



Invacare Mobility Guide





Welcome

Provide the best care with confidence and ease

You work hard to anticipate your patients' needs and improve their day-to-day lives.

At Invacare, we know that when patients' rehab journeys are so wide-ranging and their financial situations are so varied, navigating the home medical equipment landscape can be overwhelming.

We're here to simplify the path to a holistic rehab experience and help you provide the best care with confidence.

Using This Guide

Step 1

Select your patient's payor source from the key below.

Step 2

Consider the following five mobility levels and choose the scenario that best represents your patient.

Step 3

Check the best practices product selection program starting on page 7.

Client Types

The reimbursement landscape can be complex, but we're dedicated to helping you meet your patients' individual rehab and financial needs. Use this key to quickly locate the appropriate payor source.

- M** Medicare or similar payor source
(*Medicare upgradeable through the ABN process)
- I** Other insurance
(such as workers' compensation, waiver programs, VA)
- C** Cash or retail
(assuming insurance did not cover)
- H** Hospice
- F** Facility

Mobility Levels



**Mobility
Level 1**

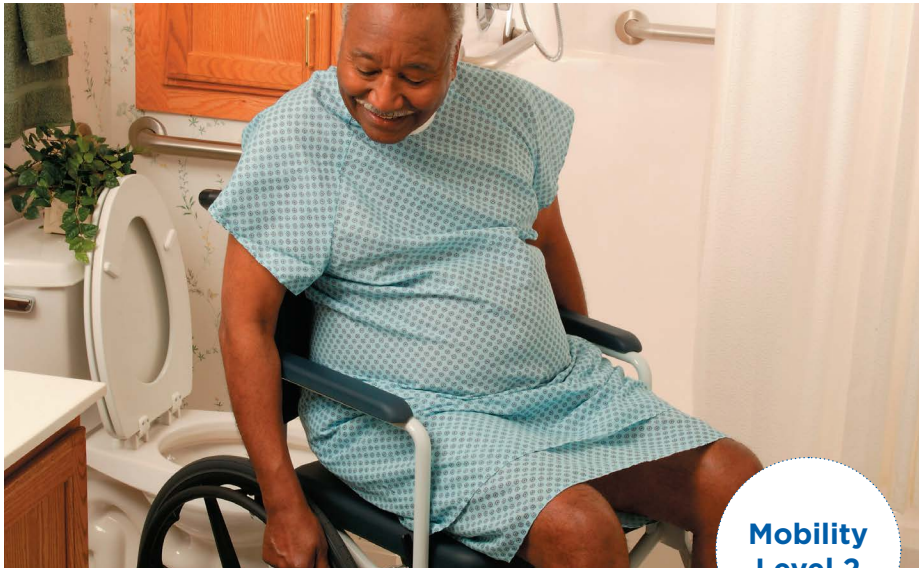
Independent

Margo is undergoing rehab for a fractured ankle. She can ambulate with minimal assistance and some type of support, such as a cane or walker. She's still largely independent but requires some help with activities of daily living (ADLs). She needs products to help her with balance and moving from sitting to standing.

Recommended Products

- [Invacare® I-Class™ Adult Paddle Walker](#) **M I C H F**
- [Invacare® Mariner™ Rehab Shower Chair](#) **C**
- [Invacare® HomeFill® Cylinder Filling System](#) **M I C H F**

Mobility Levels



Minimal Assist

James can somewhat support himself and uses an assist device, such as a four-wheel walker, to ambulate. He only needs minimal assistance with ADLs, but because he needs help with all higher levels of ADLs, he lives with a caregiver.

