O507 KO	\$652.19 Each

\$1.170.60 Max.

N700

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
nkle Foot Orthoses (AFO)		·	
Prescription Required			
FO			
Anterior Floor Reaction	1 L/E Orthosis Per 2 Years	O288 AFO	\$1,343.48 Each
Composite plastic molded to patient model layered lamination/carbon fibre	1 L/E Orthosis Per 2 Years	O265	\$2,217.38 Each
Check socket should be used. Criteria - Severe defort stability required. Must indicate criteria in E-Business		200 lbs. a	nd rotational
Conventional with double uprights, calf band and free ankle	1 L/E Orthosis Per 2 Years	O280 AFO	\$771.27 Each
Conventional with single upright, calf band and free ankle	1 L/E Orthosis Per 2 Years	0278	\$638.52 Each
CROW (Bivalved AFO lined with Rocker Sole)	1 L/E Orthosis Per 2 Years	O602 AFO	\$2,372.98 Each
Criteria: Charcot Ankle Joint. Criteria must be indicate Clients cannot have custom made footwear and a CR		7.11.0	
Custom-made to patient model - Double form	1 L/E Orthosis Per 2 Years	O369 AFO	\$1,654.66 Each
Custom-made to patient model - Single form	1 L/E Orthosis Per 2 Years	O272 AFO	\$1,249.68 Each
Energy Storing/Return Ankle Foot Orthosis	1 L/E Orthosis Per 2 Years	O578 AFO	\$1,703.93 Each
Active community ambulator, plantar flexion weakness Note.	s, quads good. Must indicate crit	eria in E-B	usiness Benefit
Generic Pre-Fab	1 L/E Orthosis Per 2 Years	N280 AFO	\$881.58 Max. Each
Night Splints for Neuromuscular Peds	1 L/E Orthosis Per 2 Years	E601 AFO	\$297.90 Each
Client not eligible for day and night AFO. Definitive brawithin 1 year, cost of AFO deducted.	ace policy confirmed with Physic	ian. If KAF	O required
PTB Prosthetic BK type socket molded to patient model with double uprights and free ankles	1 L/E Orthosis Per 2 Years	O275	\$1,962.98 Each
		AFO	
PTB, plastic molded to patient model ant/post shell	1 L/E Orthosis Per 2 Years	O277 AFO	\$1,962.98 Each
Supra malleolar - High temperature thermoplastic molded to patient model.	1 L/E Orthosis Per 2 Years	O155	\$8 \$1,343.48 Each \$5 \$2,217.38 Each \$8 \$771.27 Each \$6 \$638.52 Each \$6 \$638.52 Each \$6 \$1,654.66 Each \$7 \$1,249.68 Each \$6 \$1,703.93 Each \$8 \$1,703.93 Each \$8 \$1,703.93 Each \$297.90 Each \$1,962.98 Each \$1,962.98 Each \$1,962.98 Each \$1,962.98 Each \$1,962.98 Each \$1,962.98 Each \$1,010.84 Each
		AFO	
Combined midfoot and hindfoot instability causing seven neuromuscular conditions such as CP, Spina Bifida, Etibial dysfunction. Client's with soft tissue inflammatory Must indicate criteria in E-Business Benefit Note.	Down's Syndrome or orthopedic o		

Qty. / Freq. Cat. No. Orth. Type AADL Price

Ankle Foot Orthoses (AFO)

Prescription Required

Check for AFO

1 Check AFO Per 2 Years

N309 AFO \$424.28 Each

Skinny & boney prominent patients, Valgus / Varus greater than 10 – 15 degrees, severe sagital deformity, rotational deformity, high body weight, unstable midfoot, scarring or adhesions greater than 8 square cm. Criteria MUST be indicated in E-Business Benefit Note.

Knee Ankle Foot Orthoses (KAFO)

Prescription Required

Knee joints to be added.

Cost for ankle joints, specialized straps, joint covers already included in AADL Price.

