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**MERIDIAN™**

Ideal for preventing posterior-pelvic tilt. The Meridian benefits those at high risk of tissue breakdown and in need of a high level of symmetric positioning. This product is classified as an adjustable skin protection and positioning cushion.

The Meridian is a configured product. The first six digits make up the Medicare billing number.

**STANDARD SIZES**

List Price **\$375.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

**BARIATRIC SIZES**

List Price **\$458.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72000212141	72000212142
14x14	72000214141	72000214142
14x16	72000214161	72000214162
14x18	72000214181	72000214182
14x20	72000214201	72000214202
15x15	72000215151	72000215152
15x17	72000215171	72000215172
16x14	72000216141	72000216142
16x16	72000216161	72000216162
16x18	72000216181	72000216182
16x20	72000216201	72000216202
17x17	72000217171	72000217172
18x16	72000218161	72000218162
18x18	72000218181	72000218182
18x20	72000218201	72000218202
20x16	72000220161	72000220162
20x18	72000220181	72000220182
20x20	72000220201	72000220202

Size	Mesh	Incontinence
22x18	72300222181	72300222182
22x20	72300222201	72300222202
24x18	72300224181	72300224182
24x20	72300224201	72300224202

**REPLACEMENT COVERS**

**STANDARD SIZES**

List Price: **\$78.00**  
 HCPCS **E2619**

**BARIATRIC SIZES**

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	02517	02534
14x14	02518	02535
14x16	02519	02536
14x18	02619	02624
14x20	02620	02625
15x15	02621	02626
15x17	02622	02627
16x14	02623	02628
16x16	02520	02537
16x18	02521	02538
16x20	02522	02539
17x17	02523	02540
18x16	02524	02541
18x18	02525	02542
18x20	02526	02543
20x16	02527	02544
20x18	02528	02545
20x20	02529	02546

Size	Mesh	Incontinence
22x18	02530	02547
22x20	02531	02548
24x18	02532	02549
24x20	02533	02550



## MERIDIAN WAVE™ CPW (Contoured Positioning Wedge)

Ideal for preventing posterior-pelvic tilt. The Meridian Wave CPW provides exceptional positioning of the lower extremities for enhanced sitting posture. This product is classified as an adjustable skin protection cushion.

The Meridian Wave is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$458.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

### BARIATRIC SIZES

List Price **\$530.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72001212141	72001212142
14x14	72001214141	72001214142
14x16	72001214161	72001214162
14x18	72001214181	72001214182
14x20	72001214201	72001214202
15x15	72001215151	72001215152
15x17	72001215171	72001215172
16x14	72001216141	72001216142
16x16	72001216161	72001216162
16x18	72001216181	72001216182
16x20	72001216201	72001216202
17x17	72001217171	72001217172
18x16	72001218161	72001218162
18x18	72001218181	72001218182
18x20	72001218201	72001218202
20x16	72001220161	72001220162
20x18	72001220181	72001220182
20x20	72001220201	72001220202

Size	Mesh	Incontinence
22x18	72301222181	72301222182
22x20	72301222201	72301222202
24x18	72301224181	72301224182
24x20	72301224201	72301224202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	02551	02568
14x14	02552	02569
14x16	02553	02570
14x18	02629	02634
14x20	02630	02635
15x15	02631	02636
15x17	02632	02637
16x14	02633	02638
16x16	02554	02571
16x18	02555	02572
16x20	02556	02573
17x17	02557	02574
18x16	02558	02575
18x18	02559	02576
18x20	02560	02577
20x16	02561	02578
20x18	02562	02579
20x20	02563	02580

Size	Mesh	Incontinence
22x18	02564	02581
22x20	02565	02582
24x18	02566	02583
24x20	02567	02584



## MERIDIAN WAVE™ LPB (Lateral Positioning Base)

Ideal for preventing posterior-pelvic tilt. The Meridian Wave LPB provides a solid base of support and a high degree of pelvic and lower extremity lateral positioning. This product is classified as an adjustable skin protection cushion.

The Meridian Wave is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$458.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

### BARIATRIC SIZES

List Price **\$530.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72002212141	72002212142
14x14	72002214141	72002214142
14x16	72002214161	72002214162
14x18	72002214181	72002214182
14x20	72002214201	72002214202
15x15	72002215151	72002215152
15x17	72002215171	72002215172
16x14	72002216141	72002216142
16x16	72002216161	72002216162
16x18	72002216181	72002216182
16x20	72002216201	72002216202
17x17	72002217171	72002217172
18x16	72002218161	72002218162
18x18	72002218181	72002218182
18x20	72002218201	72002218202
20x16	72002220161	72002220162
20x18	72002220181	72002220182
20x20	72002220201	72002220202

Size	Mesh	Incontinence
22x18	72302222181	72302222182
22x20	72302222201	72302222202
24x18	72302224181	72302224182
24x20	72302224201	72302224202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	02585	02602
14x14	02586	02603
14x16	02587	02604
14x18	02639	02644
14x20	02640	02645
15x15	02641	02646
15x17	02642	02647
16x14	02643	02648
16x16	02588	02605
16x18	02589	02606
16x20	02590	02607
17x17	02591	02608
18x16	02592	02609
18x18	02593	02610
18x20	02594	02611
20x16	02595	02612
20x18	02596	02613
20x20	02597	02614

Size	Mesh	Incontinence
22x18	02598	02615
22x20	02599	02616
24x18	02600	02617
24x20	02601	02618



## MERIDIAN WAVE™ CPB (Contoured Positioning Base)

Ideal for preventing posterior-pelvic tilt. The Meridian Wave CPB provides a solid base of support and a high degree of pelvic and lower extremity lateral and medial positioning. This product is classified as an adjustable skin protection cushion.

The Meridian Wave is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$458.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72003212141	72003212142
14x14	72003214141	72003214142
14x16	72003214161	72003214162
14x18	72003214181	72003214182
14x20	72003214201	72003214202
15x15	72003215151	72003215152
15x17	72003215171	72003215172
16x14	72003216141	72003216142
16x16	72003216161	72003216162
16x18	72003216181	72003216182
16x20	72003216201	72003216202
17x17	72003217171	72003217172
18x16	72003218161	72003218162
18x18	72003218181	72003218182
18x20	72003218201	72003218202
20x16	72003220161	72003220162
20x18	72003220181	72003220182
20x20	72003220201	72003220202

### BARIATRIC SIZES

List Price **\$530.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
22x18	72303222181	72303222182
22x20	72303222201	72303222202
24x18	72303224181	72303224182
24x20	72303224201	72303224202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	02585	02602
14x14	02586	02603
14x16	02587	02604
14x18	02639	02644
14x20	02640	02645
15x15	02641	02646
15x17	02642	02647
16x14	02643	02648
16x16	02588	02605
16x18	02589	02606
16x20	02590	02607
17x17	02591	02608
18x16	02592	02609
18x18	02593	02610
18x20	02594	02611
20x16	02595	02612
20x18	02596	02613
20x20	02597	02614

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
22x18	02598	02615
22x20	02599	02616
24x18	02600	02617
24x20	02601	02618



Postural Support Systems  
 U.S. Suggested Retail Price List  
 Effective January 01, 2010

## EVOLUTION PSV™

Ideal for users at a high risk of tissue breakdown and in need of symmetric positioning. The PSV (Pressure Setting Valve) takes the guesswork out of cushion adjustment. This product is classified as an adjustable skin protection cushion.

