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11.0 Mobility equipment and supplies benefits list

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11.1 General information

11.1.1 Benefit policies

General information common to all medical supplies and equipment (MS&E) can be found in the general policies.

11.1.2 Prescriber and provider requirements

Prescriptions or recommendations for coverage must be initiated by the health professionals identified as prescribers or recommenders of the specific item as listed in the tables. Items that are prescribed by prescribers/recommenders not recognized by NIHB for the specific item will lead to denials or reversals of claims.

The following is a list of NIHB recognized prescriber/recommender abbreviations found in this segment of the benefits list. Please refer to the prescriber section of the item tables below to identify the eligible prescriber/recommender of a specific item:

- LPN/RPN — Licensed Practical Nurse/Registered Practical Nurse when within their scope of practice in their province/territory (see endnote Footnote1 and Footnote2)
- MD — Physician
- NP — Nurse Practitioner
- OT — Occupational Therapist
- PT — Physiotherapist
- RN — Registered Nurse

The following is a list of NIHB recognized provider abbreviations found in this segment of the benefits list. Please refer to the provider section of the item tables below to identify the eligible provider of a specific item:

- GEN — Enrolled general medical supplies and equipment or pharmacy provider

11.1.3 Prior approval requirements

General prior approval requirements can be found in the general policies.

To initiate the prior approval process, the Mobility Prior Approval Form, found on the Express Scripts Canada NIHB provider and client website, must be completed in full and submitted to your NIHB regional office along with the following supporting documentation:

- the prescription or recommendation or referral form signed by an NIHB recognized prescriber for the requested benefit
- detailed assessment (see appropriate section), including whether specialized equipment (standing frames, walkers, wheelchairs, strollers) has been trialed
- additional relevant information the provider, physician, nurse practitioner, occupational therapist, or physiotherapist may have to support the request
- an explanation of benefits from any third-party coverage available to the client (for example: provincial plan, workers' compensation board, private insurance, education plan, etc.)

11.1.4 Exclusions

In addition to the general exclusion policy listed in the general policies, the following items are excluded from the mobility benefit and are not considered for coverage or appeal under the NIHB program:

- equipment with a rated capacity that would be unable to bear the client's weight
- scooters

11.1.5 Warranties

- providers must honour the manufacturer's warranty
- all wheelchairs and medical strollers must carry at a minimum, a one-year warranty

11.1.6 Repairs

The program will cover minor repairs to wheelchair under a special authorization process. When providers submit a prior approval for a new wheelchair or request a repair to an existing wheelchair, a special authorization will be created to allow the provider to directly claim up to the unit price established in the price file for subsequent repairs. The special authorization will be effective from the device warranty expiration date to the device frequency limit. Repairs prices include parts (the program only covers new parts) and labour.

Prior to performing a repair, the provider must communicate with Express Scripts Canada to confirm if prior approval is required. Repairs that are not covered under the warranty are eligible for coverage when supported by proper documentation.

The following rules apply:

- prior approval is required for repairs exceeding the unit price or frequency
- request must include detailed cost breakdown of parts, labour time and rates
- repairs must have a minimum warranty of 90 days

A description of all repairs with dates, detailed cost breakdown of parts, labour time and rates must be kept on file for each client.

Note: The NIHB program will not cover the labour cost for repairs that are covered under the warranty.

11.1.7 Replacement requirements

To be eligible for replacement the item must meet **ONE** of the following conditions:

- be outside the recommended replacement guideline
- not working, outside of warranty and the cost of repair exceeds the cost of a new item
- the item no longer meets the client's needs due to a change in medical condition

All other requests for replacement require a new prescription and a medical justification. A copy of the prescription and prescriber number must be kept in the clients file at the provider's office with all replacements.

If an item is required before the recommended replacement guidelines, documentation supporting the need for early replacement must be provided.

11.1.8 Services included in the price

The following services must be included in the price of the item to be considered for coverage:

- initial assessment to determine the type of benefit required
- product and parts ordering and delivery from manufacturer to provider (including delivery costs, exchange rate)
- adjustments or fittings
- dispensing of the benefit

11.1.9 Terminology

Item code

The item code is an 8-digit code that identifies the benefit being requested and is submitted to Express Scripts Canada for billing purposes.

Prior approval

A program coverage confirmation is issued by a NIHB regional office to a provider to ensure that the client is eligible for specific medical supplies and equipment benefits. The approval is issued primarily for items identified as requiring prior approval before being billed to the program.