Check for KAFO

1 Check KAFO Per 2 Years

N310

\$626.73 Each

KAFO

Skinny & boney prominent patients, Valgus / Varus greater than 10 – 15 degrees, severe sagital deformity, rotational deformity, high body weight, unstable midfoot, scarring or adhesions greater than 8 square cm. Criteria MUST be indicated in E-Business Benefit Note.

0			
Conventional - double upright	1 L/E Orthosis Per 2 Years	O287 KAFO	\$2,381.63 Ead
Conventional - single upright	1 L/E Orthosis Per 2 Years	O283 KAFO	\$1,982.16 Ead
Conventional - single upright without knee joint	1 L/E Orthosis Per 2 Years	O285 KAFO	\$1,627.66 Ea
Graphite - double upright	1 L/E Orthosis Per 2 Years	O299 KAFO	\$4,182.78 Ea
Hybrid - double upright	1 L/E Orthosis Per 2 Years	O293 KAFO	\$3,038.32 Ea
Hybrid - single upright	1 L/E Orthosis Per 2 Years	0292 KAFO	\$2,745.83 Ea
Plastic - double upright	1 L/E Orthosis Per 2 Years	O291 KAFO	\$3,038.32 Ea
Plastic - single upright	1 L/E Orthosis Per 2 Years	O290 KAFO	\$2,535.31 Ea

Qtv. / Freq.

Cat. No. Orth. Type

AADL Price

Stance Phase KAFO

Prescription Required

Criteria

- 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

Criteria must be indicated in E-Business Benefit Note.

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

Stance Phase KAFO

Free Walk Ottobock 170K1=L-120-OBA-7 1 L/E Orthosis Per 2 Years

0232

\$3,888.96 Each

KAFO

Additions to Lower Extremity Othoses

Total limit of 5 additions per orthoses. No duplicate additions permitted, except if individual sides (medial and lateral) are authorized separately, such as joints which are listed as "per side".

Ankle Joints

Generic Ankle Joints

5 L/E Additions Per 2 Years

N308 \$240.32 Max. Per

Side

AFO, HKAFO, THKAFO

Bail Locks Bar or Equivalent

5 L/E Additions Per 2 Years

\$330.07 Per Pair O343

KAFO. KO

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 joints. If only a single hinge/lock claim for 1/2 of price max.

Bariatric Option

Lower Extremity Orthosis

5 L/E Additions Per 2 Years

0498

\$349.50 Each

AFO, HKAFO, KAFO, THKAFO

Client is 100 lb. over normal weight or over 275 lb. Must indicate criteria in E-Business Benefit Note.