Recommended Products

- [Invacare® Solace® Performance Mattress, 80" L](#) **C F**
- [Invacare® Mariner™ Rehab Shower Chair](#) **I C**
- [Invacare® Get-U-Up™ Hydraulic Stand-Up Lift](#) **M H**
- [Invacare® PerfectO2™ V Oxygen Concentrator](#) **M I C H F**



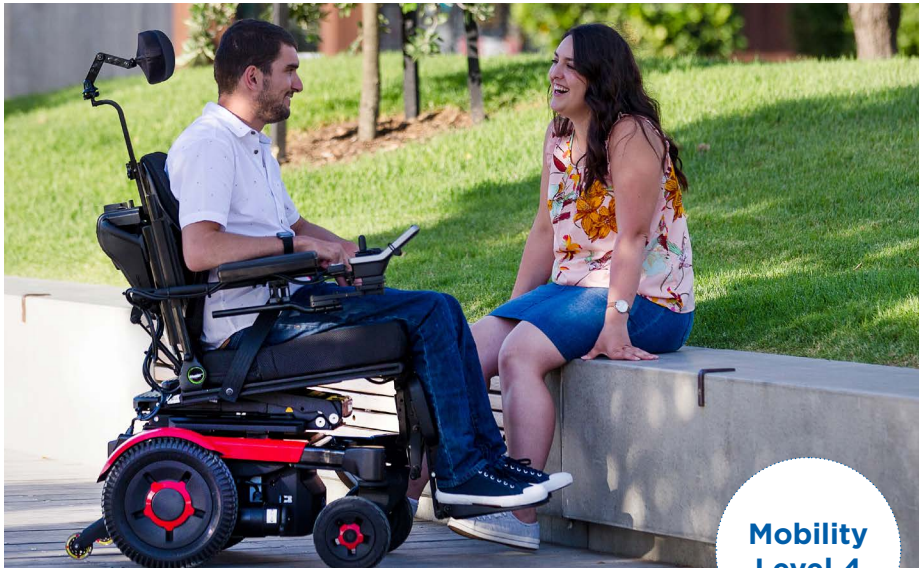
Moderate Assist

Jason recently suffered a stroke and needs to return home from the hospital to a fully equipped room. He still has mobility on one side of his body but uses a wheelchair to ambulate. For now, he requires positioning aids and equipment for home access and transportation, and moderate assistance with ADLs.

Recommended Products

- [Invacare® Semi Electric Bed 5310IVC](#) **M I**
- [Invacare® Tracer® EX2 Wheelchair](#) **M I H F**
- [Invacare® Get-U-Up™ Hydraulic Stand-Up Lift](#) **M I H**
- [Invacare® ISA™ Compact Stand-Up Lift](#) **I C**
- [Invacare® Matrix® PS Seat Cushion](#) **M I C F**
- [Invacare® Matrix® PB Back Support](#) **M I C F**

Mobility Levels



Mobility Level 4

Maximum Assist

Tyler is a high-level spinal cord injury patient who has been receiving help over the course of several years since his accident. He uses a wheelchair and can't stand or bear any weight. He's able to sit well if supported but requires positioning aids and equipment for home access and transportation. He needs maximal assist for his ADLs.

Recommended Products

- [Carroll CS Series™ CS7™ Bed](#) **I F**
- [Invacare® Platinum™ 10 Oxygen Concentrator](#) **M I C H F**
- [Invacare® Softform Premier™ Mattress, 80" L](#) **I C F**
- [Invacare® Reliant™ 450 Power Lift with Manual Base](#) **I F**
- [Invacare® AQUATEC® Ocean Ergo XL Self Propel with Collection Pan, Lid, and Pan Support Guide Rail](#) **I C H F**
- [Invacare® Matrx® VI Seat Cushion](#) **M I C F**
- [Invacare® Matrx® Elite™ TR Back Support](#) **M I C F**
- [Invacare® TDX® SP2 Mid-Wheel Drive Power Wheelchair](#) **M I C F**
- [Invacare® AVIVA® Storm™ RX Power Wheelchair](#) **M I C**



Mobility Level 5

Dependent

Bill has ALS and relies solely on a wheelchair. He is dependent for transfers and experiences some skin integrity and digestive issues that require 24-hour postural care. He needs positioning aids, assistance with ADLs, and modifications for home access.

