POSITIONING: WHEELCHAIR CUSHIONS AND MATTRESSES
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CRITERIA

Patient must either be completely immobile, have limited mobility and one of the conditions below, or have any stage pressure ulcer on the trunk or pelvis and one of these conditions:

1. Impaired nutritional status.
2. Urinary or fecal incontinence.
3. Altered sensory perception.

SUGGESTED ECODE: E0197
(IR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH)

MSRP - $223.91
MEDLINE STANDARD GEL FOAM OVERLAY MATTRESS GROUP I

PRODUCT DESCRIPTION

• Horizontal chambers encapsulate gel with foam beads to conform to the patient’s body.
• Standard foam top layer for comfort and support
• Lighter than other overlays for ease of handling
• Nylon top cover with skid-resistant vinyl bottom cover
• Fluid-proof cover
• Four elastic bands secure corners of overlay to the mattress
• 34” x 76” x 3” (86.4 cm x 193 cm x 7.6 cm)

CRITERIA

Patient must either be completely immobile, have limited mobility and one of the conditions below, or have any stage pressure ulcer on the trunk or pelvis and one of these conditions:

1. Impaired nutritional status.
2. Urinary or fecal incontinence.
3. Altered sensory perception.

SUGGESTED ECODE: E0185
(GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH)

MSRP - $301.77
MEDLINE A20 ALTERNATING PRESSURE LOW AIR POWERED MATTRESS GROUP II

PRODUCT DESCRIPTION

• Suitable for any homecare wound treatment protocol.
• User-friendly weight dials for customized therapy.
• High-quality functions include: alternating pressure, low air loss, static float, and low-pressure alarm with audio and visual indicators.
• Includes pump
• 400-lb weight capacity

CRITERIA

Group 2 Support Surface. Criteria: Multiple Stage II ulcers on the trunk or pelvis and have been on a Group I support surface for 30 days with no ulcer improvement. Or, a single Stage III or IV ulcer on the trunk or pelvis. Or, Flap or graft surgery on the trunk or pelvis within the last 60 days; patient must have used a Group 2 or 3 product (ex: negative pressure wound pump) prior to discharge within the past 30 days.

SUGGESTED ECODE: E0277
(POWERED PRESSURE-REDUCING AIR MATTRESS)

MSRP - $672.98/MO.
MEDLINE SUPRA APL (ALTERNATING PRESSURE LOW AIR POWERED MATTRESS) GROUP II

PRODUCT DESCRIPTION

• Our most economical mattress replacement system is suitable for any homecare wound treatment protocol.
• Functions include alternating pressure, low air-loss, static float
• Cell-on-cell design prevents bottoming out during a power outage
• Easy-to-use weight dial for customized therapy
• Easy-to-clean, waterproof, quilted nylon cover reduces shear and friction
• Low pressure alarm with audio and visual indicators
• 400-lb. weight capacity
• Adjustable air pump

CRITERIA

Group 2 Support Surface. Criteria: Multiple Stage II ulcers on the trunk or pelvis and have been on a Group I support surface for 30 days with no ulcer improvement. Or, a single Stage III or IV ulcer on the trunk or pelvis. Or, Flap or graft surgery on the trunk or pelvis within the last 60 days; patient must have used a Group 2 or 3 product (ex: negative pressure wound pump) prior to discharge within the past 30 days.

SUGGESTED ECODE: E0277 (POWERED PRESSURE-REDUCING AIR MATTRESS)

MSRP - $672.98/MO.
FUSION+ NON-POWERED DYNAMIC DISPERSION MATTRESS GROUP II

PRODUCT DESCRIPTION

• The non-powered Fusion+™ combines the simplicity of a therapeutic foam mattress and the therapy of a powered mattress.
• Suitable for prevention and treatment of pressure ulcers.
• Virtually maintenance free with no pump to maintain, repair or replace.
• Dynamic Dispersion® technology redistributes pressure and adapts to the patient’s every move with interconnected cells filled with air and foam.
• Three anatomically designed pressure relief zones.
• Sloped 2° visco heel zone provides even greater pressure redistribution for the sensitive heels.
• Firm perimeter helps keep patients centered and aids in ingress and egress.
• Easy-to-clean stretch cover and non-skid bottom are water-resistant and breathable.
• 500-lb. weight capacity
• 5-Year warranty

GROUP 2 SUPPORT SURFACE CRITERIA

Multiple Stage II ulcers on the trunk or pelvis and have been on a Group I support surface for 30 days with no ulcer improvement. Or, a single Stage III or IV ulcer on the trunk or pelvis. Or, Flap or graft surgery on the trunk or pelvis within the last 60 days; patient must have used a Group 2 or 3 product (ex: negative pressure wound pump) prior to discharge within the past 30 days.

SUGGESTED ECODE: E0373
(NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS)
MSRP - $578.75/MO.
MEDLINE CONTOUR PRO GEL CUSHION

PRODUCT DESCRIPTION

- Advanced contour design helps align hips and legs, increases surface area while decreasing pressure
- Two layers of high-resiliency foam with segmented gel pack that features waterfall front
- Shear X all-way stretch cover reduces skin shear and is antimicrobial and fluid proof
- 300 lb weight capacity
- Five year warranty

CRITERIA

Patient must either be completely immobile, have limited mobility and one of the conditions below, or have any stage pressure ulcer on the trunk or pelvis and one of these conditions:

1. Impaired nutritional status.
2. Urinary or fecal incontinence.
3. Altered sensory perception.

SUGGESTED ECODE: E2607
(SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION)

MSRP - $180.24 | $216.45

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BLUE CHIP GEL PRO ELITE WHEELCHAIR CUSHION

PRODUCT DESCRIPTION

The benefits of gel and foam are well documented. A high-density foam shell surrounds a uniquely styled gel bladder to form a comfortable gel wheelchair cushion that is unsurpassed in pressure redistribution. The Gel Pro™ Elite is utilized to provide unsurpassed patient comfort and in the prevention and treatment of pressure ulcers. Our segmented gel bladder contains an aqueous, highly viscous gel which provides for proper immersion and envelopment around the bony prominences. Gel-Pro™ gel wheelchair cushions help to stabilize and reduce the “rocking” motion found in other types of gel cushions. The Gel-Pro™ line of wheelchair cushions are covered in a traditional waterproof vinyl and low-shear nylon material, which helps reduce heat and moisture build-up. Both materials are fluid and stain resistant, anti-microbial and meet California Technical Bulletin #117 for fire retardancy.