Becker Cable Control for Trigger Lock

MX003-HS/R

5 L/E Additions Per 2 Years

0184 AFO, KAFO, KO \$396.69 Each

Calf Band

Custom molded to patient model

5 L/E Additions Per 2 Years

O349 \$399.36 Each

Calf Lacer

Full, molded to patient model

5 L/E Additions Per 2 Years

O334

AFO, KAFO

\$525.28 Each

KAFO

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Additions to Lower Extremity Othoses			
Total limit of 5 additions per orthoses. No duplicate ad are authorized separately, such as joints which are lis		vidual sides (i	medial and lateral)
Calf Lacer Half, non-molded	5 L/E Additions Per 2 Years	O330 KAFO	\$239.99 Each
Custom Fabricated Flexible Interface	5 L/E Additions Per 2 Years	O579 AFO, KAFO	\$289.05 Each
Criteria: For unstable, high tone, or severe foot deform	nity. Criteria must be indicated i	n E-Busniess	Benefit Note.
Dorsi Flexion Stop Custom	5 L/E Additions Per 2 Years	O351 AFO, KAFO	\$293.50 Each
Drop Lock or Equivalent	5 L/E Additions Per 2 Years	HKAFO, KAFO,	\$184.08 Per Pair
To be added if the addition of magnets or corking screaning a single hinge/lock claim for 1/2 of price maximum	ews are <mark>incorporated into the fal</mark>	THKAFO brication prod	cedure. If only
Extension for Lineal Adjustment for Growth for Side Bars			
Ddis	5 L/E Additions Per 2 Years	O388 KAFO, THKAFO RGO	\$200.04 Each
Hip Joints Clevis type or thrust bearing, free	5 L/E Additions Per 2 Years	0381 HKAFO, KAFO	\$665.29 Each
Ischial Ring	5 L/E Additions Per 2 Years	O366 KAFO	\$618.59 Each
Knee Cage Pull Over	5 L/E Additions Per 2 Years	O359 KAFO	\$510.59 Each
Standard	5 L/E Additions Per 2 Years	O357 KAFO	\$420.09 Each
Knee Joints Adjustible Extension Ring Lock - Becker 1006	5 L/E Additions Per 2 Years	O391 KAFO, KO	\$302.24 Each
Automatic Spring Lever - Becker 1003	5 L/E Additions Per 2 Years	O379 KAFO, KO	\$347.34 Each
Disc or Dial Lock Joints for Adjustable Knee or Equivalent	5 L/E Additions Per 2 Years		\$426.26 Per Pair
If only a single hinge/lock claim for 1/2 of price maxim	um	KAFO, KO	
Free Motion/Ring Lock - Becker - 1002/1005/1008	5 L/E Additions Per 2 Years	O375 KAFO, KO	\$248.84 Each
Free Motion/Ring Lock - Ottobock 17B43=16	5 L/E Additions Per 2 Years	O373 KAFO	\$210.24 Each

Qty. / Freq.	Orth. Type	AADL Price

Additions to Lower Extremity Othoses

Total limit of 5 additions per orthoses. No duplicate additions permitted, except if individual sides (medial and lateral) are authorized separately, such as joints which are listed as "per side".

Knee Joints		
Generic	5 L/E Additions Per 2 Years	N699 \$448.20 Max. Each KAFO, KO
Offset Bail Locks 17B33 or Equivalent	5 L/E Additions Per 2 Years	O352 \$533.88 Each
Offset Drop Locks 17B20 or Equivalent	5 L/E Additions Per 2 Years	O350 \$242.85 Each
Polycentric - Ottobock 17B46	5 L/E Additions Per 2 Years	O371 \$439.90 Each
Polycentric Knee Joint - Becker	5 L/E Additions Per 2 Years	O377 \$358.14 Each
Ratchet Lock - Becker	5 L/E Additions Per 2 Years	O399 \$347.79 Each
Step Loc - OTS Corp	5 L/E Additions Per 2 Years	O401 \$389.42 Each
Swiss Lock - Ottobock 17B36/17B48	5 L/E Additions Per 2 Years	O380 \$361.00 Each
Locking Knee Hinge(s) or Equivalent		
For custom-made stabilizing knee orthosis	5 L/E Additions Per 4 Years	O477 \$285.56 Each
For custom-made unloading knee orthosis	5 L/E Additions Per 4 Years	O479 \$285.56 Each
Molded Foot Section Attached to Stirrup		
	5 L/E Additions Per 2 Years	O353 \$743.68 Each
Pad		
Gluteal	5 L/E Additions Per 2 Years	O386 \$148.93 Each HKAFO, KAFO, THKAFO
Sub Patellar	5 L/E Additions Per 2 Years	O358 \$51.16 Each
Pelvic Band, Belt and Hip Joint		
Bilateral	5 L/E Additions Per 2 Years	O384 \$1,696.74 Each
Unilateral	5 L/E Additions Per 2 Years	O382 \$1,094.03 Each
Plantar Flexion Stop		
Custom	5 L/E Additions Per 2 Years	O354 \$161.75 Each
Pre-Tibial or Femoral Shell		
Molded to patient model	5 L/E Additions Per 2 Years	O336 \$434.85 Each AFO, HKAFO, KAFO, THKAFO