Recommended Products

- [Carroll CS Series™ CS7™ Bed](#) **I F**
- [Invacare® microAIR® MA800 Alternating Pressure Low Air Loss Mattress System](#) **I C F**
- [Invacare® Reliant™ 450 Power Lift with Power Base](#) **I C F**
- [Invacare® AQUATEC® SRB, Special Reclining Backrest](#) **I F**
- [Invacare® Matrx® Libra™ Seat Cushion](#) **M I C F**
- [Invacare® Matrx® Elite™ TR Back Support](#) **M I C F**
- [Invacare® TDX® SP2 Front Wheel Drive Power Wheelchair](#) **M I C F**

Medicare Upgrade Possibilities*

Medicare allows beneficiaries to select an upgraded product in many scenarios. A good example is upgrading from a product in one code to another product that has a different code. For example, a semi-electric bed to a full-electric bed or from A K0001 standard manual wheelchair to a K0003 lightweight manual wheelchair.

Providers must be aware of when upgrades are not allowed, which typically include Medicare beneficiaries whose secondary insurance is Medicaid. Also, providers need to be aware of the difference between an upgrade and an upcharge. An upcharge is for products that fall in the same code or options that are considered part of the base equipment.

An Advance Beneficiary Notice (ABN) form must be completed for upgrades. The beneficiary must select one of three options regarding their choice for the listed upgrade. This ABN must also be signed and dated by the beneficiary. The key to all of this is that upgrades must be the choice of the end-user.

The following link will provide detailed information regarding the use and completion of the ABN:
[CMS.gov/Medicare/Medicare-General-Information/BNI/ABN](https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN)



**Disclaimer: The information provided on this page does not, and is not intended to, constitute legal advice; and is only provided for general informational purposes. The link above will connect you to third-party websites and are provided for your convenience. Contact your attorney to obtain advice with respect to the subject matter of this page.*

Home Medical Equipment

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2 - Minimal Assist
3 - Moderate Assist

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5 - Dependent

BEDS AND BED-RELATED PRODUCTS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
5310IVC	Invacare® Semi Electric Bed	E0295	3, 4, 5	M
5410IVC*	Invacare® Full-Electric Bed	E0266	3, 4, 5	H
5410LOW*	Invacare® Full-Electric Low Bed	E0266	3, 4, 5	H
IHCS7*	Carroll CS Series™ CS7™ Bed		1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5
6629	Invacare® Chrome Plated Full Length Bed Rail	E0310		
6630DS	Clamp On IVC Half Length Rail	E0305		
7714P/7740A	Invacare® Trapeze Floor Stand	E0940/E0910		

LIFTS AND SLINGS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
ISACOMPACT	Invacare® ISA™ Compact Stand-Up Lift	E0635	2, 3, 4, 5	I Levels 2-3 C Levels 1-5 F
ISAXPLUS	Invacare® ISA™ XPlus Stand-Up Lift	E0635	2, 3, 4, 5	I Levels 2-3 C Levels 1-5 F
9805P	Invacare® 9805P Hydraulic Patient Lift	E0630	3, 4, 5	M Level 3-5 H
GHS350	Invacare® Get-U-Up™ Hydraulic Stand-Up Lift	E0630	2, 3, 4, 5	M H
RPS350-1*	Invacare® Reliant™ 350 Stand-Up Lift with Manual Low Base	E0635	2, 3, 4, 5	I Levels 2-3 C Levels 1-5 F
RPL450-1*	Invacare® Reliant™ 450 Power Lift with Manual Base	E0635	3, 4, 5	I Levels 3-5 C Levels 1-5 F
RPL450-2*	Invacare® Reliant™ 450 Power Lift with Power Base	E0635	3, 4, 5	I Levels 3-5 C Levels 1-5 F
RPL600-1*	Invacare® Reliant™ 600 Heavy-Duty Power Lift with Manual Base	E0635	3, 4, 5	I Levels 3-5 C Levels 1-5 F
RPS350-2	Invacare® Reliant™ 350 Stand-Up Lift with Power Base	E0635		
BRDXPLUS	Invacare® Birdie™ Evo XPlus Patient Lift	E0635		