Recommended replacement guidelines

The recommended replacement guidelines set a maximum number of each item a client may receive over a given period of time (frequency). Coverage of additional items may be considered on a case-by-case basis. For requests exceeding the recommended replacement guidelines, a prior approval is required.

Unit price

Unit price information may be found on the price files, located on the Express Scripts Canada NIHB provider and client website.

11.2 Seating device

Eligibility criteria:

- the client has a chronic long-term disability requiring support to obtain and/or maintain a seated position
- the client has been assessed in the environment where the chair is intended to be used
- prior approval is required

Assessment from occupational therapist or physiotherapist must include:

- the need for the item
- the client's anthropometric measurements including height and weight
- the client's medical, physical status and functional postural/positioning issues
- other relevant information
- device manufacturer, model, and weight capacity
- completed manufacturer's order sheet

11.2.1 Positioning seat

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400974	Positioning seat, adolescent	MD, NP, OT, PT	GEN	Yes	1 every 4 years	
99400975	Positioning seat, bariatric	MD, NP, OT, PT	GEN	Yes	1 every 4 years	
99400972	Positioning seat, infant	MD, NP, OT, PT	GEN	Yes	1 every 4 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400973	Positioning seat, toddler and school age	MD, NP, OT, PT	GEN	Yes	1 every 4 years	
99400977	Parts, seat device		GEN	Yes		

11.3 Standing device

Eligibility criteria:

- the client should have a diagnosis of an underlying medical condition that involves inability to walk or loss of walking ability
- the client has been assessed in the environment of the intended use
- if the requested item was adjudicated by a Provincial/Territorial program, this information should be included with the request

Prior approval is required. Assessment from occupational therapist or physiotherapist must include:

- the need for the item
- the client's anthropometric measurements including height and weight
- the client's medical, physical status and functional postural/positioning issues
- other relevant information
- device manufacturer, model, and weight capacity
- completed manufacturer's order sheet

11.3.1 Frame

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400979	Standing frames, adolescent	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400981	Standing frames, bariatric	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400978	Standing frames, pediatric	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400983	Parts, standing frame		GEN	Yes		

11.4 Walking aid

11.4.1 Cane

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400332	Cane, single	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 per lifetime	
99400333	Cane, aluminum adjustable quad	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 per lifetime	

11.4.2 Crutches

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400335	Crutches axillary, pair, purchase	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 every 2 years	
99400336	Crutches axillary, pair, rental	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400337	Crutches, specialized, pair, purchase	MD, NP, OT, PT	GEN	Yes	1 every 5 years	• forearm crutches • crutches made from more durable materials (due to client weight and/or rugged terrain) • crutches that are custom-made due to client size

11.4.3 Walker

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400338	Walker, standard, purchase	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 every 5 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400340	Walker, 4 wheel, purchase	MD, NP, OT, PT	GEN	No	1 every 5 years	
99400931	Walker, 2 wheeled, purchase	MD, NP, OT, PT, RN	GEN	No	1 every 5 years	
99400934	Walker, 4 wheel, bariatric, purchase	MD, NP, OT, PT	GEN	No	1 every 5 years	
99400341	Walker, wheeled, rental	MD, NP, OT, PT, RN	GEN	Yes		
99400339	Walker, standard, rental	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	Yes		
99400812	Walker, standard, recycled	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	Yes	1 every 5 years	
99400813	Walker, wheeled, recycled	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	Yes	1 every 5 years	

11.5 Medical stroller

NIHB provides coverage for a medical stroller when there is a presence of mobility limitations with an inability to self-propel a mobility device and confirmation from an occupational therapist or physiotherapist indicating the medical stroller is the most suitable device to meet the client's needs as the primary mobility device and will meet the client's long-term needs for 5 years.