### STANDARD SIZES

List Price **\$364.00**  
 HCPCS **K0734** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72415	72425
14x14	74415	74425
14x16	74615	74625
14x18	74816	74826
14x20	74016	74026
15x15	75515	75525
15x17	75715	75725
16x14	76415	76425
16x16	76615	76625
16x18	76815	76825
16x20	76015	76025
17x17	77715	77725
18x16	78615	78625
18x18	78815	78825
18x20	78015	78025
20x16	70615	70625
20x18	70815	70825
20x20	70015	70025

### BARIATRIC SIZES

List Price **\$442.00**  
 HCPCS **K0735** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
22x18	72815	72825
22x20	72015	72025
24x18	74815	74825
24x20	74015	74025

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	04623	04624
14x14	04643	04644
14x16	04645	04646
14x18	04681	04690
14x20	04682	04691
15x15	04683	04692
15x17	04684	04695
16x14	04689	04696
16x16	04665	04666
16x18	04667	04668
16x20	04601	04602
17x17	04640	04641
18x16	04685	04686
18x18	04687	04688
18x20	04679	04680
20x16	04605	04606
20x18	04607	04608
20x20	04599	04600

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
22X18	04620	04621
22x20	04622	04625
24x18	04626	04627
24x20	04628	04629



## EVOLUTION PSV WAVE™ CPW (Contoured Positioning Wedge)

Ideal for users at high risk of tissue breakdown. The Evolution PSV Wave CPW provides exceptional positioning of the lower extremities for enhanced sitting posture. The PSV (Pressure Setting Valve) takes the guesswork out of adjustment. This product is classified as an adjustable skin protection cushion.

The Evolution Wave PSV is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$432.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

### BARIATRIC SIZES

List Price **\$505.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	71501112141	71501112142
14x14	71501114141	71501114142
14x16	71501114161	71501114162
14x18	71501114181	71501114182
14x20	71501114201	71501114202
15x15	71501115151	71501115152
15x17	71501115171	71501115172
16x14	71501116141	71501116142
16x16	71501116161	71501116162
16x18	71501116181	71501116182
16x20	71501116201	71501116202
17x17	71501117171	71501117172
18x16	71501118161	71501118162
18x18	71501118181	71501118182
18x20	71501118201	71501118202
20x16	71501120161	71501120162
20x18	71501120181	71501120182
20x20	71501120201	71501120202

Size	Mesh	Incontinence
22x18	71801122181	71801122182
22x20	71801122201	71801122202
24x18	71801124181	71801124182
24x20	71801124201	71801124202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	05500	05517
14x14	05501	05518
14x16	05502	05519
14x18	05745	05750
14x20	05746	05751
15x15	05747	05752
15x17	05748	05753
16x14	05749	05754
16x16	05503	05520
16x18	05504	05521
16x20	05505	05522
17x17	05506	05523
18x16	05507	05524
18x18	05508	05525
18x20	05509	05526
20x16	05510	05527
20x18	05511	05528
20x20	05512	05529

Size	Mesh	Incontinence
22x18	05513	05530
22x20	05514	05531
24x18	05515	05532
24x20	05516	05533



## EVOLUTION PSV WAVE™ LPB (Lateral Positioning Base)

Ideal for users at high risk of tissue breakdown. The Evolution PSV Wave LPB provides a solid base of support and a high degree of pelvic and lower extremity lateral positioning. The PSV (Pressure Setting Valve) takes the guesswork out of cushion adjustment. This product is classified as an adjustable skin protection cushion.

The Evolution Wave PSV is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$432.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	71502112141	71502112142
14x14	71502114141	71502114142
14x16	71502114161	71502114162
14x18	71502114181	71502114182
14x20	71502114201	71502114202
15x15	71502115151	71502115152
15x17	71502115171	71502115172
16x14	71502116141	71502116142
16x16	71502116161	71502116162
16x18	71502116181	71502116182
16x20	71502116201	71502116202
17x17	71502117171	71502117172
18x16	71502118161	71502118162
18x18	71502118181	71502118182
18x20	71502118201	71502118202
20x16	71502120161	71502120162
20x18	71502120181	71502120182
20x20	71502120201	71502120202

### BARIATRIC SIZES

List Price **\$505.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
22x18	71802122181	71802122182
22x20	71802122201	71802122202
24x18	71802124181	71802124182
24x20	71802124201	71802124202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	05700	05717
14x14	05701	05718
14x16	05702	05719
14x18	05735	05740
14x20	05736	05741
15x15	05737	05742
15x17	05738	05743
16x14	05739	05744
16x16	05703	05720
16x18	05704	05721
16x20	05705	05722
17x17	05706	05723
18x16	05707	05724
18x18	05708	05725
18x20	05709	05726
20x16	05710	05727
20x18	05711	05728
20x20	05712	05729

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
22x18	05713	05730
22x20	05714	05731
24x18	05715	05732
24x20	05716	05734



## EVOLUTION PSV WAVE™ CPB (Contoured Positioning Base)

Ideal for users at high risk of tissue breakdown. The Evolution PSV Wave CPB provides a solid base of support and a high degree of pelvic and lower extremity lateral and medial positioning. The PSV (Pressure Setting Valve) takes the guesswork out of cushion adjustment. This product is classified as an adjustable skin protection cushion.