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OXYGEN THERAPY

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
IRC5PO2V	Invacare® Perfecto₂™ V Oxygen Concentrator with SensO₂®	E1390	1, 2, 3, 4, 5	M I C H F
IOH200	Invacare® HomeFill® Cylinder Filling System with Ambulatory Package	K0738	1, 2, 3, 4, 5	M I C H F
IRC10LXO2	Invacare® Platinum™ 10 Oxygen Concentrator	E1390	1, 2, 3, 4, 5	M I C H F
P5NXG1	Invacare® Platinum® 5NXG Oxygen Concentrator	E1390		
HF2POSTD	Invacare® HomeFill® Post Valve Cylinders	K0738		
HF2PCL6	Invacare® HomeFill® Integrated Conserver Cylinders	K0738		

HYGIENE

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
6891	Invacare® Mariner™ Rehab Shower Chair - 18" Seat	E1399**	1, 2, 3, 4, 5	I Levels 2-5 C Levels 1-5 H
6895	Invacare® Mariner™ Rehab Shower Chair - 18" Seat	E1399**	1, 2, 3, 4, 5	I Levels 2-5 C Levels 1-5 H
OCEANERGOSP	Invacare® AQUATEC® Ocean Ergo Self Propel with Collection Pan, Lid, and Pan Support Guide Rail	E1399**	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F
OCEAN-ERGOSPXL	Invacare® AQUATEC® Ocean Ergo XL Self Propel with Collection Pan, Lid, and Pan Support Guide Rail	E1399**	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F
1573972	Invacare® AQUATEC® R, Reclining Bath Lift	E1399**	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F
1573878	Invacare® AQUATEC® SRB, Special Reclining Backrest	E1399**	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F

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**With the exception of the tilt options.

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THERAPEUTIC SUPPORT SURFACES – ACTIVE

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
MA500	Invacare® microAIR® MA500 Alternating Pressure Low Air Loss Mattress System	E0277	3, 4, 5	M I H
MA600	Invacare® microAIR® MA600 Alternating Pressure Low Air Loss Mattress System	E0277	4, 5	M I H F
MA900	Invacare® microAIR® MA900 Lateral Rotation Low Air Loss Mattress System	E0277	5	I C F

THERAPEUTIC SUPPORT SURFACES – REACTIVE

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
SPS1080	Invacare® Solace® Prevention Mattress, 80" L	E0184	3, 4, 5	I H F
IPM1080	Invacare® Softform Premier™ Mattress, 80" L	E0184	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F
SRS2080	Invacare® Glissando® Gliding Mattress - 80"	E0184	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F

WALKERS AND ROLLATORS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
6291-A	Invacare® I-Class™ Adult Paddle Walker	E0135	1	M I C H F
6291-5F	Invacare® I-Class™ Adult Paddle Walker, 5" Fixed Wheels, 4/Case	E0143		
6291-HDA	Invacare I-Class Heavy-Duty Adult Paddle Walker, 2/Case	E0148		

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STANDARD MANUAL WHEELCHAIRS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
TREX2	Invacare® Tracer® EX2 Wheelchair	K0001/K0002	3, 4, 5	M Level 3 I H F
TRX5	Invacare® Tracer® SX5 Lightweight Wheelchair	K0003/K0006	3, 4, 5	M Level 3 I H F
9SL	Invacare® 9000 SL Lightweight Wheelchair	K0004	3	M I F
9XT	Invacare® 9000 XT Lightweight Wheelchair	K0004	3	M I F
9XDT	Invacare® 9000 XDT Heavy Duty Wheelchair	K0007	3	M I F
T4	Invacare® Tracer® IV Heavy Duty Wheelchair	K0007	3, 4, 5	M I H F
TRX5RC	Invacare® Tracer® SX5 Recliner Wheelchair	K0003/ K0006/E1226	4, 5	M I H F
9JYLT	Invacare® 9000 Jymni™ Pediatric Wheelchair	E1236/E1226		

