

# SENTRA FULL RECLINING WHEELCHAIR

## 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

STD14RBDDA	14" Full Rec Bk w/ Det Desk Arm	STD18RBADDA	18" Full Rec Bk, Det and Adj. Height Desk Arm
STD16RBDDA	16" Full Rec Bk w/ Det Desk Arm	STD18RBADFA	18" Full Rec Bk, Det and Adj. Height Full Arm
STD16RBDFA	16" Full Rec Bk w/ Det Full Arm	STD20RBDDA	20" Full Rec Bk w/ Det Desk Arm
STD16RBADDA	16" Full Rec Bk, Det and Adj. Height Desk Arm	STD20RBDFA	20" Full Rec Bk w/ Det Full Arm
STD16RBADFA	16" Full Rec Bk, Det and Adj. Height Full Arm	STD20RBADDA	20" Full Rec Bk, Det and Adj. Height Desk Arm
STD18RBDDA	18" Full Rec Bk w/ Det Desk Arm	STD20RBADFA	20" Full Rec Bk, Det and Adj. Height Full Arm
STD18RBDFA	18" Full Rec Bk w/ Det Full Arm	STD22RBDDA	22" Full Rec Bk, Det Desk Arm, Extra Long

FRAME WIDTH AND DEPTH	MSRP	HCPCS
<input type="checkbox"/> 14"x16"	\$795.50	K0007/ E1226
<input type="checkbox"/> 16"x16"	\$795.50	K0007/ E1226
<input type="checkbox"/> 18"x16"	\$795.50	K0007/ E1226
<input type="checkbox"/> 20"x16"	\$829.75	K0007/ E1226
<input type="checkbox"/> 22"x18"	\$829.75	K0007/ E1226

**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"/> STDSDDASR	Right, Det Desk Arm, Fixed Ht	Standard	
<input type="checkbox"/> STDSDDASL	Left, Det Desk Arm, Fixed Ht	Standard	
<input type="checkbox"/> STDSDFASR	Right, Det Full Arm, Fixed Ht	Standard	
<input type="checkbox"/> STDSDFASL	Left, Det Full Arm, Fixed Ht	Standard	
<input type="checkbox"/> STSADFASPR	Right, Det Full Arm, Adj Ht	\$46.45	E0973
<input type="checkbox"/> STSADFASPL	Left, Det Full Arm, Adj Ht	\$46.45	E0973
<input type="checkbox"/> STDSADDASPR	Right, Det Desk Arm, Adj Ht	\$46.45	E0973
<input type="checkbox"/> STDSADDASPL	Left, Det Desk Arm, Adj Ht	\$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"/> STDELR-TF	Swing-away Elevating Legrest, Tool Free, (17.5"- 21") w/ Padded Calf Pad	\$185.99	E0990
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#### WHEEL LOCKS (Pull to Lock) (Push to Lock)

<input type="checkbox"/> STDS4022R	Right, Pull to Lock, Side Mount, Det Arm	Standard	
<input type="checkbox"/> STDS4022L	Left, Pull to Lock, Side Mount, Det Arm	Standard	
<input type="checkbox"/> STDS4035R	Right, Push to Lock, Side Mount, Det Arm	Standard	
<input type="checkbox"/> STDS4035L	Left, Push to Lock, Side Mount, Det Arm	Standard	

#### 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	\$31.50	E0978

#### WHEELCHAIR CANE/CRUTCH HOLDER

<input type="checkbox"/> STDS1034		\$25.66	E2207
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#### 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
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#### 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	\$60.02	E2601
<input type="checkbox"/> 14907	\$60.02	E2601
<input type="checkbox"/> 14887	\$60.02	E2601
<input type="checkbox"/> 14908	\$60.02	E2601
<input type="checkbox"/> 14888	\$72.76	E2601
<input type="checkbox"/> 14881	\$80.04	E2601
<input type="checkbox"/> 14909	\$80.04	E2601

#### UNIVERSAL O2 CYLINDER HOLDER

	MSRP	HCPCS
<input type="checkbox"/> STDS803N	\$73.71	E2208

#### ANTI TIPPERS

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

<input type="checkbox"/> STDS802	With Wheels	\$79.99	E0971
<input type="checkbox"/> STDS818	Without Wheels	\$70.99	E0971

#### 6" 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"/> STDS801	\$25.00	E0961
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#### SEAT RAIL EXTENSION KIT

<input type="checkbox"/> STDSCL1818V	\$112.58	
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#### 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	

#### ANTI FOLD BAR

<input type="checkbox"/> STDS806	\$54.60	
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#### LIMB SUPPORT

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

#### CARRY CHART POCKET

<input type="checkbox"/> STDS806	\$103.30	
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#### 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"/> 14889	18" x 17"	\$90.24	E2611
<input type="checkbox"/> 14920	20" x 17"	\$112.24	E2611

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

### Drive Medical Design and Manufacturing

99 Seaview Boulevard, Port Washington, NY | t: 877.224.0946 | f: 516.998.4601 | www.drivemedical.com

**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.

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

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.

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

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.

## K0001 and E1226

**To qualify for a manual fully reclining back option (E1226), the beneficiary has one or more of the following conditions: The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or the beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.**

## 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

**Typical User:** The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, & spend at least two hours per day in the chair

### Qualifying Wheelchair(s): Sentra Full Reclining

#### Sentra Full Reclining Qualifying Accessories:

Seat Cushions:	14880, 14887, 14881, 14907, 14908, 14909, 14888
Auto Clasp Seat Belt:	STDS850, STDS855 -bariatric
Velcro Seat Belt:	STDS851, STDS856 - bariatric
Anti Tippers:	STDS802 - with wheels, STDS818 - without wheels
Wheel Lock Extension:	STDS801
Heel Loops:	STDS831
Elevating Legrest:	STDELRTF
Adjustable Arms:	STDSADNASPR, STDSADDASPL, STDSADFASPR, STDSADFASPL