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Additions to Lower Extremity Othoses			
Total limit of 5 additions per orthoses. No duplicate ad are authorized separately, such as joints which are list		idual sides (ı	medial and lateral)
Quadrilateral Brim			
Molded to patient model	5 L/E Additions Per 2 Years	O368 KAFO	\$867.99 Each
RGO (Reciprocating Gait Orthosis)			
Pelvic assembly and jacket only, does not include	5 L/E Additions Per 2 Years	O387	Prior Approval
KAFO's.		KAFO, RGO	
Contact AADL for prior approval of price.			
Round Caliper Plate			
	5 L/E Additions Per 2 Years	O362 AFO, KAFO	\$288.32 Each
Specialized Strap			
Dorsal Ankle Strap (retention)	5 L/E Additions Per 2 Years	O413 AFO	\$47.40 Each
High extensor tone requires additional strap. Must indi	icate cr <mark>ite</mark> ria <mark>in E-B</mark> usiness Bene	efit Note.	
Valgus or Varus "T" Straps	5 L/E Additions Per 2 Years	O415 AFO	\$119.96 Each
Stirrup			
Spilt stirrup and flat caliper plate or solid sturrip	5 L/E Additions Per 2 Years	O367 AFO, KAFO	\$290.83 Each
Thigh Lacer			
Full, molded to patient model	5 L/E Additions Per 2 Years	O374 KAFO	\$620.28 Each
Full, non-molded	5 L/E Additions Per 2 Years	O372 KAFO	\$422.36 Each
Half, custom made	5 L/E Additions Per 2 Years	O376 KAFO	\$365.09 Each

Qty. / Freq.	Cat. No. Orth. Type	AADL Price

Stance Phase Knee Joint

Prescription Required

Criteria

- 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

Criteria must be indicated in E-Business Benefit Note.

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

Becker Load Response	
1 J	Joint Per 2 Years O240 \$1,219.36 Each
	KAFO
Horton Stance Phase	
2 Jo	Joints Per 2 Years 0243 \$1,585.88 Each
	KAFU
Stance Phase Knee Joint - Fillauer Swing Phase Lock	
1,1	Joint Per 2 Years O263 \$3,825.60 Each

Thoracic-Hip-Knee-Ankle Orthoses

Standing frames can also be found under AADL Approved Products List: Pediatric Equipment. Please refer to the AADL website for more information.

Winnipeg Standing Frame

1 L/E Orthosis Per 4 Years O222 \$2,273.70 Each

AFO, HIPO

Additions to Footwear

Transfer Of Caliper Plate From Shoe To Shoe	2 Transfers Per 2 Years	0442 AFO	\$355.90 Each
Transfer of Dennis Brown Foot Plates To New Shoes			
	2 Transfers Per 2 Years	O446	\$181.22 Each

Transfer Of Solid Stirrup From Shoe To Shoe

2 Transfers Per 2 Years

O444 \$444.40 Each
AFO, KAFO

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Partial Foot Prostheses			
Prescription Required			
Partial Foot Prosthesis			
AFO Style Partial Foot Prosthesis	1 L/E Orthosis Per 2 Years	O207 PF	\$2,331.50 Each
No additions			
Custom Foot Orthosis Style with Toe Filler	1 L/E Orthosis Per 2 Years	0087 PF	\$504.54 Each
No additions			
Custom Foot Orthosis Style with Toe Filler and Sole Stiffener	1 L/E Orthosis Per 2 Years	O157	\$742.49 Each
No additions			
Custom Silicone Prosthesis	1 L/E Orthosis Per 2 Years	O247 PF	\$2,682.00 Each
UPGRADE, No additions			
Enclosed Socket Style Prosthesis	1 L/E Orthosis Per 2 Years	O197 PF	\$1,609.00 Each
No additions			

