

```
*****
*
*
*
*
*
*
*      CUSTOMER.....ROMP/GRC
*
*
*      PROVINCE.....PE
*
*
*      POC          .....01
*
*
*      LANGUAGE.....E
*
*
*
*
*****
```

PROVINCE: PE

PROGRAM OF CHOICE: 01 - AIDS FOR DAILY LIVING

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
AIDS TO DAILY LIVING (OHC)	303373	01-06-2011	MD,OT,PT,RN		YES			Y	SEE NOTE 1
BASIC HOME AIDS - FURNITURE BLOCKS/RISERS	303908	01-12-2022	MD,OT,PT,RN						
BATHROOM AIDS - BATH/SHOWER TRANSFER BENCH/BOARD/SEAT	300101	01-12-2022	MD,OT,PT,RN			1 / 4 CY			
BATHROOM AIDS - BATHTUB RAIL; ADJUSTABLE (TUB MOUNTED)	300112	01-06-2011	MD,OT,PT,RN						
BATHROOM AIDS - COMMODE - RENTAL	300116	13-12-1999	MD,OT,PT,RN			12 / 12 CM			
BATHROOM AIDS - COMMODE CHAIR (PURCHASE)	300115	01-12-2022	MD,OT,PT,RN			1 / 5 CY			
BATHROOM AIDS - GRAB BAR (CHROME PLATED / PLASTIC COATED; STAINLESS STEEL ONLY)	300118	01-06-2011	MD,OT,PT,RN						
BATHROOM AIDS - HAND HELD SHOWER	300121	01-06-2011	MD,OT,PT,RN			1 / 5 CY			
BATHROOM AIDS - RAISED TOILET SEAT WITH SAFETY FRAME	300125	01-12-2022	MD,OT,PT,RN						

PROVINCE: PE

PROGRAM OF CHOICE: 01 - AIDS FOR DAILY LIVING

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
BATHROOM AIDS - RAISED TOILET SEAT WITHOUT SAFETY FRAME	300124	01-12-2022	MD,OT,PT,RN						
BATHROOM AIDS - TOILET SAFETY FRAME	300127	01-12-2022	MD,OT,PT,RN						
BATHROOM AIDS - TUB MAT (NON-SLIP)	303906	01-06-2011	MD,OT,PT,RN						
BEDROOM AIDS - BED CAGE	300505	01-06-2011	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM AIDS - BED PAN/URINAL	300513	01-06-2011	MD,OT,PT,RN						
BEDROOM AIDS - BESIDE RAILS FOR NON-HOSPITAL BED	300140	01-12-2022	MD,OT,PT,RN		YES	1/LT		Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM AIDS - BLANKET LIFT BAR	300509	01-06-2011	MD,OT,PT,RN			1/LIFETIME			
BEDROOM AIDS - EGG CRATE OVERLAY	303595	01-08-2011	MD,RN						
BEDROOM AIDS - FOAM WEDGE / BED WEDGE	300145	01-06-2011	MD,OT,PT,RN			1 / 2 CY			

PRINT DATE: DECEMBER 05, 2022

PROVINCE: PE

PROGRAM OF CHOICE: 01 - AIDS FOR DAILY LIVING

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
BEDROOM AIDS - FOOT CRADLE	300503	01-06-2011	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM AIDS - OVERBED (HOSPITAL) TABLEE	300516	01-12-2022	MD,OT,PT,RN		YES	1 / LIFETIME		Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM LIFTING DEVICES - OVERHEAD FRAME AND RELATED ACCESSORIES - PURCHASE	300715	01-06-2011	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM LIFTING DEVICES - POLELIFT; SASK-A-POLE; SPRING POLE - PURCHASE	300725	01-06-2011	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM LIFTING DEVICES - RENTAL	300490	01-06-2011	MD,OT,PT,RN		YES	12/12 CM		Y	PRE-AUTH AS PER CURRENT POLICY
BEDROOM LIFTING DEVICES - TRAPEZE BAR - PURCHASE	300735	01-06-2011	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
POSTURE SUPPORT AIDS - CERVICAL/CONTOURED PILLOW	300508	01-12-2022	MD,OT,PT,RN			1 / 2 CY	70.00		
POSTURE SUPPORT AIDS - POSTURE SUPPORT BACKREST	301609	01-12-2022	MD,PT,OT			1 / 2 CY	100.00		
POSTURE SUPPORT AIDS - POSTURE SUPPORT CUSHION	301621	01-12-2022	MD,PT,OT			1 / 2 CY			

