

# BARIATRIC SENTRA EC HEAVY DUTY, EXTRA, EXTRA WIDE

## 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

STD26ECDDA 26" Detachable Desk Arm  
STD26ECDFA 26" Detachable Full Arm  
STD28ECDDA 28" Detachable Desk Arm

STD28ECDFA 28" Detachable Full Arm  
STD30ECDDA 30" Detachable Desk Arm  
STD30ECDFA 30" Detachable Full Arm

#### FRAME WIDTH AND DEPTH

	MSRP	HCPCS
<input type="checkbox"/> 26"x20"	\$1,429.43	K0007
<input type="checkbox"/> 28"x20"	\$1,597.60	K0007
<input type="checkbox"/> 30"x20"	\$1,681.68	K0007

#### ARM TYPES

<input type="checkbox"/> STDSECHDDAR	Right, Detachable Desk Arm	Standard
<input type="checkbox"/> STDSECHDDAL	Left, Detachable Desk Arm	Standard
<input type="checkbox"/> STDSECHDDFAR	Right, Detachable Full Arm	Standard
<input type="checkbox"/> STDSECHDDFAL	Left, Detachable Full Arm	Standard

#### 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"/> PH-SF	Swing-away Footrest with Large Footplate	Standard
<input type="checkbox"/> PHELRL	Swing-away Elevating Legrest, Padded Calf Pad with Large Footplate	\$299.80 E0990

#### WHEEL LOCKS (Push to Lock)

<input type="checkbox"/> STDS4027R	Right, Push to Lock, Top Mount, Det Arm	Standard
<input type="checkbox"/> STDS4027L	Left, Push to Lock, Top Mount, Det Arm	Standard

#### BARIATRIC 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*

	MSRP	HCPCS
<input type="checkbox"/> STDS855 Bariatric Auto Clasp Type	\$35.90	E0978
<input type="checkbox"/> STDS856 Bariatric Velcro® Type Closure	\$31.50	E2207

#### 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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#### TELESCOPING I.V. POLE ATTACHMENT

<input type="checkbox"/> STDS820	\$84.83	K0105
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#### UNIVERSAL OXYGEN 'E' CYLINDER HOLDER

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

#### ANTI TIPPERS WITH WHEELS

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

<input type="checkbox"/> STDS829	\$79.99	E0971
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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 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

### 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

## K0007 - Extra Heavy Duty Wheelchair

**To qualify for a K0007 Wheelchair, patient must meet the criteria above AND: An extra heavy duty wheelchair (K0007) is covered if the beneficiary weighs more than 300 pounds.**

### 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):** Bariatric Sentra EC Extra Heavy Duty, Extra, Extra Wide

### Bariatric Sentra EC Extra Heavy Duty Extra Wide Qualifying Accessories:

Auto Clasp Seat Belt: Bariatric - STDS855

Velcro Seat Belt: Bariatric - STDS856

Anti Tippers: STDS829 - with wheels

Heel Loops: STDS831

Elevating Legrest: PHELRL