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Shoulder and Shoulder-Elbow-Wrist-Hand	d Orthoses		
Prescription Required			
Functional Arm Orthosis With Shoulder Cap	1 U/E Orthosis Per 2 Years	O453	\$2,109.73 Each
No Additions			
Highlander Shoulder Sling	1 U/E Orthosis Per 2 Years	0447 so	\$656.36 Each
Humeral Orthosis Custom Fitted	1 U/E Orthosis Per 2 Years	0449 so	\$295.72 Each
Molded to patient model	1 U/E Orthosis Per 2 Years	O451	\$961.96 Each
Elbow Orthoses			
Prescription Required			
Elbow Orthosis Molded to patient - low temp thermoplastics	1 U/E Orthosis Per 2 Years	0454	\$426.71 Each
Molded to patient model	1 U/E Orthosis Per 2 Years	O456	\$838.69 Each
Hinged Elbow Orthosis Molded to patient model	1 U/E Orthosis Per 2 Years	O455	\$1,230.04 Each
Wrist-Hand Orthoses - Dynamic			
Prescription Required CTI2 Wrist Brace			
Custom - made from cast	1 U/E Orthosis Per 2 Years	O140 WHO	\$1,512.42 Eacl
OTS Fit according to measurements	1 U/E Orthosis Per 2 Years	O153 WHO	\$544.31 Each
WHO Molded to patient model with joints	1 U/E Orthosis Per 2 Years	O463 WHO	\$1,098.57 Eac
Rancho, Engen or equivalent	1 U/E Orthosis Per 2 Years	O465 WHO	\$1,663.01 Eac

1 U/E Orthosis Per 2 Years

1 U/E Orthosis Per 2 Years

Custom made, soft leather

Custom Fitted, long opponens kit type

Prescription Required

WHO

\$298.47 Each

\$983.73 Each

O466

WHO

O492

WHO

Upper Extremity Orthoses			
	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Wrist-Hand Orthoses - Static			
Prescription Required			
WHO Molded to patient model, high temperature thermoplastics	1 U/E Orthosis Per 2 Years	O462	\$918.81 Each
Static Molded to the patient model, working splint (wrist gauntlet)	1 U/E Orthosis Per 2 Years	O490 WHO	\$807.79 Each
Hand Orthoses - cannot be added to WHO			
Prescription Required			
Short Opponens Molded to patient model	1 U/E Orthosis Per 2 Years	0469 WHO	\$564.34 Each
Short Opponens Kit Custom Fitted - Rancho, Engen or equivalent	1 U/E Orthosis Per 2 Years	O464 WHO	\$243.75 Each
Finger Orthoses			
Generic Finger Orthosis Functional Ring Splints To control finger deformities. No Additions.	1 Per Digit Per 2 Years	N305 S	\$293.63 Max. Each
Additions to Upper Extremity Othoses			
Total limit of 10 additions per orthoses. No duplicate at 1st Dorsal Interosseous Assist	dditions for the same digits or joint 10 U/E Additions Per 2 Years	o470	\$154.22 Each
Adjustable MD Elevier Control		WHO	·
Adjustable MP Flexion Control	10 U/E Additions Per 2 Years	O486 WHO	\$302.85 Each
Adjustable MP Flexion Control and IP Flexion Control	10 U/E Additions Per 2 Years	O488 WHO	\$347.10 Each
Adjustable Position Lock Contracture reduction	10 U/E Additions Per 2 Years	0460 EO	\$349.83 Each
With Active Control	10 U/E Additions Per 2 Years	O461	\$1,130.49 Each
Dynamic Elbow Extension Assist To maintain/increase ROM chronic non-fixed flexion of	10 U/E Additions Per 2 Years	O365	\$761.40 Each
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Upper Extremity Orthoses