The Evolution Wave PSV is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$432.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

### BARIATRIC SIZES

List Price **\$505.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	71503112141	71503112142
14x14	71503114141	71503114142
14x16	71503114161	71503114162
14x18	71503114181	71503114182
14x20	71503114201	71503114202
15x15	71503115151	71503115152
15x17	71503115171	71503115172
16x14	71503116141	71503116142
16x16	71503116161	71503116162
16x18	71503116181	71503116182
16x20	71503116201	71503116202
17x17	71503117171	71503117172
18x16	71503118161	71503118162
18x18	71503118181	71503118182
18x20	71503118201	71503118202
20x16	71503120161	71503120162
20x18	71503120181	71503120182
20x20	71503120201	71503120202

Size	Mesh	Incontinence
22x18	71803122181	71803122182
22x20	71803122201	71803122202
24x18	71803124181	71803124182
24x20	71803124201	71803124202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	05700	05717
14x14	05701	05718
14x16	05702	05719
14x18	05735	05740
14x20	05736	05741
15x15	05737	05742
15x17	05738	05743
16x14	05739	05744
16x16	05703	05720
16x18	05704	05721
16x20	05705	05722
17x17	05706	05723
18x16	05707	05724
18x18	05708	05725
18x20	05709	05726
20x16	05710	05727
20x18	05711	05728
20x20	05712	05729

Size	Mesh	Incontinence
22x18	05713	05730
22x20	05714	05731
24x18	05715	05732
24x20	05716	05734



Postural Support Systems  
 U.S. Suggested Retail Price List  
 Effective January 01, 2010

## EVOLUTION™

Ideal for users at high risk of tissue breakdown and in need of symmetric positioning. This product is classified as an adjustable skin protection cushion.

### STANDARD SIZES

List Price **\$364.00**  
 HCPCS **K0734** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72410	72420
14x14	74410	74420
14x16	74610	74620
14x18	74810	74820
14x20	74010	74020
15x15	75510	75520
15x17	75710	75720
16x14	76410	76420
16x16	76610	76620
16x18	76810	76820
16x20	76010	76020
17x17	77710	77720
18x16	78610	78620
18x18	78810	78820
18x20	78010	78020
20x16	70610	70620
20x18	70810	70820
20x20	70010	70020

### BARIATRIC SIZES

List Price **\$442.00**  
 HCPCS **K0735** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
22x18	7281B	7282B
22x20	7201B	7202B
24x18	7481B	7482B
24x20	7401B	7402B

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	04623	04624
14x14	04643	04644
14x16	04645	04646
14x18	04681	04690
14x20	04682	04691
15x15	04683	04692
15x17	04684	04695
16x14	04689	04696
16x16	04665	04666
16x18	04667	04668
16x20	04601	04602
17x17	04640	04641
18x16	04685	04686
18x18	04687	04688
18x20	04679	04680
20x16	04605	04606
20x18	04607	04608
20x20	04599	04600

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
22x18	04620	04621
22x20	04622	04625
24x18	04626	04627
24x20	04628	04629



## EVOLUTION WAVE™ CPW (Contoured Positioning Wedge)

Ideal for users at high risk of tissue breakdown. The Evolution Wave CPW provides exceptional positioning of the lower extremities for enhanced sitting posture. This product is classified as an adjustable skin protection and positioning cushion.

The Evolution Wave is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$432.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	71001112141	71001112142
14x14	71001114141	71001114142
14x16	71001114161	71001114162
14x18	71001114181	71001114182
14x20	71001114201	71001114202
15x15	71001115151	71001115152
15x17	71001115171	71001115172
16x14	71001116141	71001116142
16x16	71001116161	71001116162
16x18	71001116181	71001116182
16x20	71001116201	71001116202
17x17	71001117171	71001117172
18x16	71001118161	71001118162
18x18	71001118181	71001118182
18x20	71001118201	71001118202
20x16	71001120161	71001120162
20x18	71001120181	71001120182
20x20	71001120201	71001120202

### BARIATRIC SIZES

List Price **\$505.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
22x18	71301122181	71301122182
22x20	71301122201	71301122202
24x18	71301124181	71301124182
24x20	71301124201	71301124202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	05500	05517
14x14	05501	05518
14x16	05502	05519
14x18	05745	05750
14x20	05746	05751
15x15	05747	05752
15x17	05748	05753
16x14	05749	05754
16x16	05503	05520
16x18	05504	05521
16x20	05505	05522
17x17	05506	05523
18x16	05507	05524
18x18	05508	05524
18x20	05509	05526
20x16	05510	05527
20x18	05511	05528
20x20	05512	05529

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
22x18	05513	05530
22x20	05514	05531
24x18	05515	05532
24x20	05516	05533



## EVOLUTION WAVE™ LPB (Lateral Positioning Base)

Ideal for users at high risk of tissue breakdown. The Evolution Wave LPB provides a solid base of support and a high degree of pelvic and lower extremity lateral positioning. This product is classified as an adjustable skin protection and positioning cushion.

The Evolution Wave is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$432.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

### BARIATRIC SIZES

List Price **\$505.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	71002112141	71002112142
14x14	71002114141	71002114142
14x16	71002114161	71002114162
14x18	71002114181	71002114182
14x20	71002114201	71002114202
15x15	71002115151	71002115152
15x17	71002115171	71002115172
16x14	71002116141	71002116142
16x16	71002116161	71002116162
16x18	71002116181	71002116182
16x20	71002116201	71002116202
17x17	71002117171	71002117172
18x16	71002118161	71002118162
18x18	71002118181	71002118182
18x20	71002118201	71002118202
20x16	71002120161	71002120162
20x18	71002120181	71002120182
20x20	71002120201	71002120202

Size	Mesh	Incontinence
22x18	71302122181	71302122182
22x20	71302122201	71302122202
24x18	71302124181	71302124182
24x20	71302124201	71302124202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	05700	05717
14x14	05701	05718
14x16	05702	05719
14x18	05735	05740
14x20	05736	05741
15x15	05737	05742
15x17	05738	05743
16x14	05739	05744
16x16	05703	05720
16x18	05704	05721
16x20	05705	05722
17x17	05706	05723
18x16	05707	05724
18x18	05708	05725
18x20	05709	05726
20x16	05710	05727
20x18	05711	05728
20x20	05712	05729

Size	Mesh	Incontinence
22x18	05713	05730
22x20	05714	05731
24x18	05715	05732
24x20	05716	05734



## EVOLUTION WAVE™ CPB (Contoured Positioning Base)

Ideal for users at high risk for tissue breakdown. The Evolution Wave CPB provides a solid base of support and a high degree of pelvic and lower extremity lateral and medial positioning. This product is classified as an adjustable skin protection and positioning cushion.

