

SILVER SPORT I

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

SSP118FA-SF 18", Silver Vein Fixed Arm, Swing-away Footrest

SSP118FA-ELR 18" Silver Vein Fixed Arm, Swing-away Elev Legrest

FRAME WIDTH AND DEPTH

18"x16" MSRP \$336.34 HCPCS K0001

ARM TYPES

STDSSDDAR Right, Detachable Desk Arm Standard
 STDSSDDAL Left, Detachable Desk Arm Standard
 STDSSDFAR Right, Detachable Full Arm Standard
 STDSSDFAL Left, Detachable Full Arm Standard

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

STDS3J24SF Swing-Away Footrest, Silver Vein, Standard
Tool Free
 LK3JELR Swing-Away Elevating Legrest, \$181.58 E0990
Silver Vein, Tool Free

WHEEL LOCKS (push to lock)

STDS8M462R Right Wheel Lock, Push to Lock, Standard
Detachable Arm
 STDS8M462L Left Wheel Lock, Push to Lock, Standard
Detachable Arm

WHEEL LOCK EXTENSIONS

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

STDS801GT \$25.00 E0961

LIMB SUPPORT

WASR Right \$55.44 E0959
 WASL Left \$55.44 E0959

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

STDS850 Auto Clasp Type) 1/bx \$33.77 E0978
 STDS851 Velcro® Type Closure \$29.50 E0978
 STDS855 Bariatric Auto Clasp Type \$35.90 E0978
 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

14887 18" (w) x 16" (d) x 1.75" (h) \$60.02 E2601
 14908 18" (w) x 18" (d) x 2 (h) \$60.02 E2601
 14888 18" (w) x 16" (d) x 2" (h) \$72.76 E2601

ANTI FOLD BAR

STDS806 \$54.60

UNIVERSAL OXYGEN "E" CYLINDER HOLDER

STDS803 \$73.71 E2208
 STDS804 with I.V. Pole Attachment \$109.99 E2208

WHEELCHAIR CANE/CRUTCH HOLDER

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

STDS831 \$62.50 E0951

ANTI TIPPERS

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

STDS829 \$78.00 E0971
 STDS818 \$78.00 E0971

TELESCOPING I.V. POLE ATTACHMENT

STDS820 \$84.83 K0105

OVERHEAD ANTI THEFT DEVICE

STDS823 \$177.45
 STDS821 (With I.V. Hooks) \$177.99
 STDS834 (Single Pole) \$119.99

CHART CARRY POCKET

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

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.

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

K0001 - Standard Wheelchair

Who Qualifies? Patient qualifies when it is necessary to provide the patient with a wheelchair for functional mobility within the residence.
Typical User: Short to long term user who needs functional mobility

Qualifying Wheelchair(s): Silver Sport 1

Silver Sport I Qualifying Accessories:

Seat Cushions:	14908, 14888, 14887
Back Cushions:	14889
Auto Clasp Seat Belt:	STDS850, bariatric - STDS855
Velcro Seat Belt:	STDS851, bariatric - STDS856
Anti Tippers:	STDS829, STDS818
Wheel Lock Extension:	STDS801GT
Heel Loops:	STD831
Elevating Legrest:	LK3JELR

