

BLUE STREAK 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

BLS18FBD-SF 18"

Flip Back Desk Arm, Swing-away Footrest

BLS20FBD-SF 20"

Flip Back Desk Arm, Swing-away Footrest

BLS18FBD-ELR 18"

Flip Back Desk Arm, Elevating Legrest

BLS20FBD-ELR 20"

Flip Back Desk Arm, Elevating Legrest

FRAME WIDTH AND DEPTH

- | | MSRP | HCPCS |
|----------------------------------|----------|-------|
| <input type="checkbox"/> 18"x16" | \$327.56 | K0001 |
| <input type="checkbox"/> 20"x16" | \$327.56 | K0001 |

ARM TYPES

- | | | |
|-------------------------------------|---------------------------|----------|
| <input type="checkbox"/> STDS5N22DR | Right, Flip Back Desk Arm | Standard |
| <input type="checkbox"/> STDS5N22DL | Left, Flip Back Desk 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

- | | | |
|-------------------------------------|-----------------------------|----------------|
| <input type="checkbox"/> STDS5N22SF | Swingaway footrest | Standard |
| <input type="checkbox"/> BS-ELR | Swingaway elevating legrest | \$181.58 E0990 |

WHEEL LOCKS

- | | | |
|-------------------------------------|--|----------|
| <input type="checkbox"/> STDS5N221R | Right Wheel Lock, Push to Lock, Detachable Arm | Standard |
| <input type="checkbox"/> STDS5N221L | Left Wheel Lock, Push to Lock, Detachable Arm | Standard |

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 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"/> 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 |

ANTI-TIPPERS WITH WHEELS

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

- | | | |
|-----------------------------------|--|---------------|
| <input type="checkbox"/> STDS833N | | \$78.00 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) 1/bx | \$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 |

ANTI FOLD BAR

- | | | |
|----------------------------------|--|---------|
| <input type="checkbox"/> STDS806 | | \$52.00 |
|----------------------------------|--|---------|

WHEELCHAIR CANE/CRUTCH HOLDER

- | | | |
|-----------------------------------|--|---------|
| <input type="checkbox"/> STDS1034 | | \$19.50 |
|-----------------------------------|--|---------|

HEEL LOOPS

Requires the provider to determine the patient's needs for this particular item

- | | | |
|----------------------------------|--|---------------|
| <input type="checkbox"/> STDS831 | | \$62.50 E0951 |
|----------------------------------|--|---------------|

LIMB SUPPORT

- | | | |
|--------------------------------------|--|---------------|
| <input type="checkbox"/> WASR, Right | | \$42.12 E1020 |
| <input type="checkbox"/> WASL, Left | | \$42.12 E1020 |

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#: _____

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): Blue Streak

Blue Streak Qualifying Accessories

Seat Cushions: 14887, 14908, 14881, 14909, 14888

Back Cushions: 14889, 14920

Auto Clasp Seat Belt: STDS850, bariatric - STDS855

Velcro Seat Belt: STDS851, bariatric - STDS856

Anti Tippers with Wheels: STDS833N

Wheel Lock Extension: STDS801

Heel Loops: STDS831

Elevating Legrest: BS-ELR