The Evolution Wave is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$432.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	71003112141	71003112142
14x14	71003114141	71003114142
14x16	71003114161	71003114162
14x18	71003114181	71003114182
14x20	71003114201	71003114202
15x15	71003115151	71003115152
15x17	71003115171	71003115172
16x14	71003116141	71003116142
16x16	71003116161	71003116162
16x18	71003116181	71003116182
16x20	71003116201	71003116202
17x17	71003117171	71003117172
18x16	71003118161	71003118162
18x18	71003118181	71003118182
18x20	71003118201	71003118202
20x16	71003120161	71003120162
20x18	71003120181	71003120182
20x20	71003120201	71003120202

### BARIATRIC SIZES

List Price **\$505.00**  
 HCPCS **K0737** (22" or greater width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
22x18	71303122181	71303122182
22x20	71303122201	71303122202
24x18	71303124181	71303124182
24x20	71303124201	71303124202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	05700	05717
14x14	05701	05718
14x16	05702	05719
14x18	05735	05740
14x20	05736	05741
15x15	05737	05742
15x17	05738	05743
16x14	05739	05744
16x16	05703	05720
16x18	05704	05721
16x20	05705	05722
17x17	05706	05723
18x16	05707	05724
18x18	05708	05725
18x20	05709	05726
20x16	05710	05727
20x18	05711	05728
20x20	05712	05729

### BARIATRIC SIZES

List Price **\$104.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
22x18	05713	05730
22x20	05714	05731
24x18	05715	05732
24x20	05716	05734



**PROFORM NX™**

Ideal for individuals with leg length discrepancies, amputations and other pelvic obliquities. The ProForm NX benefits those who require a lightweight, customizable seating system. This product is classified as an adjustable skin protection cushion.

**SINGLE CHAMBER**

List Price **\$442.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72411	72421
14x14	74411	74421
14x16	74611	74621
15x15	75511	75521
15x17	75711	75721
16x16	76611	76621
16x18	76811	76821
16x20	76011	76021
17x17	77711	77721
18x16	78611	78621
18x18	78811	78821
18x20	78011	70821
20x16	70611	70621
20x18	70811	70821
20x20	70011	70021

**DUAL CHAMBER**

List Price **\$442.00**  
 HCPCS **K0736** (less than 22" width)  
 Cover **Mesh or Incontinence**

Size	Mesh	Incontinence
12x14	72412	72422
14x14	74412	74422
14x16	74612	74622
15x15	75512	75522
15x17	75712	75722
16x16	76612	76622
16x18	76812	76822
16x20	76012	76022
17x17	77712	77722
18x16	78612	78622
18x18	78812	78822
18x20	78012	78022
20x16	70612	70622
20x18	70812	70822
20x20	70012	70022

**REPLACEMENT PARTS**

**Covers**

List Price: **\$78.00**  
 HCPCS **E2619**

Size	Mesh	Incontinence
12x14	01760	01750
14x14	01761	01751
14x16	01762	01752
15x15	01740	01745
15x17	01741	01746
16x16	01763	01753
16x18	01764	01754
16x20	01765	01755
17x17	01742	01747
18x16	01766	01756
18x18	01767	01757
18x20	01768	01758
20x16	01743	01748
20x18	01744	01749
20x20	01769	01759

**Cushions**

List Price **\$135.00**  
 HCPCS **none**

Size	Single Chamber	Dual Chamber
12x7	01780	01770
14x7	01781	01771
14x8	01782	01772
15x7.5	01790	01795
15x8.5	01791	01796
16x8	01784	01774
16x9	01785	01775
16x10	01783	01773
17x8.5	01792	01797
18x8	01787	01777
18x9	01788	01778
18x10	01786	01776
20x8	01793	01798
20x9	01794	01799
20x10	01789	01779



## ZOID PSV™

For active users at moderate risk of tissue breakdown. The low profile, tapered design compliments modern sport chairs. The PSV (Pressure Setting Valve) takes the guesswork out of cushion adjustment. This product is classified as an adjustable skin protection cushion.

### STANDARD SIZES

List Price: **\$364.00**  
 HCPCS: **K0734** (less than 22" width)  
 Cover: **Mesh or Incontinence**

Size	Mesh	Incontinence
12x8	32800	32810
12x12	32200	32210
12x14	32400	32410
14x14	34400	34410
14x16	34600	34610
14x18	34800	34810
15x15	35500	35510
15x17	35700	35710
16x16	36600	36610
16x18	36800	36810
16x20	36000	36010
17x17	37700	37710
18x16	38300	38310
18x18	38800	38810
18x20	38000	38010
20x16	30600	30610
20x18	30800	30810
20x20	30000	30010

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$78.00**  
 HCPCS: **E2619**

Size	Mesh	Incontinence
12x8	04651	04702
12x12	04652	04711
12x14	04653	04712
14x14	04654	04715
14x16	04655	04719
14x18	04697	04720
15x15	04698	04721
15x17	04699	04722
16x16	04656	04725
16x18	04659	04726
16x20	04847	04727
17x17	04888	04728
18x16	04571	04729
18x18	04657	04730
18x20	04572	04731
20x16	04573	04741
20x18	04514	04781
20x20	04532	04785



## REFLEX™

A non-adjustable cushion ideal for wheelchair users at moderate risk of tissue breakdown. This product is classified as a skin protection cushion.

The Reflex is a configured product. The first six digits make up the Medicare billing number.

### STANDARD SIZES

List Price **\$182.00**  
 HCPCS **E2603** (less than 22" width)  
 Cover **Incontinence**

Size	Incontinence
12x12	73500112122
12x14	73500112142
14x14	73500114142
14x16	73500114162
14x18	73500114182
14x20	73500114202
15x15	73500115152
15x17	73500115172
16x14	73500116142
16x16	73500116162
16x18	73500116182
16x20	73500116202
17x17	73500117172
18x16	73500118162
18x18	73500118182
18x20	73500118202
20x16	73500120162
20x18	73500120182
20x20	73500120202

## REPLACEMENT COVERS

### STANDARD SIZES

List Price: **\$62.50**  
 HCPCS **E2619**

Size	Incontinence
12x12	05534
12x14	05535
14x14	05536
14x16	05537
14x18	05538
14x20	05539
15x15	05540
15x17	05541
16x14	05542
16x16	05543
16x18	05544
16x20	05545
17x17	05546
18x16	05547
18x18	05548
18x20	05549
20x16	05578
20x18	05550
20x20	05551



## REPLACEMENT WAVE BASES

### WAVE CPW (Contoured Positioning Wedge)

Size (WxD)	Item Number	List Price
12x14	05410	\$104.00
14x14	05411	\$104.00
14x16	05412	\$104.00
14x18	05400	\$104.00
14x20	05401	\$104.00
15x15	05402	\$104.00
15x17	05403	\$104.00
16x14	05404	\$104.00
16x16	05413	\$104.00
16x18	05414	\$104.00
16x20	05415	\$104.00
17x17	05416	\$104.00
18x16	05417	\$104.00
18x18	05418	\$104.00
18x20	05419	\$104.00
20x16	05420	\$104.00
20x18	05421	\$104.00
20x20	05422	\$104.00