	Qty. / Freq.	Cat. No. Orth. Type	AADL Price
Additions to Upper Extremity Othoses		•	
Total limit of 10 additions per orthoses. No duplicate ad	dditions for the same digits or joi	nt.	
Figure 8 Harness and Bowden Cable			
	10 U/E Additions Per 2 Years	O485	\$259.00 Each
Flexion or Extension Assist			
	10 U/E Additions Per 2 Years	0484 WHO	\$161.44 Each
Flexion/Extension Assist	10 U/E Additions Per 2 Years	O458 EO	\$237.25 Each
IP Ext. Assist	10 U/E Additions Per 2 Years	0472 WHO	\$65.77 Each
Lumbrical Bar	10 U/E Additions Per 2 Years	0473 WHO	\$182.65 Each
Metal Uniaxial Hinge with Adjustable Postion Lock Beckers 4001C/4001B	10 U/E Additions Per 2 Years	O360 WHO	\$377.03 Each
Beckers Flexion or Extension Assist 4001C/4001B	10 U/E Additions Per 2 Years	O356 WHO	\$377.03 Each
MP Ext. Assist			
	10 U/E Additions Per 2 Years	O476 WHO	\$65.77 Each
MP Ext. Stop	10 U/E Additions Per 2 Years	0474 WHO	\$94.15 Each
Spring Swivel Thumb	10 U/E Additions Per 2 Years	O480 WHO	\$214.52 Each
Tamarack Hinge for Elbow Dorsiflexion assist or non-dorsiflexion assist	10 U/E Additions Per 2 Years	O158	\$235.20 Per Pair
Tamarack Hinge for Wrist			
Dorsiflexion assist or non-dorsiflexion assist	10 U/E Additions Per 2 Years	O160 WHO	\$235.20 Per Pair
Thumb MP Stop With Thumb IP Ext. Assist	10 U/E Additions Per 2 Years	O482 WHO	\$211.68 Each
Thumb Post	10 U/E Additions Per 2 Years	0471 WHO	\$101.42 Each
Wrist-Hand Orthosis Added to EO	10 U/E Additions Per 2 Years	O508 EO	\$298.50 Each

Non-Rigid Musculoskeletal Supports

	Qty. / Freq.	Cat. No. AADL Price
Spinal Orthoses - Non-Rigid		
Prescription Required		
Generic Dorso-Lumbar Support 1st Fitting	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N741 \$338.68 Max. Each
2nd Support - No Fitting Fee	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N301 \$161.68 Max. Each
Generic Lumbo-Sacral Support		
1st Fitting	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N744 \$350.62 Max. Each
2nd Support - No Fitting Fee	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N302 \$173.62 Max. Each
Lumbosacral Support		
Custom Made	1 Custom Made Support Per 12 Months	O128 \$362.84 Each
Sacroiliac Support		
Custom Made	1 Support Per 12 Months	O156 \$567.28 Each
Thoraco-Lumbo-Sacral support Custom Made	1 Custom Made Support Per 12 Months	O097 \$554.81 Each
Soft Support Additions		
Bariatric Option for Soft Supports	2 Additions Per 12 Months	N746 \$177.00 Each
Hernia Supports		
Prescription Required		
Generic Abdominal Hernia Support 1st Fitting	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N740 \$281.56 Max. Each HERNIA
2nd support - No Fitting Fee	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N306 \$104.56 Max. Each HERNIA
Generic Inguinal Hernia Support		
1st Fitting	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N742 \$237.70 Max. Each HERNIA
2nd support - No Fitting Fee	1 "1st Fitting" & 1 "2nd Support" Per 12 Months	N307 \$60.70 Max. Each

Non-Rigid Musculoskeletal Supports

Cat. No. Orth. Type **AADL Price** Qty. / Freq. Hernia Supports Prescription Required Hernia Support Cloth/elastic Type **Custom Made** 1 Custom Made Support Per \$597.55 Each 0179 12 Months HERNIA

Orthotic Benefits for Clubfoot

Qtv. / Freq.

Cat. No. Orth. Type

AADL Price

Orthotic Benefits for Clubfoot

Clubfoot benefits are part of AADL Orthotic Benefits, but are administered differently.