BARIATRIC

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
BAR600IVC	Bariatric Bed	E0301		
BAR750	Bariatric Bed	E0302		
MA800	Invacare® microAIR® MA800 Alternating Pressure Low Air Loss Mattress System	E0277	4, 5	I C F
9000	Topaz Bariatric Wheelchair 9TPZ	K0007		
RPL600-2*	Invacare® Reliant™ 600 Heavy-Duty Power Lift with Power Base	E0635	3, 4, 5	I Levels 3-5 C Levels 1-5 F
6291-HDA	Invacare I-Class Heavy-Duty Adult Paddle Walker, 2/Case	E0148		
MA800B42				
66550				
1573862	Invacare® AQUATEC® XL, Heavy Duty Bath Lift	E0625	1, 2, 3, 4, 5	I Levels 3-5 C Levels 1-5 F
TDXSP2HD-MCG	Invacare® TDX SP2 Heavy Duty Mid Wheel Drive Power Wheelchair with Multi-Power Ultra Low Maxx Seating	K0862	3,4,5	M I C
Seat Cushion	Invacare® Matrx® Libra Adjust Heavy Duty Cushion 22"+	E2625	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite TR Heavy-Duty Back 22"+	E2621	3,4,5	M I C F
66550	Invacare® Bariatric Rollator	E0149	2	M I C H F

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DROP BASES

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Drop Base	Invacare® Matrx® Kidabra Drop Base Cushion Upgrade	E2231	3,4,5	M I C
Drop Base	Invacare® Matrx® Vi Drop Base Upgrade	E2231	3,4,5	M I C F

SEAT CUSHIONS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Seat Cushion	Invacare® Matrx® PS Mini Cushion	E2605	3,4,5	M I C
Seat Cushion	Invacare® Matrx® PSP Mini Cushion	E2607	3,4,5	M I C
Seat Cushion	Invacare® Matrx® Kidabra Cushion	E2607	3,4,5	M I C
Seat Cushion	Invacare® Matrx® PS Cushion	E2605	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Cushion Rigidizer	E0992	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® PSP Cushion	E2607	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® VI Cushion	E2607	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® VI Cushion 21" +	E2608	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® VIExtra Outer Cushion Cover	E2619	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Cushion	E2624	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Cushion 22"+	E2624	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Adjust Cushion	E2624	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Adjust Cushion 22"+	E2624	3,4,5	M I C F

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SEAT CUSHIONS (CONTINUED)

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Seat Cushion	Invacare® Matrx® PS Heavy Duty Cushion	E2606	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® PS Heavy Duty Cushion	E2605	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® PS Heavy Duty Cushion 22"+	E2606	3,4,5	M I C F
	PSP Heavy Duty Cushion			
Seat Cushion	Invacare® Matrx® VI Heavy Duty Cushion	E2607	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® VI Heavy Duty Cushion 22"+	E2608	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Heavy Duty Cushion	E2624	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Heavy Duty Cushion 22"+	E2625	3,4,5	M I C F
Seat Cushion	Invacare® Matrx® Libra Adjust Heavy Duty Cushion	E2624	3,4,5	M I C F

BACK SUPPORTS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Back Support	Invacare® Matrx® Mini Back	E2615	3,4,5	M I C
Back Support	Invacare® Matrx® PB Back	E2615	3,4,5	M I C F
Back Support	Invacare® Matrx® PB Deep Back	E2615	3,4,5	M I C F
Back Support	Invacare® Matrx® PB Heavy-Duty Back	E2615	3,4,5	M I C F
Back Support	Invacare® Matrx® PB Heavy-Duty Back 22"+	E2616	3,4,5	M I C F
Back Support	Invacare® Matrx® PB Extra Wide Heavy-Duty Back	E2616	3,4,5	M I C F
Back Support	Invacare® Matrx® PB Deep Heavy-Duty Back	E2615	3,4,5	M I C F
Back Support	Invacare® Matrx® PB Deep Heavy-Duty Back 22"+	E2616	3,4,5	M I C F