### WAVE LPB (Lateral Positioning Base)

Size (WxD)	Item Number	List Price
12x14	05427	\$104.00
14x14	05428	\$104.00
14x16	05429	\$104.00
14x18	05405	\$104.00
14x20	05406	\$104.00
15x15	05407	\$104.00
15x17	05408	\$104.00
16x14	05409	\$104.00
16x16	05430	\$104.00
16x18	05431	\$104.00
16x20	05432	\$104.00
17x17	05433	\$104.00
18x16	05434	\$104.00
18x18	05435	\$104.00
18x20	05436	\$104.00
20x16	05437	\$104.00
20x18	05438	\$104.00
20x20	05439	\$104.00

### BARIATRIC SIZES

Size (WxD)	Item Number	List Price
22x18	05423	\$130.00
22x20	05424	\$130.00
24x18	05425	\$130.00
24x20	05426	\$130.00

### BARIATRIC SIZES

Size (WxD)	Item Number	List Price
22x18	05440	\$130.00
22x20	05441	\$130.00
24x18	05442	\$130.00
24x20	05443	\$130.00

### WAVE CPB (Contoured Positioning Base)

Size (WxD)	Item Number	List Price
12x14	05444	\$104.00
14x14	05445	\$104.00
14x16	05446	\$104.00
14x18	05461	\$104.00
14x20	05462	\$104.00
15x15	05463	\$104.00
15x17	05464	\$104.00
16x14	05465	\$104.00
16x16	05447	\$104.00
16x18	05448	\$104.00
16x20	05449	\$104.00
17x17	05450	\$104.00
18x16	05451	\$104.00
18x18	05452	\$104.00
18x20	05453	\$104.00
20x16	05454	\$104.00
20x18	05455	\$104.00
20x20	05456	\$104.00

### BARIATRIC SIZES

Size (WxD)	Item Number	List Price
22x18	05457	\$130.00
22x20	05457	\$130.00
24x18	05459	\$130.00
24x20	05460	\$130.00



## SEATING SYSTEM ACCESSORIES

### RIGIDIZERS (SOLID INSERTS)

VARILITE Rigidizers counter the effects of sling seating. A rigidizer offers an easy and cost-effective solution to the problem of sling seating.

List Price           **\$36.50**  
 HCPCS               **E0992**

Size (in.) (WxD)	Item Number
12X12	04360
12X14	04390
14X14	04260
14X16/16X14	04380
14X18	04535
14X20	04536
15X15	04537
15X17	04538
16X16	04280
16X18/18X16	04300
16X20/20X16	04290
17X17	04389
18X18	04370
18X20/20X18	04240
20X20	04250

### WEDGES

The modifiable wedge increases the weight-bearing load on the back of the thighs and decreases the load on the buttocks, without changing the seat-to-back angle.

List Price           **\$52.00**  
 HCPCS               **none**

Size (in.)	Item Number
12	04352
14	04355
15	04574
16	04357
17	04377
18	04358
20	04359

### BARIATRIC WEDGES

List Price           **\$52.00**  
 HCPCS               **none**

Size (in.)	Item Number
22	04397
24	04399

## SEATING SYSTEM ACCESSORIES

### DROP BASE SYSTEM

The Drop Base is essential for wheelchair users who need to sit lower for self-propelling or transferring.

Size (in.) (WxD)	Item Number	List Price
14x16 (fits 13-14 in.)	04388	\$390.00
16x16 (fits 15-16 in.)	04288	\$390.00
16x18 (fits 15-16 in.)	04308	\$390.00
18x16 (fits 17-18 in.)	04278	\$390.00
18x18 (fits 17-18 in.)	04378	\$390.00
20x20 (fits 19-20 in.)	04258	\$390.00

### DROP BASE ACCESSORIES

Hardware Kit	Item Number	List Price
One size	04351	\$156.00

### FINGER LOCK HARDWARE KIT

Size	Item Number	List Price
One size	04330	\$21.00

### CHEAT SHEETS™

Cheat Sheets are sheets of adhesive-backed foam used to create custom seating solutions. Each package includes four 10x10 inch sheets.

Size	Item Number	List Price
One size	02102	\$42.00

### CUSHION REPAIR KITS

Description	Item Number	List Price
Repair Kit	01699	\$9.00
Standard Valve Kit	04221	\$9.00
PSV Valve Kit	08949	\$9.00



## ICON BACK™

An ideal positioning back for wheelchair users with moderate to maximum support needs.

The Icon Back is a configured product. The first six digits make up the Medicare billing number.

### ICON BACK LOW

List Price **\$500.00**  
 HCPCS **E2613** (less than 22" width)

Size (in.)	Item Number	Height (in.)
14	<b>440032141</b>	7.25
15	<b>440032151</b>	7.7
16	<b>440032161</b>	8.25
17	<b>440032171</b>	8.7
18	<b>440032181</b>	9.1
20	<b>440032201</b>	9.5

### ICON BACK MID

List Price **\$525.00**  
 HCPCS **E2615** (less than 22" width)

Size (in.)	Item Number	Height (in.)
12	<b>440012121</b>	9.7
14	<b>440012141</b>	11.2
15	<b>440012151</b>	12
16	<b>440012161</b>	12.7
17	<b>440012171</b>	13.5
18	<b>440012181</b>	14.25
20	<b>440012201</b>	15.75

#### Bariatric Sizes

List Price **\$650.00**  
 HCPCS **E2616** (22" or greater width)

Size (in.)	Item Number	Height (in.)
22	<b>442012221</b>	15.75
24	<b>442012241</b>	15.75

### ICON BACK TALL

List Price **\$550.00**  
 HCPCS **E2615** (less than 22" width)

Size (in.)	Item Number	Height (in.)
12	<b>440022121</b>	14.6
14	<b>440022141</b>	17
15	<b>440022151</b>	18.2
16	<b>440022161</b>	19.4
17	<b>440022171</b>	20.5
18	<b>440022181</b>	21.75
20	<b>440022201</b>	23.6

### ICON BACK DEEP

Deep contouring and extra lateral support are ideal for the geriatric user or anyone with poor trunk control.