Eligibility Criteria:

- Clients must meet all AADL general eligibility criteria and must be diagnosed with clubfoot and have an orthosis recommended by an orthopedic surgeon or specialized clubfoot team.
- Clients are not eligible for a clubfoot orthosis and another lower extremity orthosis at the same time. For example, a client may not have a clubfoot brace and AFO at the same time.
- Clubfoot benefits are not eliqible for repairs or modifications. The cost for any repairs or maintenance outside of the manufacturer's warranty is the client's responsibility.
- These authorizations are exempt from the Validation Certificate requirements.

Authorizations:

- Clubfoot benefits are provided using an ongoing authorization which is active for five years from the initial assessment date.
- Enter Client's Orthotic History Extremity Type as LR and the Orthotic Device Type as CF.
- Enter all Catalogue Numbers with the maximum quantities as per the APL.
- Enter LRCF under the Serial Number field.
- Notifiy the AADL Benefit Clerk by email of the Authorization Number before submitted a claim to ensure the authorization is extended for 5 years.
- When submitting a claim, enter LRCF in the Serial/Brnd field and bill only the quantities provided at that time.
- Do not use the Maintain function for these authorizations. Use Inquiry to view it.
- Benefit notes are only required when the authorization is first created. After this time maintain appropriate clinical notes for the ongoing provision of benefits.

Please Note:

 Clients or Specialty Suppliers may contact AADL directly to request a vendor change for a clubfoot authorization or for clients who require benefits for longer than five years.

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Complete Orthotic Assessment

3 Complete Assessments Per 5 Years

O750

\$132.75 Per

Assessment

CF

Includes the assessment, measurement, and fitting of clubfoot AFOs and abduction bar. Only available to non-AHS vendors.

Follow-Up Assessment

10 Follow-Ups Per 5 Years

O753

\$70.80 Per

Assessment

Includes the assessment, measurment and fitting of replacement components (AFOs or abduction bar). Only available to non-AHS vendors, if new measurements are taken by the vendor.

Generic Abduction Bar

All sizes

3 Abduction Bars Per 5 Years

N751 \$111.32 Max. Each

CF

Generic AFOs/Boots

All sizes

8 Pairs of AFOs/Boots Per 5 Years

N753 \$341.72 Max. Per Pair

CF

If only one boot required, maximum price is \$170.86

Orthotic Service Fees

Qty. / Freq.

Cat. No. Orth. Type **AADL Price**

Orthotic Modifications and Repairs

AADL will not fund any modifications or repairs to an orthotic device within ninety (90) days of provision of the device. Specialty Suppliers are required to provide all necessary follow-up to ensure the device is able to be used for the purpose intended without additional cost to AADL or the client.

Replacement of components (joints, retention straps, etc.) must be authorized using the respective catalogue numbers listed in the approved product list. Do not use modification or repair catalogue numbers for replacement.

Basic maintenance of an orthosis, for example cleaning of the device is the client's responsibility.

Specialty Supplier must document the nature of the work completed and the clinical justification in the E-business benefit notes for all authorized modifications or repairs.

Adjustments

Adjustment for Pressure Area

3 Adjustsments Per 12 Months

O605 All except CF, HERNIA, NRS \$59.70

For adjustments due to a documented area of pressure or significant irritation.

Sizing/Fit Adjustment

3 Adjustsments Per 12 Months

O603
All except CF,
HERNIA, NRS

\$59.70

For adjustments due to a change in the size or shape of the client's body.

Orthotic Modification and Repairs

Major Modification or Repair

3 Modifications/Repairs Per 12 Months O609
All except CF,
HERNIA, NRS

Prior Approval

Eligible only if component will not be replaced for at least 6 months.

Fax the following information to AADL for prior approval:

- Client information
- Detailed description of the work to be done
- Clinical justification
- Cost breakdown, including all labour and materials

Minor Modification or Repair

3 Modifications/Repairs Per

0607

\$139.35

12 Months All except CF, HERNIA, NRS

To maintain structural integrity and/or function orthosis.

