

VIPER 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

L412DDA-SF	12" Flip Back Desk Arm, Swing-away Footrest (Comes with traditional arm. Slope-style arm not available on 12" models.)	L418DDA-SF	18" Flip Back Desk Arm, Swing-away Footrest
L412DDA-ELR	12" Flip Back Desk Arm, Elevating Legrest (Comes with traditional arm. Slope-style arm not available on 12" models.)	L418DDA-ELR	18" Flip Back Desk Arm, Elevating Legrest
L414DDA-SF	14" Flip Back Desk Arm, Swing-away Footrest	L418DFA-SF	18" Flip Back Full Arm, Swing-away Footrest
L414DDA-ELR	16" Flip Back Desk Arm, Swing-away Footrest	L418DFA-ELR	18" Flip Back Full Arm, Elevating Legrest
L416DDA-ELR	16" Flip Back Desk Arm, Elevating Legrest	L418ADDA-SF	18" Flip Back/Adj. Height Desk Arm, Swing-away Footrest
L416DFA-SF	16" Flip Back Full Arm, Swing-away Footrest	L418ADDA-ELR	18" Flip Back/Adj. Height Desk Arm, Elevating Legrest
L416DFA-ELR	16" Flip Back Full Arm, Elevating Legrest	L420DDA-SF	20" Flip Back Desk Arm, Swing-away Footrest
L416ADDA-SF	16" Flip Back/Adj. Height Desk Arm, Swing-away Footrest	L420DDA-ELR	20" Flip Back Desk Arm, Elevating Legrest
L416ADDA-ELR	16" Flip Back/Adj. Height Desk Arm, Elevating Legrest	L420DFA-SF 20"	Flip Back Full Arm, Swing-away Footrest
		L420DFA-ELR 20"	Flip Back Full Arm, Elevating Legrest

FRAME WIDTH AND DEPTH	MSRP	HCPCS
<input type="checkbox"/> 16"x16"		Standard
<input type="checkbox"/> 18"x16"		Standard
<input type="checkbox"/> 20"x16"		Standard

ARM (Traditional arm purchased before Nov. 15, 2004)
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"/> STDSDDAVR	Right, Det Fp Bk, Desk Arm, Fxd Ht 1/ea	Standard	
<input type="checkbox"/> STDSDDAVL	Left, Det Fp Bk, Desk Arm, Fxd Ht 1/ea	Standard	
<input type="checkbox"/> STDSADDAVR	Right, Det Fp Bk, Desk Arm, Adj Ht 1/ea	\$46.45	E0973
<input type="checkbox"/> STDSADDAVL	Left, Det Fp Bk, Desk Arm, Adj Ht 1/ea	\$46.45	E0973
<input type="checkbox"/> STSDSFAVR	Right, Det Fp Bk Combo Full Arm/Desk, Fxd Ht	Standard	
<input type="checkbox"/> STSDSFAVL	Left, Det Fp Back Combo Full Arm/Desk, Fxd Ht	Standard	
<input type="checkbox"/> STSDSADFAVR	Right, Det Fp Back Combo Full Arm/Desk Adj Ht	\$46.45	E0973
<input type="checkbox"/> STSDSADFAVL	Left, Det Flip Back Combo Full Arm/Desk Adj Ht	\$46.45	E0973

ARM (New slope style arm style for chairs purchased after Nov. 15, 2004.)