Weight Limit 250 lbs

SUGGESTED ECODE: E2607 | E2608
MSRP - $180.24 | $216.45

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DRIVE GEL “E” 3” WHEELCHAIR CUSHION

PRODUCT DESCRIPTION

• Pressure redistributing cushion designed to assist in the prevention, treatment and management of pressure ulcers.

• Viscous gel bladder is encased in polyurethane foam shell and provides optimal pressure redistribution, support and comfort.

• Cover top is a urethane-coated nylon that is low-shear, vapor permeable and water-resistant. Vinyl bottom is waterproof.

• Cover base is waterproof vinyl for durability.

SUGGESTED ECODE: E2607 | E2608
MSRP - $180.24 | $216.45

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DRIVE GEL/ FOAM GEL “E” 2”
SEAT CUSHION

PRODUCT DESCRIPTION

• The Gel “E” is a cushion every wheelchair user can use to redistribute pressure which helps prevent, treat and manage pressure ulcers.

• High-Density foam encapsulates a viscous gel bladder that provides proper immersion and envelopment around the bony prominences.

• The zippered, removable and replaceable cover is made of a fluid-proof, urethane-coated nylon top cover and fluid-proof vinyl bottom cover for durability.

SUGGESTED ECODE: E2607 | E2608
(IR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH)

MSRP - $180.24 | $216.45

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DAP AIR CUSHION 310I
(CASE/12)

PRODUCT DESCRIPTION
• Twelve 21”x20” seat cushions, capacity of 350 lbs.

GENERAL APPLICATION
For pediatric to small adult size patients. Used to redistribute pressure on the sacrum while in a sitting position.

ADDITIONAL INFORMATION
Weight: 16 oz
Dimensions: 21 x 20 x 1 in
NYORTHO GEL-FOAM CUSHION

PRODUCT DESCRIPTION
NYOrtho Gel-Foam Cushions combine a foam base and a chambered gel insert. This combination helps prevent pressure ulcers, improve patient comfort and correct patient positioning.

FEATURES
RECOMMENDED USE: Patients at low risk for pressure ulcers.

- High-density foam surrounds a dual-chamber gel providing excellent pressure relief and comfort
- Low shear, anti-microbial, and fire-resistant fabric all incorporated into one fluid-proof removable cover
- Slip-resistant bottom with quick-release straps keep cushion in place
- Meets CA 117

SUGGESTED ECODE: E2607 | E2608

MSRP - $180.24 | $216.45
ANTI-THRUST FOAM WEDGE CUSHION WITH GEL

PRODUCT DESCRIPTION

• Wedge design helps prevent patients from sliding forward
• Two layers of high-density foam provide stable foundation
• Four-section gel pack helps relieve pressure
• ShearX all-way stretch cover reduces skin shear and is fluid-proof
• Cushion has a non-skid bottom and strap to hold it in place
• 300 lb weight capacity
• 5 year warranty

FEATURES

This product has antimicrobial properties built in to protect the product. This product does not protect users or others against bacteria, viruses, germs or other disease organisms.

SUGGESTED ECODE: E2607 | E2608

MSRP - $180.24 | $216.45

SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION

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KUSTOM KINETICS
Hours: 10am-4pm
Customer Service: 800-313-6468
18 Olmsted St.
Birmingham, AL 35242
Fax: 866-637-6864

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☑ inventory

Clinical Authorization Signature ___________________________ Title ___________________________ Date _______________

RELEASE OF MEDICAL INFORMATION / ASSIGNMENT OF BENEFITS / HIPAA / SUPPLIER STANDARDS

I request that payment of authorized Medicare, Medicaid and/or other private insurance benefits on my behalf be paid directly to MID SOUTH MEDICAL EQUIPMENT, INC for any services furnished to me by MID SOUTH MEDICAL EQUIPMENT, INC. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents, any information needed to determine these benefits. I acknowledge that I have received a copy of the HIPAA Privacy Practices and the CMS Medicare DMEPOS Supplier Standards.

Patient’s Signature ___________________________ Date _______________

If patient is unable to sign, please indicate reason:
☐ Mentally Impaired ☐ Physically Impaired

Print Patient’s Name ___________________________ Authorized Signature ___________________________ Date _______________

Statement of Receipt of Product/Attestation of Following Information: Signature at the bottom of this form attests that I or my caregiver have received, read and or been instructed in detail on the following information:

Product as prescribed by my physician

Informed on the Payment process of my equipment

Copy of my rights and responsibilities as a customer

Information on the proper use, care and cleaning procedures of my equipment

The Product has been properly fit and is free of defects

Warranty and return to supplier feedback to Supplier

Copy of product warranty

HIPAA Privacy Notice

Medicare Standards

Product for pre-hab Orthotics will be delivered within 5 business days and custom work will arrive in about 4 weeks. If any delays we will notify you

Authorization Signature ___________________________ Date _______________

Physician’s Name ___________________________ Date _______________

NPI # PHONE FAX