

# COUGAR 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

|               |  |               |  |
|---------------|--|---------------|--|
| AK516ADA-AELR | Ultra Lt, W/C, 16" Det "T" Style Desk Arm, Swing-away Elev Legrest | AK518ADA-AELR | Ultra Lt, W/C, 18" Det "T" Style Desk Arm, Swing-away Elev Legrest |
| AK516ADA-ASF  | Ultra Lt, W/C, 16" Det "T" Style Desk Arm, Swing-away Footrest     | AK518ADA-ASF  | Ultra Lt, W/C, 18" De "T" Style Desk Arm, Swing-away Footrest      |

#### FRAME WIDTH AND DEPTH

|                                  |                 |             |
|----------------------------------|-----------------|-------------|
| <input type="checkbox"/> 16"x16" | MSRP \$1,351.25 | HCPCS K0005 |
| <input type="checkbox"/> 18"x16" | MSRP \$1,351.25 | HCPCS K0005 |

#### 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"/> STDSATDR     | Right, Detachable                  | Standard      |
| <input type="checkbox"/> STDSATDL     | Left, Detachable                   | Standard      |
| <input type="checkbox"/> AK5ADJARMKIT | Right and Left, Detachable, 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"/> A5SF-16   | Swing-away Footrest for 16"          | Standard       |
| <input type="checkbox"/> A5SF-18   | Swing-away Footrest 18"              | Standard       |
| <input type="checkbox"/> A5LELR-16 | Swing-away Elevating Legrest for 16" | \$185.99 E0990 |
| <input type="checkbox"/> A5LELR-18 | Swing-away Elevating Legrest for 18" | \$185.99 E0990 |

#### WHEEL LOCKS (Push to Lock)

|                                     |                              |          |
|-------------------------------------|------------------------------|----------|
| <input type="checkbox"/> STDS2A432R | Right, Aluminum Push to Lock | Standard |
| <input type="checkbox"/> STDS2A432L | Left, Aluminum Push to Lock  | Standard |

#### ANTI TIPPERS

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

|                                     |         |       |
|-------------------------------------|---------|-------|
| <input type="checkbox"/> STDS2A4326 | \$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 Type)       | \$33.77 | E0978 |
| <input type="checkbox"/> STDS851 (Velcro® Closure) | \$29.50 | E0978 |

#### TELESCOPING I.V. POLE ATTACHMENT

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

#### 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"/> STDS601 | \$25.00 | E0961 |
|----------------------------------|---------|-------|

#### 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 |

#### ANTI FOLD BAR

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

#### 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 |
|----------------------------------|---------|-------|

#### CHART CARRY POCKET

|  |          |
|--|----------|
| <input type="checkbox"/> STDS835 (For use with all 16", 18" and 20" Wheelchairs) | \$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 |

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.

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.

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.

**K0005 - Ultra Lightweight Wheelchair**

**To qualify for a K0005 Wheelchair, patient must meet the criteria above AND coverage of an ultralightweight wheelchair (K0005) is determined on an individual consideration basis. If a K0005 wheelchair is provided and if there is insufficient information to support the need for this type of wheelchair, it will be denied as not reasonable and necessary.**

**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):** Cougar

**Cougar Qualifying Accessories:**

- Seat Cushions: 14880, 14887, 14907, 14908
- Back Cushions: 14889, 14906
- Auto Clasp Seat Belt: STDS850
- Velcro Seat Belt: STDS851
- Anti Tippers: STDS2A4326
- Wheel Lock Extension: STDS601
- Heel Loops: STDS831
- Elevating Legrest: A5LELR-16, A5LELR-18
- Adjustable Arms: AK5ADJARMKIT



**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