PRINT DATE: DECEMBER 05, 2022

PROVINCE: PE

PROGRAM OF CHOICE: 01 - AIDS FOR DAILY LIVING

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
POSTURE SUPPORT AIDS - POSTURE SUPPORT ROLL	301615	01-12-2022	MD,PT,OT			1 / 2 CY	30.00		
REPAIRS AND MAINTENANCE TO AIDS FOR DAILY LIVING	309922	01-06-2011	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
SELF-HELP AIDS	303371	01-06-2011	MD,OT,RN,PT						
SHIPPING & HANDLING CHARGES	300150	01-06-2011							
SKIN INTEGRITY AIDS - BLANKET LIFT BAR/FOOT CRADLE (RENTAL)	300504	01-12-2022	MD,OT,PT,RN		YES	12 / 12 CM		Y	PRE-AUTH AS PER CURRENT POLICY
SKIN INTEGRITY AIDS - THERAPEUTIC SUPPORT SURFACES	300518	01-12-2022	MD,OT,PT,RN		YES			Y	PRE-AUTH AS PER CURRENT POLICY
SKIN INTEGRITY AIDS -THERAPEUTIC SUPPORT (ELBOW/HEEL/BOOTIE)	300519	01-12-2022	MD,OT,PT,RN						
SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB - OHC	303374	01-02-2015	MD,OP,PT,RN		YES			Y	SEE NOTE 2
SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB - SHC	303375	01-02-2015	MD,OT,PT,RN		YES			Y	SEE NOTE 2

PROVINCE: PE

PROGRAM OF CHOICE: 01 - AIDS FOR DAILY LIVING

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010							
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0TPS	13-12-1999							
WALKING AIDS - ACCESSORIES	303370	01-06-2011	MD,OT,PT,RN PR						
WALKING AIDS - CANE - QUAD/STANDARD	303372	01-06-2011	MD,OT,PT,RN PR			1/5 CY	40.00		
WALKING AIDS - CANES; CRUTCHES AND WALKERS - RENTAL	304520	13-12-1999	MD,OT,RN,PR PT			12 / 12 CM			
WALKING AIDS - CRUTCHES - FOREARM (PURCHASE)	304509	01-12-2022	MD,OT,RN,PR PT						
WALKING AIDS - CRUTCHES - REGULAR (PAIR)	304508	01-06-2011	MD,OT,PT,PR RN			1/4 CY	\$40.00		
WALKING AIDS - WALKER WHEELED - PURCHASE	304512	01-12-2022	MD,OT,PT,RN		YES	1 / LT		Y	
WALKING AIDS - WALKER - STANDARD - PURCHASE	304510	01-12-2022	MD,OT,PT,RN		YES	1 / LT		Y	

PROVINCE: PE

PROGRAM OF CHOICE: 01 - AIDS FOR DAILY LIVING

- GENERAL NOTE :

- - IF THE BENEFIT GRID SPECIFIES A SPECIALIST, ONLY THAT SPECIALIST IS ACCEPTED. SHOULD "MD" BE INDICATED, THE SERVICE MAY BE PRESCRIBED BY A GENERAL PRACTITIONER OR ANY MEDICAL SPECIALIST.
- - COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" COLUMNS INDICATE OR, (EG. "MD", "RN", MEANS "MD" OR "RN").
- - IF INVOICES EXCEED MAXIMUM \$ AMOUNTS AND/OR FREQUENCIES, PRE-AUTHORIZATION IS REQUIRED
- SPECIAL NOTE: - NOTE 001 - FOR INTERNAL RCMP USE ONLY. MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT - AUTHORIZATION COMMENTS' BOX WITHIN NPS. PRE-AUTH AS PER CURRENT POLICY. - OCCUPATIONAL HEALTH CARE (OHC)
- SPECIAL NOTE: - NOTE 002 - FOR INTERNAL RCMP USE ONLY. MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT - AUTHORIZATION COMMENTS' BOX WITHIN NPS. PRE-AUTH AS PER CURRENT POLICY.