

CIRRUS IV 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

C416ADDASV-SF 16" Flip Bk Adj. Ht. Silver Vein Desk Arm & Back, Swing-away Frest
C416ADDASV-ELR 16" Flip Bk Adj. Ht. Silver Vein Desk Arm & Back, Elev Lgrst
C416ADFASV-SF 16" Flip Bk Adj. Ht. Silver Vein Full Arm & Back, Swing-away Frest
C416ADFASV-ELR 16" Flip Bk Adj. Ht. Silver Vein Full Arm & Back, Elevating Lgrst,
C418ADDASV-SF 18" Flip Bk Adj. Ht. Silver Vein Desk Arm & Back, Swing-away Frest
C418ADDASV-ELR 18" Flip Bk Adj. Ht. Silver Vein Desk Arm & Back, Elev Lgrst

C418ADFASV-SF 18" Fp Bk Adj. Ht. Silver Vein Full Arm & Back, Swing-away Frest
C418ADFASV-ELR 18" Fp Bk Adj. Ht. Silver Vein Full Arm & Back, Elevating Lgrst
C420ADDASV-SF 20" Fp Bk Adj. Ht. Silver Vein Desk Arm & Back, Swing-away Frest
C420ADDASV-ELR 20" Flip Bk Adj. Ht. Silver Vein Desk Arm & Back, Elev Lgrst
C420ADFASV-SF 20" Flip Bk Adj. Ht. Silver Vein Full Arm & Back, Swing-away Frest

FRAME WIDTH AND DEPTH

	MSRP	HCPCS
<input type="checkbox"/> 16"x16"	\$574.57	K0004
<input type="checkbox"/> 18"x16"	\$574.57	K0004
<input type="checkbox"/> 20"x16"	\$588.59	K0004

ARM (FOR MODELS WITHOUT ADJUSTABLE HEIGHT ARMS)

<input type="checkbox"/> STDSDDACR	Right, Flip Back, Desk Arm	Standard
<input type="checkbox"/> STDSDDACL	Left, Flip Back, Desk Arm	Standard
<input type="checkbox"/> STDSDFACR	Right, Flip Back, Full	Standard
<input type="checkbox"/> STDSDFACL	Left, Flip Back, Full	Standard

(FOR MODELS WITH ADJUSTABLE HEIGHT ARMS)

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"/> STDS5D24DR	Right, Adjustable Height Desk Arm	\$46.45	E0973
<input type="checkbox"/> STDS5D24DL	Left, Adjustable Height Desk Arm	\$46.45	E0973
<input type="checkbox"/> STDS5D24FR	Right, Adjustable Height Full Arm	\$46.45	E0973
<input type="checkbox"/> STDS5D24FL	Left, Adjustable Height Full Arm	\$46.45	E0973

REPLACEMENT FRONT RIGGINGS

Covered if the patient has a musco-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

<input type="checkbox"/> STDS3J24SF	Style Swing-away Footrests, Silver Vein, Tool Free	Standard	
<input type="checkbox"/> LK3JELR	Swing-away Elevating Legrest, Padded Calf Pad, Silver Vein, Tool Free	\$185.99	E0990

WHEEL LOCKS (Push to Lock)

<input type="checkbox"/> STDS4030R	Right, Push To Lock, Side Mount, Flip Back Arm 1/ea
<input type="checkbox"/> STDS4030L	Left, Push To Lock, Side Mount, Flip Back Arm

ANTI TIPPERS WITH WHEELS

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

<input type="checkbox"/> STDS814		\$79.99	E0971
----------------------------------	--	---------	-------

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

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

TELESCOPING I.V. POLE ATTACHMENT

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

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	
----------------------------------	--	---------	--

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
----------------------------------	--	---------	-------

LIMB SUPPORT

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

CHART CARRY POCKET

<input type="checkbox"/> STDS835	(For Use with All 16", 18" and 20" Wheelchairs)	\$103.30	
----------------------------------	---	----------	--

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
----------------------------------	--	---------	-------

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

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.

K0004 - Standard High Strength, Lightweight Wheelchair

To qualify for a K0004 Wheelchair, patient must meet the criteria above AND patient self-propels the wheelchair while in engaging in frequent activities in the home that cannot be performed in a standard or lightweight chair AND Patient requires a seat width, depth or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in a 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): Cirrus IV Cirrus IV Qualifying Accessories:

Seat Cushions:	14880, 14907, 14887, 14908, 14881, 14909, 14888
Back Cushions:	14889, 14906, 14920
Auto Clasp Seat Belt:	STDS850, bariatric - STDS855
Velcro Seat Belt:	STDS851, bariatric - STDS856
Anti Tippers:	STDS814 - with wheels
Wheel Lock Extension:	STDS801
Heel Loops:	STDS831
Elevating Legrest:	LELRV-TF
Adjustable Desk Arms:	STDS5D24DR, STDS5D24DL
Adjustable Full Arms:	STDS5D24FR, STDS5D24FL



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