Non-Warranty Repair by Manufacturer

3 Modifications/Repairs Per 12 Months O627 All except CF, HERNIA, NRS Prior Approval

Eligible only if component will not be replaced for at least 6 months.

Fax the following information to AADL for prior approval:

- Client information
- Detailed description of the work to be done
- Clinical justification
- Cost breakdown, including all labour and materials

Warranty Repair by Manufacturer

3 Modifications/Repairs Per 12 Months O625

\$221.25

All except CF, HERNIA, NRS

For commercial components only. Cannot be authorized for fit adjustments. Eligible only if component will not be replaced for at least 6 months. Includes: Removal and re-installation of the component.

Orthotic Service Fees

Qty. / Freq.

Cat. No. Orth. Type **AADL Price**

Orthotic Replacement Components

AADL will not fund any replacement components for an orthotic device for a <u>minimum</u> of ninety (90) days of provision of the device. Specialty Suppliers are required to provide all necessary follow-up to ensure the device is able to be used for the purpose intended without additional cost to AADL or the client.

The catalogue numbers listed below must only be used to replace a component on the client's most current orthosis. They cannot be used as part of an authorization for a new device, nor can they be used to authorize duplicate or back-up components.

If the component to be replacement was originally authorized using a specific catalogue number (joints, retention straps, etc.), it must be authorized using that same original catalogue number.

Specialty Supplier must document the nature of the work completed and the clinical justification in the E-business benefit notes for all authorized replacement components.

Replacement Liner					
Cervical Orthosis	1 Liner Per 12 Months	O495	\$36.25 Each		
After 6 months					
Generic Knee Orthosis Liner Kit	1 Set of Liners Per 12 Months	N708 KO	\$119.91 Max. Each		
After 6 months					
Replacement Parts for Milwaukee Orthosis					
Kyphosis pad	3 Replacement Parts Per 2 Years	O192 CTLSO	\$163.28 Each		
Lumbar pad	3 Replacement Parts Per 2 Years	O194 CTLSO	\$82.86 Each		
Skirt	3 Replacement Parts Per 2 Years	O214 CTLSO	\$1,776.12 Each		
Sternal pad	3 Replacement Parts Per 2 Years	O198 CTLSO	\$120.54 Each		
Replacement Straps					
Lower Extremity Strap - Lower Leg	4 Lower Leg Straps Per 12 Months	O526 AFO, HKAFO KAFO, KO, THK			
Lower Extremity Strap - Specialized Knee Strap - Generic	1 Knee Strap Per 12 Months	N714	\$57.55 Max. Each		
	HKAFO, KAFO, KO, THKAFO				
Primarily used as part of a CFAB KO					
Lower Extremity Strap - Upper Leg	4 Upper Leg Straps Per 12 Months	O519 HKAFO, KAFO, THKAFO	\$33.15 Each ко,		
Spinal/Pelvic Orthosis Strap	4 Spinal Straps Per 12 Months	CO, CTLSO HELMET, HIP HKAFO, LSO, R THKAFO, TLS	O, GO,		

Orthotic Service Fees

Qty. / Freq.

Cat. No. Orth. Type **AADL Price**

Orthotic Replacement Components

AADL will not fund any replacement components for an orthotic device for a <u>minimum</u> of ninety (90) days of provision of the device. Specialty Suppliers are required to provide all necessary follow-up to ensure the device is able to be used for the purpose intended without additional cost to AADL or the client.

The catalogue numbers listed below must only be used to replace a component on the client's most current orthosis. They cannot be used as part of an authorization for a new device, nor can they be used to authorize duplicate or back-up components.

If the component to be replacement was originally authorized using a specific catalogue number (joints, retention straps, etc.), it must be authorized using that same original catalogue number.

Specialty Supplier must document the nature of the work completed and the clinical justification in the E-business benefit notes for all authorized replacement components.

Replacement Straps

Upper Extremity Strap

8 U/E Straps Per 12 Months

O528

\$33.15 Each

EO, SO, WHO

