

CHROME SPORT

PRICE LIST AND ORDER FORM

Patient Name: _____ D.O.B: _____ Date: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Medicare/Insurance Policy #: _____
 Diagnosis (Dx): _____

PRECONFIGURED AND READY TO SHIP VIA DRIVE MEDICAL RAPID DELIVERY PROGRAM - RDP

CS16FA-SF	16" Fxd Arm, Swing-away Ftrst
CS16FA-ELR	16" Fxd Arm, Swing-away Elevating Lgrst
CS16DDA-SF	16" Det Desk Arm, Swing-away Ftrst
CS16DDA-ELR	16" Det Desk Arm, Swing-away Elevating Lgrst
CS16DFA-SF	16" Det Full Arm, Swing-away Ftrst
CS16DFA-ELR	16" Det Full Arm, Swing-away Elevating Lgrst
CS18FA-SF	18" Fxd Arm, Swing-away Ftrst
CS18FA-ELR	18" Fxd Arm, Swing-away Elevating Lgrst
CS18DDA-SF	18" Det Desk Arm, Swing-away Ftrst
CS18DDA-ELR	18" Det Desk Arm, Swing-away Elevating Lgrst
CS18DFA-SF	18" Det Full Arm, Swing-away Ftrst
CS18DFA-ELR	18" Det Full Arm, Swing-away Elevating Lgrst

CS18DDA-ELR	18" Det Desk Arm, Swing-away Elev Lgrst
CS18ADDA-ELR	18" Adj Ht, Det Desk Arm, Swing-away Elev Lgrst
CS18DFA-SF	18" Det Full Arm, Swing-away Footrest
CS18ADFA-SF	18" Adj Height Det Full Arm, Swing-away Ftrst
CS18DFA-ELR	18" Det Full Arm, Swing-away Elevating Lgrst
CS18ADFA-ELR	18" Adj Ht Det Full Arm, Swing-away Elev Lgrst
CS20DDA-SF	20" Det Desk Arm, Swing-away Ftrst
CS20DDA-ELR	20" Det Desk Arm, Swing-away Elevating Lgrst
CS20DFA-SF	20" Det Full Arm, Swing-away Ftrst
CS20DFA-ELR	20" Det Full Arm, Swing-away Elevating Lgrst

FRAME WIDTH AND DEPTH	MSRP	HCPCS
<input type="checkbox"/> 16 16"x16"	\$392.39	K0002
<input type="checkbox"/> 18 18"x16"	\$392.39	K0002
<input type="checkbox"/> 20 20"x16"	\$420.42	K0002

ARM TYPES
Adjustable height arm is covered if the patient requires an arm height that is different than that available using non-adjustable arms and the patient spends at least 2 hours per day in the wheelchair

<input type="checkbox"/> STDS8M48FR Right, Full Arm	Standard
<input type="checkbox"/> STDS8M48FL Left, Full Arm	Standard
<input type="checkbox"/> STDS8M48DR Right, Desk Arm	Standard
<input type="checkbox"/> STDS8M48DL Left, Desk Arm	\$Standard
<input type="checkbox"/> STDS8M48AF-R Right, Adjustable Full Arm	\$46.45 E0973
<input type="checkbox"/> STDS8M48AF-L Left, Adjustable Full Arm	\$46.45 E0973
<input type="checkbox"/> STDS8M48AD-R Right, Adjustable Desk Arm	\$46.45 E0973
<input type="checkbox"/> STDS8M48AD-L Left, Adjustable Desk Arm	\$46.45 E0973

REPLACEMENT FRONT RIGGINGS
Covered if the patient has a musco-skeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or the patient has significant edema of the lower extremities that requires an elevating legrest; or the patient meets the criteria for and has a reclining back on the wheelchair

<input type="checkbox"/> STDS3J24SF Swing-Away Footrest, Silver Vein, Tool Free	Standard
<input type="checkbox"/> LK3JELR Swing-Away Elevating Legrest, Silver Vein, Tool Free	\$181.58 E0990

WHEEL LOCK EXTENSIONS
Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia.

<input type="checkbox"/> STDS801GT	\$25.00 E0961
------------------------------------	---------------

LIMB SUPPORT

<input type="checkbox"/> WASR Right	\$55.44 E0959
<input type="checkbox"/> WASL Left	\$55.44 E0959

OVERHEAD ANTI THEFT DEVICE

<input type="checkbox"/> STDS823	\$177.45
<input type="checkbox"/> STDS821 (With I.V. Hooks)	\$177.99
<input type="checkbox"/> STDS834 (Single Pole)	\$119.99

GENERAL USE SEAT CUSHION
A general use seat cushion and a general use back cushion is covered for a patient who has a manual wheelchair which meets Medicare's coverage criteria

<input type="checkbox"/> 14880 16" (w) x 16" (d) x 1.75" (h)	\$60.02 E2601
<input type="checkbox"/> 14907 16" (w) x 18" (d) x 2 (h)	\$60.02 E2601
<input type="checkbox"/> 14887 18" (w) x 16" (d) x 1.75" (h)	\$60.02 E2601
<input type="checkbox"/> 14908 18" (w) x 18" (d) x 2 (h)	\$60.02 E2601
<input type="checkbox"/> 14888 18" (w) x 16" (d) x 2" (h)	\$72.76 E2601
<input type="checkbox"/> 14881 20" (w) x 16" (d) x 1.75" (h)	\$80.04 E2601
<input type="checkbox"/> 14909 20" (w) x 18" (d) x 2 (h)	\$80.04 E2601

SEAT BELTS
Covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item from proper positioning