List Price **\$650.00**  
 HCPCS **E2620** (less than 22" width)

Size (in.)	Item Number	Height (in.)
14	<b>440042141</b>	17
15	<b>440042151</b>	18.2
16	<b>440042161</b>	19.4
17	<b>440042171</b>	20.6
18	<b>440042181</b>	21.75
20	<b>440042201</b>	23.6



## ICON BACK™ COVERS

### ICON BACK LOW

List Price **\$70.00**  
 HCPCS **E2619**

Size (in.)	Item Number
14	07168
15	07169
16	07170
17	07171
18	07172
20	07173

### ICON BACK MID

List Price **\$80.00**  
 HCPCS **E2619**

#### Bariatric Covers

List Price **\$110.00**  
 HCPCS **E2619**

Size (in.)	Item Number
12	07174
14	07175
15	07176
16	07177
17	07178
18	07179
20	07180

Size (in.)	Item Number
22	07181
24	07182

### ICON BACK TALL

List Price **\$90.00**  
 HCPCS **E2619**

Size (in.)	Item Number
12	07183
14	07184
15	07185
16	07186
17	07187
18	07188
20	07189

### ICON BACK DEEP

List Price **\$125.00**  
 HCPCS **E2619**

Size (in.)	Item Number
14	07190
15	07191
16	07192
17	07193
18	07194
20	07195



## ICON BACK™ CUSHIONS AND ACCESSORIES

### ICON BACK LOW

List Price **\$125.00**  
 HCPCS **None**

Size (in.)	Item Number
14	07140
15	07141
16	07142
17	07143
18	07144
20	07145

### ICON BACK MID

List Price **\$220.00**  
 HCPCS **None**

Size (in.)	Item Number
12	07146
14	07147
15	07148
16	07149
17	07150
18	07151
20	07152

#### Bariatric Sizes

List Price **\$260.00**  
 HCPCS **None**

Size (in.)	Item Number
22	07153
24	07154

### ICON BACK TALL AND DEEP

**Tall**  
 List Price **\$235.00**  
 HCPCS **None**

Size (in.)	Item Number
12	07155
14	07156
15	07157
16	07158
17	07159
18	07160
20	07161

**Deep**  
 List Price **\$260.00**  
 HCPCS **None**

Size (in.)	Item Number
14	07162
15	07163
16	07164
17	07165
18	07166
20	07167

### ICON BACK ACCESSORIES

Description	Item Number	List Price
Mounting Kit	07197	\$55.00
Complete Hardware Kit	07198	\$95.00



## EVOLUTION BACK™ AND EVOLUTION BACK DEEP™

An ideal positioning back for wheelchair users with moderate to maximum support needs. This product is classified as a positioning wheelchair back cushion.

### EVOLUTION BACK REGULAR

#### Standard Sizes

List Price **\$445.00**  
 HCPCS **E2613** (less than 22" width)

Size (in.)	Item Number	Height (in.)
12	47506	10.2
14	47500	12
15	47501	13
16	47502	14
17	47503	15
18	47504	16
20	47505	18

#### Bariatric Sizes

List Price **\$650.00**  
 HCPCS **E2614** (22" or greater width)

Size (in.)	Item Number	Height (in.)
22	47507	18
24	47508	18

### EVOLUTION BACK TALL

List Price **\$505.00**  
 HCPCS **E2613** (less than 22" width)

Size (in.)	Item Number	Height (in.)
12	47516	14
14	47510	16.3
15	47511	17.5
16	47512	19
17	47513	20.5
18	47514	22
20	47515	25

### EVOLUTION BACK DEEP

Deep contouring and extra lateral support are ideal for the geriatric user or anyone with poor trunk control.

List Price **\$675.00**  
 HCPCS **E2620** (less than 22" width)

Size (in.)	Item Number	Height (in.)
14	47518	16.8
15	47520	18
16	47522	19.2
17	47524	20.8
18	47526	22.2
20	47528	25.2



## EVOLUTION BACK™ REPLACEMENT COVERS

### EVOLUTION BACK REGULAR

**Covers**

List Price **\$70.00**  
 HCPCS **E2619**

Size (in.)	Item Number
12	04618
14	04610
15	04611
16	04612
17	04613
18	04614
20	04615

**Bariatric Covers**

List Price **\$100.00**  
 HCPCS **E2619**

Size (in.)	Item Number
22	04619
24	04636

### EVOLUTION BACK TALL

**Covers**

List Price **\$80.00**  
 HCPCS **E2619**

Size (in.)	Item Number
12	04637
14	04630
15	04631
16	04632
17	04633
18	04634
20	04635

### EVOLUTION BACK DEEP

**Covers**

List Price **\$120.00**  
 HCPCS **E2619**

Size (in.)	Item Number
14	04639
15	04603
16	04604
17	04609
18	04616
20	04617



## EVOLUTION BACK™ REPLACEMENT CUSHIONS

### EVOLUTION BACK REGULAR

**Cushions**

List Price **\$200.00**  
 HCPCS **None**

Size (in.)	Item Number
12	01348
14	01267
15	01268
16	01269
17	01288
18	01289
20	01293

**Bariatric Cushions**

List Price **\$250.00**  
 HCPCS **None**

Size (in.)	Item Number
22	01349
24	01350

### EVOLUTION BACK TALL

**Cushions**

List Price **\$225.00**  
 HCPCS **None**

Size (in.)	Item Number
12	01358
14	01312
15	01308
16	01309
17	01317
18	01318
20	01319

### EVOLUTION BACK DEEP

**Cushions**

List Price **\$250.00**  
 HCPCS **None**

Size (in.)	Item Number
14	01364
15	01337
16	01338
17	01339
18	01343
20	01347

## EVOLUTION BACK™ HARDWARE AND ACCESSORIES

### HARDWARE

Description	Item Number	List Price
Hardware Kit (cane clips/shims only)	04650	\$95.00
Upper Cane Clips	04660	\$55.00
Lower Cane Clips	04670	\$55.00
Standard Pin Bar Assembly (pair)	04581	\$25.00
Extended pin bar assembly (pair)	04582	\$30.00
Complete Hardware Kit (incl. shell brackets)	04700	\$175.00
7/8" Shim Kit	04595	\$15.00
3/4" Shim Kit	04596	\$15.00
5/8" Shim Kit	04597	\$15.00
1/2" Shim Kit	04598	\$15.00

### SUPPORTS

Description	Item Number	List Price
PSIS Block Lumbar Support-Small	04248	\$40.00
PSIS Block Lumbar Support-Medium	04249	\$40.00
PSIS Block Lumbar Support- Large	04259	\$40.00
Supplemental Lateral Support	04266	\$40.00

### THE BACKREST™

Ideal for relieving stress and fatigue that cause backache. The BackRest promotes a healthy posture.

Description	Item Number	List Price
Charcoal	03997	\$35.00
Sky Blue	03984	\$35.00
Lime Green	03983	\$35.00
Accessory Cover with Strap	04062	\$20.00



## eBACK™

The eBack is the system of choice for clients requiring more support than a sling back can provide. This product is classified as a general use wheelchair back cushion.

The eBack is a configured product. The first six digits make up the Medicare billing number.