Providers must submit the following information:

- an occupational therapy or physiotherapy report explaining how the medical stroller will meet the client's functional needs. The report should include the client's:
  - medical, physical and functional status, including the client's mobility and transfer status
  - client's height and weight
  - justification why a medical stroller is required rather than a manual wheelchair
  - length of time the stroller is expected to meet the child's needs
  - clinical justification for all additional features requested with the medical stroller
  - explanation why a commercial stroller is not suitable

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400891	Medical stroller	MD, NP, OT, PT	GEN	Yes	1 every 5 years	

11.6 Wheelchair

Eligibility criteria:

- the wheelchair is not available to the client through any other federal, provincial, territorial or third-party health care program
- requests for coverage for a wheelchair should be supported by diagnostic and assessment information provided by an occupational therapist or physiotherapist
- the wheelchair is intended for use in a home setting or other ambulatory care setting
- the wheelchair is medically needed and will meet the client's need for activities of daily living
- the client should be able to use their wheelchair in their place of residence to perform their activity of daily living (for example, wheelchair fits within the client's home environment and doorways)
- the wheelchair must be the most cost-effective option to meet the client's medical needs
- the wheelchair is intended for use in a home setting or other ambulatory care setting
- only options and accessories essential for medical or safety reasons may be covered
- the wheelchair must be able to meet the client's weight requirements

11.6.1 Manual wheelchair

11.6.1.1 Manual wheelchair without prior approval

Certain manual wheelchairs can be covered without prior approval.

In situations where the client has an above or below knee amputation or in cases where **ALL** of the conditions below are met:

- the wheelchair unit price is below the price listed in the price files on the Express Scripts Canada NIHB provider and client website
- the client is a part-time wheelchair user (full-time wheelchair users need a more advanced chair which requires prior approval)
- the client is not transferring to a long term care facility
- the client is not in palliative care (NIHB will cover a rental)
- the recommended replacement guidelines are respected

Providers must keep on file a copy of the prescription, the assessment report (if available), the order sheet, and the warranty details as described in the manual wheelchair with prior approval section. This information must be submitted if requested for verification purposes.

11.6.1.2 Manual wheelchair with prior approval

Providers must submit the following information for prior approval:

- a prescription or recommendation (a prescription is not required when an occupational therapy or physiotherapy report is provided)
- an occupational therapy or physiotherapy report explaining how the wheelchair and any additional features, will meet the client's functional needs including the client's:
    - the diagnosis(es)
    - the client's physical and functional status and the current method of mobilization
    - the client's height and weight
    - the justification for the client's need for a manual wheelchair to complete activities of daily living
    - the number of hours per day that the wheelchair will be used
    - the explanation of the client's ability to self-propel
    - the confirmation that the manual wheelchair fits within the client's home environment
    - the type and model of the wheelchair recommended and rationale for chosen model
    - the dimensions and features of the wheelchair recommended
    - the clinical rationale for all additional features and accessories
    - the indication that the recommended equipment was trialed
    - transfer status
    - the clinical rationale indicating why a basic cushion is not recommended
- a completed wheelchair order sheet which includes the manufacturer and model/item number or code
- warranty details (including expiration date)

11.6.1.3 Backup manual wheelchair

Clients using a power wheelchair as their primary mobility device may be eligible for the coverage of a standard manual wheelchair as a backup to provide a temporary means for mobility when the power wheelchair is not available (such as when it is in for repairs or maintenance). For coverage, the client must meet NIHB's criteria for a power wheelchair.

A backup manual wheelchair may be covered when:

- a power wheelchair is approved by the program

  OR

- the client has a power wheelchair that was covered by the program or by another provincial/territorial benefit plan to which the NIHB client is eligible

The program may cover a new manual wheelchair for a client who is transitioning from a manual to a power wheelchair only if there is a significant change in the client's medical needs or it is no longer economical to repair the manual wheelchair currently used by the client.

A tilt-in-space manual wheelchair may be covered as a backup for clients with a tilt-in-space power wheelchair

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400349	Wheelchair, manual, purchase	MD, NP, OT, PT	GEN	No	1 every 5 years	
99400350	Wheelchair, manual, rental	MD, NP, OT, PT	GEN	Yes		
99400814	Wheelchair, manual, recycled, purchase	MD, NP, OT, PT	GEN	Yes	1 every 5 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400942	Backup manual w/c purchase	MD, NP, OT, PT	GEN	Yes	1 every 5 years	

11.6.2 Power wheelchair

Eligibility criteria in addition to general wheelchair eligibility:

- the client or caregiver must be able to care for a power wheelchair and keep batteries charged
- the client must be able to safely, independently and with good judgment operate a power wheelchair
- the wheelchair is the client's primary mobility device
- the wheelchair is needed for indoor use to meet client's need for activities of daily living

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400785	Power wheelchair, purchase	MD, NP, OT, PT	GEN	Yes	1 every 5 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400815	Power wheelchair, recycled, purchase	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400918	Power wheelchair, rental	MD, NP, OT, PT	GEN	Yes		