<input type="checkbox"/> STDS850 Auto Clasp Type	\$33.77 E0978
<input type="checkbox"/> STDS851 Velcro® Type Closure	\$29.50 E0978
<input type="checkbox"/> STDS855 Bariatric Auto Clasp Type	\$35.90 E0978
<input type="checkbox"/> STDS856 Bariatric Velcro® Type Closure	\$31.50 E0978

ANTI FOLD BAR

<input type="checkbox"/> STDS806	\$54.60
----------------------------------	---------

UNIVERSAL OXYGEN "E" CYLINDER HOLDER

<input type="checkbox"/> STDS803	\$73.71 E2208
<input type="checkbox"/> STDS804 with I.V. Pole Attachment	\$109.99 E2208

WHEELCHAIR CANE/CRUTCH HOLDER

<input type="checkbox"/> STDS1034	\$25.66 E2207
-----------------------------------	---------------

HEEL LOOPS
Required to maintain wheelchair users feet safely on the footplates due to spasticity, paralysis, or another physical condition. Reduces injury by preventing feet from being caught in front casters. Required to maintain proper lower extremity alignment while using the wheelchair

<input type="checkbox"/> STDS831	\$62.50 E0951
----------------------------------	---------------

ANTI TIPPERS
Required for safety to prevent wheelchair from tipping backward resulting in user injury.

<input type="checkbox"/> STDS829	\$78.00 E0971
<input type="checkbox"/> STDS818	\$78.00 E0971

TELESCOPING I.V. POLE ATTACHMENT

<input type="checkbox"/> STDS820	\$84.83 K0105
----------------------------------	---------------

CHART CARRY POCKET

<input type="checkbox"/> STDS835	\$103.30
----------------------------------	----------

GENERAL USE BACK CUSHION
A general use seat cushion and a general use back cushion is covered for a patient who has a manual wheelchair which meets Medicare's coverage criteria

<input type="checkbox"/> 14906 16" x 17"	\$90.24 E2611
<input type="checkbox"/> 14889 18" x 17"	\$90.24 E2611
<input type="checkbox"/> 14920 20" x 17"	\$112.24 E2611

SEAT EXTENSION KIT

<input type="checkbox"/> STDSCS1618V 16" x 18"	\$125.58
<input type="checkbox"/> STDSCS1818V 18" x 18"	\$125.58
<input type="checkbox"/> STDSCS2018V 20" x 18"	\$125.58

Physician's Name: _____ Physician's Signature: _____
 Address: _____ Phone Number: _____
 Facility Name: _____ UPIN#: _____

A Wheelchair is covered if: **Criteria 1, 2, 3, 4, 5, 6, are met; & Criterion 6 or 7 is met**

The following criteria is 6 basic things needed to qualify for a manual wheelchair:

1. The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRDAL) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home.

PLUS

A mobility limitation is one that: Prevents the patient from accomplishing an MRADL entirely, or places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or Prevents the patient from completing an MRADL within a reasonable time frame.

2. The patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.

PLUS

3. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

PLUS

4. Use of a manual wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it on a regular basis in the home.

PLUS

5. The patient has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

PLUS

6. The patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day.

OR

Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

7. The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

If the manual wheelchair will be used inside the home and the coverage criteria are not met, it will be denied as not medically necessary. If the manual wheelchair will only be used outside the home, it will be denied as not medically necessary.

Accessories qualifying criteria

The following criteria shows what is needed to qualify for each:

Seat and Back Cushions - E2601 & E2611

- A general use seat cushion and a general use back cushion is covered for a patient who has a manual wheelchair which meets Medicare's coverage criteria

Adjustable Arms - E0973

- Adjustable height arm is covered if the patient requires an arm height that is different than that available using non-adjustable arms and the patient spends at least 2 hours per day in the wheelchair.

Elevating Legrests - E0990

- Covered if the patient has a musculo-skeletal condition or the the presence of a cast or brace which prevents 90 degree flexion at the knee; or
- The patient has significant edema of the lower extremities that requires an elevating legrest; or
- The patient meets the criteria for and has a reclining back on the wheelchair

Safety Belt - E0978

- Covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item from proper positioning.

Miscellaneous Code

E0971 Anti Tippers

- Required for safety to prevent wheelchair from tipping backward resulting in user injury.

E0961 Wheel Lock Extensions

- Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia.

E0951 Heel Loops

- Required to maintain wheelchair users feet safely on the footplates due to spasticity, paralysis, or another physical condition.
- Reduces injury by preventing feet from being caught in front casters
- Required to maintain proper lower extremity alignment while using the wheelchair

K0002 - Standard Hemi Wheelchair

To qualify for a K0002 Wheelchair, patient must meet the criteria above AND: Patient requires a lower seat height (17" to 18") because of short stature or to enable the patient to place his/her feet on the ground for propulsion.

Who Qualifies?

Patient qualifications: when the patient requires a lower seat to floor height (17" to 18") because of short stature or to enable the patient to place his/her feet on the ground for propulsion.

Typical User:

Patient of short stature and users who foot propel.

Qualifying Wheelchair(s): Chrome Sport

Chrome Sport Qualifying Accessories

Seat Cushions:	14880, 14907, 14887, 14908, 14881, 14888, 14909
Back Cushions:	14889, 14906, 14920
Auto Clasp Seat Belt:	STDS850, bariatric - STDS855
Velcro Seat Belt:	STDS851, bariatric - STDS856
Anti Tippers with Wheels:	STDS818, STDS829
Wheel Lock Extension:	STDS801GT
Heel Loops:	STDS831
Elevating Legrest:	LELR-TF
Adjustable Desk Arms:	STDS8M48AD-R, STDS8M48AD-L
Adjustable Full Arms:	STDS8M48AF-R, STDS8M48AF-L