### eBACK REGULAR

List Price **\$350.00**  
 HCPCS **E2611** (less than 22" width)

Size (in.)	Item Number	Height (in.)
12	420011121	10.2
14	420011141	12
15	420011151	13
16	420011161	14
17	420011171	15
18	420011181	16
20	420011201	18

#### Bariatric Sizes

List Price **\$465.00**  
 HCPCS **E2612** (22" or greater width)

Size (in.)	Item Number	Height (in.)
22	422011221	18
24	422011241	18

### eBACK TALL

List Price **\$375.00**  
 HCPCS **E2611** (less than 22" width)

Size (in.)	Item Number	Height (in.)
12	420021121	14
14	420021141	16.3
15	420021151	17.5
16	420021161	19
17	420021171	20.5
18	420021181	22
20	420021201	25



## eBACK™ REPLACEMENT PARTS

### eBACK REGULAR

#### Cushions

List Price **\$200.00**  
 HCPCS **none**

Size (in.)	Item Number
12	01560
14	01561
15	01562
16	01563
17	01564
18	01565
20	01566

#### Covers

List Price **\$70.00**  
 HCPCS **E2619**

Size (in.)	Item Number
12	01714
14	01715
15	01716
16	01717
17	01718
18	01719
20	01720

#### Bariatric Cushions

List Price **\$250.00**  
 HCPCS **none**

Size (in.)	Item Number
22	01567
24	01568

#### Bariatric Covers

List Price **\$100.00**  
 HCPCS **E2619**

Size (in.)	Item Number
22	01721
24	01722

### eBACK TALL

#### Cushions

List Price **\$225.00**  
 HCPCS **none**

Size (in.)	Item Number
12	01570
14	01571
15	01572
16	01573
17	01574
18	01575
20	01576

#### Covers

List Price **\$80.00**  
 HCPCS **E2619**

Size (in.)	Item Number
12	01723
14	01724
15	01725
16	01726
17	01727
18	01728
20	01729

### HARDWARE

Description	Item Number	List Price
Hardware Kit	04650	\$95.00
Upper Cane Clips	04660	\$55.00
Lower Cane Clips	04670	\$55.00
Standard Pin Bar Assembly (pair)	04581	\$25.00
7/8" Shim Kit	04595	\$15.00



## TALON™

Ideal for those with spinal cord injuries. The Talon offers PSIS support while allowing a full range of motion. This product is classified as a general use wheelchair back cushion.

List Price **\$350.00**  
 HCPCS **E2611** (less than 22" width)

Size (in.)	Item Number	Height (in.)
14	47517	6.1
15	47519	6.6
16	47521	7
17	47523	7.5
18	47525	7.8
20	47527	8.8

**No-charge mounting bracket (required)\***

Size	Item Number
Short	47532
Medium	47533
Long	47534

**\*Replacements are \$35.00 MSRP**

## REPLACEMENT COVERS

List Price **\$90.00**  
 HCPCS **E2619**

Size (in.)	Item Number
14	04638
15	04642
16	04647
17	04648
18	04649
20	04658

## REPLACEMENT CUSHIONS

List Price **\$115.00**  
 HCPCS none

Size (in.)	Item Number
14	01359
15	01368
16	01369
17	01371
18	01377
20	01378

## MODESTY KIT

List Price **\$30.00**  
 HCPCS none

Size (in.)	Item Number
14-15	04584
16-17	04585
18-20	04586

## MOUNTING KIT

List Price **\$150.00**  
 HCPCS none

Size	Item Number
Short	47529
Medium	47530
Long	47531



## PAL™ SWING-AWAY LATERAL SUPPORTS

VARILITE PAL swing-away thoracic supports are designed to complement regular and tall Icon™ Back, Evolution Back™, and eBack™ Systems. PAL (Positive Action Lateral) supports allow for hinge angle, pad rotation and horizontal pad adjustment.

### STEP 1 - ADD SWING AWAY-HINGE (SOLD AS EACH)

List Price           **\$112.50**  
 HCPCS Code       **E1028**

Item Number	Description
04374	Hinge Mechanism

### STEP 2 - SELECT TYPE OF BRACKET (SOLD AS EACH)

List price           **\$75.00**  
 HCPCS              **E0956**

Short	(Horizontal pad adjustment 1")
89050	Fits Evolution/Icon Backs 12"
89010	Fits Evolution/Icon Back 14-15"
89020	Fits Evolution/Icon Back 16-17"
89030	Fits Evolution/Icon Back 18"
89040	Fits Evolution/Icon Back 20-24"

Long	(Horizontal pad adjustment 2 ¼")
89150	Fits Evolution/Icon Back 12"
89110	Fits Evolution/Icon Back 14-15"
89120	Fits Evolution/Icon Back 16-17"
89130	Fits Evolution/Icon Back 18"
89140	Fits Evolution/Icon Back 20-24"

Offset	(Horizontal pad adjustment 1")
89250	Fits Evolution/Icon Back 12"
89210	Fits Evolution/Icon Back 14-15"
89220	Fits Evolution/IconBack 16-17"
89230	Fits Evolution/Icon Back 18"
89240	Fits Evolution/Icon Back 20-24"

### STEP 3 - SELECT TYPE OF PAD (SOLD AS EACH)

List Price           Included in price of bracket. Replacements are \$37.50 each.  
 HCPCS              Included in HCPCS code for bracket.

Contoured	Size (in.)
04317	3X4
04319	4X5
04321	5X6

Linear	Size (in.)
04307	3X4
04309	4X5
04311	5X6

### LATERAL SUPPORT SYSTEM ACCESSORIES

Item Number	Description	List Price
04577	PAL Hinge Cover	\$6.00



## FIXED LATERAL SUPPORTS

Fixed lateral supports are available for situations when a swing-away lateral is not required.

### STEP 1 - SELECT TYPE OF BRACKET (SOLD AS EACH)

List price           **\$75.00**  
 HCPCS               **E0956**

<b>Long</b>	<b>(Horizontal pad adjustment 2 ¼")</b>
88050	Fits Evolution/Icon Back 12"
88010	Fits Evolution/Icon Back 14-15"
88020	Fits Evolution/Icon Back 16-17"
88030	Fits Evolution/Icon Back 18"
88040	Fits Evolution/Icon Back 20-24"

### STEP 2 - SELECT TYPE OF PAD (SOLD AS EACH)

List Price           Included in price of bracket. Replacements are \$37.50 each.  
 HCPCS               Included in HCPCS code for bracket.

<b>Contoured</b>	<b>Size (in.)</b>
04317	3X4
04319	4X5
04321	5X6

<b>Linear</b>	<b>Size (in.)</b>
04307	3X4
04309	4X5
04311	5x6



## SECONDARY SUPPORTS - PELVIC POSITIONING

VARILITE hip belts enhance posture and function by positioning the pelvis.