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BACK SUPPORTS (CONTINUED)

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Back Support	Invacare® Matrx® PB Extra Wide Deep Heavy-Duty Back	E2616	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Back	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Heavy-Duty Back	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Heavy-Duty Back 22"+	E2621	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Extra Wide Heavy-Duty Back	E2621	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite TR Back	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Deep Back	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Deep Back with SuperSoft Foam	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Deep Heavy-Duty Back	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite Deep Heavy-Duty Back 22"+	E2621	3,4,5	M I C F
Back Support	Invacare® Matrx® Elite TR Heavy-Duty Back	E2620	3,4,5	M I C F
Back Support	Invacare® Matrx® MX2 Back	E2615	3,4,5	M I C F
Back Support	Invacare® Matrx® E2 Standard Contour Back	E2615	3,4,5	M I C F
Back Support	Invacare® Matrx® E2 Deep Contour Back	E2620	3,4,5	M I C F

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LATERALS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Lateral	Invacare® Matrx® Elite Fixed Laterals	E0956	3,4,5	M I C F
Lateral	Invacare® Matrx® Elite Swingaway Lateral hrdwr/pad	E1028/E0956	3,4,5	M I C F
Lateral	Invacare® Matrx® Mini Swing Away Lateral hrdwr/pad	E1028/E0956	3,4,5	M I C F
Lateral	Invacare® Matrx® Mini Fixed Laterals	E0956	3,4,5	M I C F
Lateral	Invacare® Matrx® MX2 Fixed Laterals	E0956	3,4,5	M I C F

ACCESSORIES

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
Accessories	Invacare® Matrx® Elan Headrest Hardware	E1028	3,4,5	M I C F
Accessories	Invacare® Matrx® LoXX Headrest Hardware	E1028	3,4,5	M I C F
Accessories	Invacare® Matrx® Elan Headrest Pads	E0955	3,4,5	M I C F
Accessories	Invacare® Matrx® Ergonomic Arm Troughs/Hand Pads	E2209	3,4,5	M I C F
Accessories	Invacare® Matrx® Padded Lap Belts	E0978	3,4,5	M I C F
Accessories	Invacare® Matrx® Calf Straps/Panels	E0955	3,4,5	M I C F
Accessories	Invacare® Matrx® Arm Troughs	E2209	3,4,5	M I C F

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CUSTOM MANUAL WHEELCHAIRS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
SOLARA3G	Invacare® Solara 3G Tilt-in-Space Wheelchair	E1161	4,5	M I C F
NXT-30302	Freedom Designs NXT™ Folding Tilt-in-Space Wheelchair	E1161	4,5	M I C F
NXT-30312	Freedom Designs NXT™ Adult Rigid Tilt Wheelchair	E1161	4,5	M I C F
PRO-30310	Freedom Designs P.R.O. CG™ Adult Rigid Tilt-in-Space Wheelchair	E1161	4,5	M I C F
PRO-30313	Freedom Designs P.R.O. CG™ Adult Rigid SC Tilt Wheelchair	E1161	4,5	M I C F
PRO-30312	Freedom Designs P.R.O. CG™ Adult Rigid SE Tilt Chair Wheelchair	E1161	4,5	M I C F