11.7 Wheelchair parts

11.7.1 Back support

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400357	Back support, adult	MD, NP, OT, PT	GEN	Yes	1 every 3 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400660	Back support, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	
99400662	Back support cover, adult	MD, NP, OT, PT	GEN	Yes	1 every 2 years	
99400661	Back support cover, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	

11.7.2 Seat cushion

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400361	Seat cushion cover, adult	MD, NP, OT, PT	GEN	Yes	1 every 2 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400363	Seat cushion, adult	MD, NP, OT, PT	GEN	Yes	1 every 3 years	
99400668	Seat cushion cover, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	
99400669	Seat cushion, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	

11.7.3 Arm rest

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400372	Arm rest, fixed support, 1pc	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400674	Arm rest, fixed support, 1pc, pads	MD, NP, OT, PT	GEN	Yes		
99400675	Arm rest, fixed support, 1pc, hardware	MD, NP, OT, PT	GEN	Yes		
99400676	Arm rest, fixed support, multi component	MD, NP, OT, PT	GEN	Yes		
99400677	Arm rest, fixed support, multi component, pad	MD, NP, OT, PT	GEN	Yes		
99400678	Arm rest, fixed support, multi component, hardware	MD, NP, OT, PT	GEN	Yes		
99400679	Arm rest, movable	MD, NP, OT, PT	GEN	Yes		

11.7.4 Calf

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400681	Calf board, child	MD, NP, OT, PT	GEN	Yes		
99400682	Calf board, adult	MD, NP, OT, PT	GEN	Yes		

11.7.5 Caster

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400376	Caster	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400377	Caster fork	MD, NP, OT, PT	GEN	Yes		
99400378	Caster housing	MD, NP, OT, PT	GEN	Yes		
99400379	Caster housing dust cover	MD, NP, OT, PT	GEN	Yes		
99400380	Caster plate	MD, NP, OT, PT	GEN	Yes		

11.7.6 Head-neck rest

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400707	Neck rest, adjustable, child	MD, NP, OT, PT	GEN	Yes		
99400708	Neck rest, adjustable, adult	MD, NP, OT, PT	GEN	Yes		
99400709	Neck rest with headrest, adjustable, child	MD, NP, OT, PT	GEN	Yes		
99400710	Neck rest with headrest, adjustable, adult	MD, NP, OT, PT	GEN	Yes		
99400694	Head rest	MD, NP, OT, PT	GEN	Yes		

11.7.7 Foot

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400383	Footplate	MD, NP, OT, PT	GEN	Yes		
99400683	Footplate extension	MD, NP, OT, PT	GEN	Yes		
99400684	Footrest	MD, NP, OT, PT	GEN	Yes		
99400690	Foot box, child	MD, NP, OT, PT	GEN	Yes		
99400691	Foot box, adult	MD, NP, OT, PT	GEN	Yes		
99400692	Foot pocket, child	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400693	Foot pocket, adult	MD, NP, OT, PT	GEN	Yes		

11.7.8 Stabilizer

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400367	Pelvic stabilizer, one side, adult	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400368	Pelvic stabilizer, pair, adult	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400666	Pelvic stabilizer, one side, child	MD, NP, OT, PT	GEN	Yes	1 every 3 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400667	Pelvic stabilizer, pair, child	MD, NP, OT, PT	GEN	Yes	1 every 3 years	

11.7.9 Interface mounting

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400702	Interfacing/mounting, strap, child	MD, NP, OT, PT	GEN	Yes		
99400703	Interfacing/mounting, seat, simple	MD, NP, OT, PT	GEN	Yes		
99400704	Interfacing/mounting, back, simple	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400705	Interfacing/mounting, simple	MD, NP, OT, PT	GEN	Yes		
99400706	Interfacing/mounting, complex	MD, NP, OT, PT	GEN	Yes		

11.7.10 Pommel

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400711	Pommel, fixed, child	MD, NP, OT, PT	GEN	Yes		
99400712	Pommel, fixed, adult	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400713	Pommel, removable, child	MD, NP, OT, PT	GEN	Yes		
99400714	Pommel, removable, adult	MD, NP, OT, PT	GEN	Yes		