### 2-POINT UNPADDED HIP BELTS - SINGLE PULL

HCPCS **E0978**

Item Number	Description	Buckle Material	Length (in.)	Width (in.)	List Price
81022	Aircraft latch	MTM	60"	2	\$75.00
82022	Push button	MTM	60"	2	\$35.00

### 2-POINT PADDED HIP BELTS - FRONT PULL

HCPCS **E0978**

Item Number	Description	Buckle Material	Pad size (in.)	Width (in.)	List Price
83212	Medium, push button, single pull	MTM	9x2½	1 ½	\$75.00
83312	Large, push button, single pull	MTM	10⅝x2½	1 ½	\$80.00
83012	Extra small, side squeeze, single pull	MTM	4x1½	1	\$70.00
83112	Small, side squeeze, single pull	MTM	6x1½	1	\$70.00
85012	Extra small, side squeeze, single pull	Molded	4x1½	1	\$50.00
85112	Small, side squeeze, single pull	Molded	6x1½	1	\$50.00
84212	Medium, side squeeze, dual pull	Molded	9x2½	1 ½	\$55.00
84312	Large, side squeeze, dual pull	Molded	10⅝x2½	1 ½	\$60.00

### 2-POINT PADDED HIP BELTS - REVERSE PULL (REAR PULL)

HCPCS **E0978**

Item Number	Description	Buckle Material	Pad Size (in.)	Width (in.)	List Price
83216	Medium, push button	MTM	9x2½	1 ½	\$80.00
83316	Large, push button	MTM	10⅝x2½	1 ½	\$85.00
83016	Extra small, side squeeze	MTM	4x1½	1	\$75.00
83116	Small, side squeeze	MTM	6x1½	1	\$75.00
85016	Extra small, side squeeze	Molded	4x1½	1	\$55.00
85116	Small, side squeeze	Molded	6x1½	1	\$55.00

### 4-POINT PADDED HIP BELTS - FRONT PULL

HCPCS **E0978**

Item Number	Description	Buckle Material	Pad Size (in.)	Width (in.)	List Price
83214	Medium, push button, single pull	MTM	9x2½	1 ½	\$95.00
83314	Large, push button, single pull	MTM	10⅝x2½	1 ½	\$95.00
85014	Extra small, side squeeze, single pull	MTM	4x1½	1	\$90.00
85114	Small, side squeeze, single pull	MTM	6x1½	1	\$90.00
84214	Medium, side squeeze, dual pull	Molded	9x2½	1 ½	\$80.00
84314	Large, side squeeze, dual pull	Molded	10⅝x2½	1 ½	\$85.00

## SECONDARY SUPPORTS - CHEST AND ANKLE

### COUNTOURED CHEST HARNESS - TOP PULL

Item Number	Description	Pad Size (in.)	Width (in.)	List Price	HCPCS
87115	Extra small, side squeeze, shoulder cam	9x1½	¾	\$130.00	E0960
87215	Small, side squeeze, shoulder cam	13¾x1¾	1	\$130.00	E0960
87315	Medium, side squeeze, shoulder cam	16x1¾	1	\$130.00	E0960
87415	Large, side squeeze, shoulder cam	18x1¾	1	\$130.00	E0960

### 2-POINT CHEST BELT- CENTER PULL

Item Number	Description	Width (in.)	List Price	HCPCS
88027	Large, hook and loop	2	\$40.00	E0960

### BOTTOM PULL HARNESS ACCESSORY

Item Number	Description	List Price
87116	Fits ¾" webbing	\$12.50
87117	Fits 1" webbing	\$12.50

### BAND-IT™ ANKLE SUPPORT- SINGLE PULL

Item Number	Description	List Price	HCPCS
89003	Extra small, side squeeze, 4-6" circumference	\$115.00	K0108
89000	Small, side squeeze, 6-9" circumference	\$115.00	K0108
89001	Medium, side squeeze, 9-11" circumference	\$115.00	K0108
89002	Large, side squeeze, 11-13" circumference	\$115.00	K0108

### TRI-END HARDWARE

Item Number	Description	List Price
80000	Tri-End fitting, pair, ¾"	\$10.50
80100	Tri-End fitting, pair, 1"	\$10.50
80200	Tri-End fitting, pair, 1½"	\$10.50
80300	Tri-End fitting, pair, 2"	\$10.50
80500	Dual tab Tri-End fitting, set of four, 1"	\$10.50

### CAM LOCK BUCKLES

Item Number	Description	List Price
80001	Cam lock buckle, pair, 1"	\$4.00

### FRAME CLAMPS

Item Number	Description	List Price
80102	Frame Clamp, pair, ¾"	\$4.00
80202	Frame Clamp, pair, 7/8"	\$4.00
80302	Frame Clamp, pair, 1"	\$4.00



## TERMS AND CONDITIONS OF SALE

### TERMS:

Standard billing terms are Net 30 from invoice date on accounts approved for open credit.

### NEW ACCOUNTS ONLY:

All new accounts must be approved by the area sales rep. To establish credit, a completed credit application must be received. Please allow two business days for processing. If product is needed immediately, we welcome the use of Visa® or MasterCard® to expedite your order.

### MINIMUM ORDER:

Seating Systems: \$100.00 with a \$10.00 handling fee for orders under \$100.00  
Belts and Harnesses: No minimum.

### SHIPPING:

All shipments are FOB, Seattle, WA unless otherwise indicated. Freight charges will be prepay and additional.

### RETURNS:

All returns are subject to a 15% restocking charge plus all applicable freight charges. Merchandise may not be returned without prior approval of Cascade Designs, Inc. Please call for a return authorization number. All claims for shortages or damages must be made within 30 days of receipt of shipment.

### PAYMENTS:

Cascade Designs, Inc. welcomes the use of Visa, MasterCard, American Express, Discover or EFT (Electronic Funds Transfer) as payment for invoices. Checks should be payable in US funds to Cascade Designs, Inc., PO Box 94547, Seattle, WA 98124-6847. Dealer agrees to pay each invoice in accordance with its terms.

### PAST DUE ACCOUNTS:

Cascade Designs, Inc. may impose a service charge of 1.5% per month or the highest amount allowable by law, whichever is less, on any unpaid balance. Cascade Designs, Inc. may place all delinquent accounts on prepay terms and exercises the right to hold all shipments for credit review at our discretion.

**These terms and conditions are effective January 01, 2010. VARILITE reserves the right to change the Terms and Conditions of Sale at any time.**

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A Division of Cascade Designs, Inc.  
4000 1st Avenue South  
Seattle, WA 98134

Phone: (206) 505-9500  
Toll Free Phone: (800) 827-4548  
Fax: (206) 343-5795  
Toll Free Fax: (800) 363-7739

Business hours: 7:00 am to 4:30 pm PST

[www.varilite.com](http://www.varilite.com)

Authorized EU Representative:  
Cascade Designs, Limited  
Dwyer Road Midleton Co. Cork  
Republic of Ireland  
+ 353-214-632-399



Rev. 06/14/2010