CUSTOM POWER WHEELCHAIRS

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
TDXSP2V	Invacare® TDX SP2 Mid Wheel Drive Power Wheelchair with Captains Seat	K0848/K0849	3,4,5	M I C
TDXSP2V-HD	Invacare® TDX SP2 Heavy Duty Mid Wheel Drive Power Wheelchair with Captains Seat	K0850/K0851	3,4,5	M I C
TDXSP2-CG	Invacare® TDX SP2 Mid Wheel Drive Power Wheelchair with Single Power Ultra Low Maxx Seating	K0856	3,4,5	M I C
TDXSP2-MCG	Invacare® TDX SP2 Mid Wheel Drive Power Wheelchair with Multi-Power Ultra Low Maxx Seating	K0861	3,4,5	M I C
TDXSP2HD-CG	Invacare® TDX SP2 Heavy Duty Mid Wheel Drive Power Wheelchair with Single Power Ultra Low Maxx Seating	K0858	3,4,5	M I C
888WNLEX3-SP / 888WN-LEX-MPS	Motion Concepts Rovi® Mid Wheel Drive Power Wheelchair with Single Power Ultra Low Maxx Seating	K0856	3,4,5	M I C
888WNLEX-MPM	Motion Concepts Rovi® Mid Wheel Drive Power Wheelchair with Multi-Power Ultra Low Maxx Seating	K0861	3,4,5	M I C

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Rehab

M Medicare or similar payor source
(*Medicare upgradeable through the ABN process)

I Other insurance (such as workers' compensation, waiver programs, VA)

C Cash or retail (assuming insurance did not cover)

H Hospice

F Facility

Mobility Levels

1 - Independent
2 - Minimal Assist
3 - Moderate Assist

4 - Maximal Assist
5 - Dependent

CUSTOM POWER WHEELCHAIRS (CONTINUED)

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
SRX-20SP	Invacare® Aviva® Storm RX™ Rear Wheel Drive Power Wheelchair with Single Power Ultra Low Maxx Seating	K0856	3,4,5	M I C
SRX-20MP	Invacare® Aviva® Storm RX™ Rear Wheel Drive Power Wheelchair with Multi-Power Ultra Low Maxx Seating	K0861	3,4,5	M I C
IFX-20C	Invacare® AVIVA® Front Wheel Drive Power Wheelchair with Captain Seat	K0848/K0849	3,4,5	M I C
IFX-20SP	Invacare® AVIVA® Front Wheel Drive Power Wheelchair with Single Power Ultra Low Maxx Seating	K0856	3,4,5	M I C
IFX-20MP	Invacare® AVIVA® Front Wheel Drive Power Wheelchair with Multi-Power Ultra Low Maxx Seating	K0861	3,4,5	M I C

POWER ASSIST (ALBER)

SKU	PRODUCT	HCPC*	MOBILITY LEVEL	CLIENT TYPES
	Alber Scalamobil/Power Stair Climber	K0108	1	M I C F
1592897	SMOOV® one Add on power assist	E0986	2,3,4	M I C F
1592898	SMOOV® one Add on power assist (6mph)	E0986	2,3,4	M I C F
	Alber twion® power assist wheels (4mph)	E0986	2,3,4	M I C F
	Alber twion® power assist wheels (6mph)	E0986	2,3,4	M I C F
1592521	Alber e-motion® power assist wheels	E0986	2,3,4	M I C F
	Alber e-fix® power add on with joystick control	E0983	2,3,4,5	M I C F
	Alber e-fix® (with attendant control)	E0983	5	M I C F
	Alber e-fix® Eco power assist wheels	E0983	3	M I C F

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ASSISTIVE TECHNOLOGY (ADAPTIVE SWITCH LABS)

SKU	PRODUCT	HCP*	MOBILITY LEVEL	CLIENT TYPES
ASL 102 UNO	ASL UNO Single Switch Scanner	K0108	4,5	M I C F
ASL 104 ATOM	ASL ATOM Electronic Head Array	E2330	4,5	M I C F
ASL 110	ASL Fusion Electronic Proportional and Digital Head Array	E2328	4,5	M I C F
ASL 128	ASL Molecule Joystick	E2328	4,5	M I C F
ASL 130	ASL Micro Extremity Control	E2328	4,5	M I C F
ASL 133	ASL Compact Joystick - Single Button Switch	E2373	4,5	M I C F
ASL 134	ASL Compact Joystick - Dual Switch	E2373	4,5	M I C F
ASL 138	ASL Extremity Control	E2373	4,5	M I C F

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