11.7.11 Positioning

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400715	Positioning, ankle	MD, NP, OT, PT	GEN	Yes		
99400716	Positioning, butterfly	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400375	Positioning, calf	MD, NP, OT, PT	GEN	Yes		
99400717	Positioning, chest	MD, NP, OT, PT	GEN	Yes		
99400718	Positioning, complex	MD, NP, OT, PT	GEN	Yes		
99400719	Positioning, pads	MD, NP, OT, PT	GEN	Yes		
99400392	Positioning/pelvic belt, adult	MD, NP, OT, PT	GEN	Yes		
99400720	Positioning/pelvic belt, child	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400881	Amputation board	MD, NP, OT, PT	GEN	Yes	1 every 5 years	

11.7.12 Tray

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400721	Wheelchair tray, elevating, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	
99400722	Wheelchair tray, elevating, adult	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400723	Wheelchair tray, standard, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400724	Wheelchair tray, standard, adult	MD, NP, OT, PT	GEN	Yes	1 every 5 years	
99400725	Wheelchair tray, tilting, child	MD, NP, OT, PT	GEN	Yes	1 every 2 years	
99400726	Wheelchair tray, tilting, adult	MD, NP, OT, PT	GEN	Yes	1 every 5 years	

11.7.13 Other wheelchair parts

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400373	Axle plate	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400882	Batteries, power wheelchair, pair		GEN	Yes	1 per year	
99400883	Brakes	MD, NP, OT, PT	GEN	Yes		
99400381	Crossbrace	MD, NP, OT, PT	GEN	Yes		
99400382	Elevating leg rest/footrest	MD, NP, OT, PT	GEN	Yes		
99400384	Front rigging	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400385	Growable frame	MD, NP, OT, PT	GEN	Yes		
99400386	Handrim	MD, NP, OT, PT	GEN	Yes		
99400387	Heel loop	MD, NP, OT, PT	GEN	Yes		
99400396	Wheel lock	MD, NP, OT, PT	GEN	Yes		
99400388	Push handle/backrest tube	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400389	Push to lock wheel locks	MD, NP, OT, PT	GEN	Yes		
99400390	Quick release axle pin	MD, NP, OT, PT	GEN	Yes		
99400391	Rear wheel hub	MD, NP, OT, PT	GEN	Yes		
99400393	Seat sling/rigid	MD, NP, OT, PT	GEN	Yes		
99400394	Spokes	MD, NP, OT, PT	GEN	Yes		

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400395	Tire	MD, NP, OT, PT	GEN	Yes		
99400943	Miscellaneous parts, wheelchair, manual		GEN	Yes		For items in this category, a prescription is required when the item is part of a wheelchair request. No prescription is required for items that are requested for a repair.
99400944	Miscellaneous parts, wheelchair, power		GEN	Yes		

11.8 Accessories

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400343	Hand grip, crutches	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	2 per year	
99400344	Pads, crutches	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	2 per year	
99400345	Tips (ice picks), crutches	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 every 2 years	
99400346	Tips (rubber), crutches	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 per year	
99401319	Forearm attachments for walker, left	MD, NP, OT, PT, RN	GEN	Yes	1 every 5 years	
99401320	Forearm attachments for walker, right	MD, NP, OT, PT, RN	GEN	Yes	1 every 5 years	
99400347	Glide brakes, walker	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 every 2 years	

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401321	Slowdown brakes for walker	MD, NP, OT, PT, RN	GEN	Yes	1 every 5 years	
99400348	Wheel, walker	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 every 2 years	
99400879	Skis, walker, set of 2	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2 N	GEN	No	1 every 2 years	
99400880	Tray/pouch, walker	MD, NP, OT, PT, RN, LPN/RPN Footnote1 Footnote2	GEN	No	1 every 5 years	

11.9 Servicing

11.9.1 Repairs

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400342	Repair, walker		GEN	Yes		
99400673	Repair, wheelchair cushion/backrest/seat		GEN	Yes		
99401201	Repair, wheelchair, power		GEN	Yes		Prior approval not required for 1 repair per year after warranty expires within established price.
99401223	Repair, wheelchair, manual		GEN	Yes		
99400976	Repair, seating device		GEN	Yes		
99400982	Repair, standing frame		GEN	Yes		

11.9.2 Delivery

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99400819	Delivery of equipment		GEN	Yes		

11.9.3 Labour

Item number	Item name	Prescriber	Provider	Prior approval required	Recommended replacement guidelines	Additional details
99401144	Labour, wheelchair		GEN	Yes		

Footnote 1

The LPN in Saskatchewan cannot recommend this benefit.

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Footnote 2

The LPN in New-Brunswick cannot recommend this benefit.

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