<input type="checkbox"/> STDSDDAVR	Right, Det Flip Bk, Desk Arm, Fxd Ht	Standard	
<input type="checkbox"/> STDSDDAVL-SA	Left, Det Fp Bk, Desk Arm, Fxd Ht	\$46.45	E0973
<input type="checkbox"/> STDSADDAVR-SA	Right, Det Fp Bk, Desk Arm, Adj Ht	\$46.45	E0973
<input type="checkbox"/> STDSADDAVL-SA	Left, Det Flip Bk, Desk Arm, Adj Ht	\$46.45	E0973
<input type="checkbox"/> STSDSFAVR-SA	Right, Det Fp Bk Combo Full Arm/Desk, Fxd Ht	Standard	
<input type="checkbox"/> STSDSFAVL-SA	Left, Det Flip Back Combo Full Arm/Desk, Fxd Ht	Standard	
<input type="checkbox"/> STSDSADFAVR-SA	Right, Det Fp Bk Combo Full Arm/Desk, Adj Ht	\$46.45	E0973
<input type="checkbox"/> STSDSADFAVL-SA	Left, Det Flip Back Combo Full Arm/Desk, Adj Ht	\$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"/> JL3-4SF	Swg-awy Frst for 12" & 14" Models, Plastic Ftrst	Standard	
<input type="checkbox"/> JL3-4ELR	Swing-away Elevating Legrest for 12" & 14" Models, Plastic Ftplt	\$185.99	E0990
<input type="checkbox"/> L3-4SF-TF	Swing-away Ftrst, Tool Free, (17"-21") Ftplate Ext with Heel-loops, Plastic Ftplt	Standard	
<input type="checkbox"/> STDELR-TF	Swg-awy Elevating Legrest, Tool Free, (17.5"-21") w/ Padded Calf Pads, Plastic Ftplt	\$185.99	E0990

ANTI TIPPERS WITH WHEELS
Required for safety to prevent wheelchair from tipping backward resulting in user injury.

<input type="checkbox"/> STDS807		\$79.99	E0971
<input type="checkbox"/> STDS814	(For use with 12", 14" Vipers and Super Hemi Kit)	\$79.99	E0971

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

6" WHEEL LOCK EXTENSIONS	MSRP	HCPCS
<i>Allows wheelchair user to independently operate wheel locks due to upper extremity weakness, decreased range of motion, spasticity, or hemiplegia.</i>		
<input type="checkbox"/> STDS801	\$25.00	E0961

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

TELESCOPING I.V. POLE ATTACHMENT

<input type="checkbox"/> STDS820		\$84.83	K0105
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UNIVERSAL OXYGEN "E" CYLINDER HOLDER WITH I.V. POLE

<input type="checkbox"/> STDS804		\$159.61	E2208
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SEAT RAIL EXTENSION KIT

<input type="checkbox"/> STDS1818N, STDS1618N		\$112.58	
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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	

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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LIMB SUPPORT

<input type="checkbox"/> WASR, Right		\$55.44	E1020
<input type="checkbox"/> WASL, Left		\$55.44	E1020

CHART CARRY POCKET

<input type="checkbox"/> STDS835 (For use with all 16", 18" and 20" Wheelchairs)		\$103.30	
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ONE ARM DRIVE

<input type="checkbox"/> STDS4055L, Left, (for use with 18" models)		\$305.90	E0958
<input type="checkbox"/> STDS4055R, Right		\$305.90	E0958

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

WHEEL LOCKS (Push to Lock)

<input type="checkbox"/> STDS4024R	Right, Push to Lock, Top Mount, Flip Back Arm	Standard	
<input type="checkbox"/> STDS4024L	Left, Push to Lock, Top Mount, Flip Back Arm	Standard	
<input type="checkbox"/> STDS4025R	Right, Push to Lock, Top Mount, Slope Arm	Standard	
<input type="checkbox"/> STDS4025L	Left, Push to Lock, Top Mount, Slope Arm	Standard	

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.

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): Viper

Viper Qualifying Accessories:

Seat Cushions:	14880, 14907, 14887, 14888, 14908, 14881, 14909, 14881
Back Cushions:	14889, 14906, 14920
Auto Clasp Seat Belt:	STDS850, bariatric - STDS855
Velcro Seat Belt:	STDS851, bariatric - STDS856
Anti Tippers:	STDS814 - with wheels (for use with 12" and 14" models) STDS807 - (for use with 16"-20" models)
Wheel Lock Extension:	STDS801
Heel Loops:	STDS831
Elevating Legrest:	JL3-4ELR, LELR-TF
Adjustable Height Arms:	STDSADFAVR, STDSADFAVL, STDSADDAVR-SA, STDSADDAVL-SA, STDSDFAVL-SA, STDSADFAVR-SA, STDSADFAVL-SA



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