

ATLANTIC BRACE, LLC

FOR YOUR ORTHOPEDIC BRACING & STIM NEEDS

PRODUCT CATALOG



CAROLINA REHAB PRODUCTS, INC. DBA ATLANTIC BRACE, LLC

MISSION STATEMENT



Tanya Grant
President

Our mission at Atlantic Brace is to be the provider of choice for home delivery of quality medical supplies to people who suffer from debilitating injuries and arthritis. While no one chooses a debilitating illness or injury, one can choose quality bracing options that maximize recovery. For over 25 years, Atlantic Brace has made a direct impact on the lives of people throughout North Carolina and nationally who may be suffering from disabilities resulting from an illness, arthritis, a surgical treatment or a work related injury. Our success is earned by carefully training and motivating our teammates, by partnering with physicians and caregivers, and by ensuring the highest level of service to our customers. We seek to become the leading provider of premium orthotic and rehabilitation supplies through engaged employees, personalized care and proprietary technology. This spirit is embodied by every member of our team and we are happy to have the opportunity to demonstrate our commitment to our patients and their physicians.

PRODUCT OFFERINGS

Product brands, color & availability
subject to change at any time.

ELECTROTHERAPY

Wide range of portable devices made with state-of-the-art technology

ULTRASOUND

Wide range of portable ultrasound devices, including our new TENS/ Ultrasound combo device

CONDUCTIVE GARMENTS FOR ELECTROTHERAPY

Unique, versatile body wrap system that can target a specific treatment site with great accuracy

JOINT STIMULATORS

Combinational therapy system designed to target Osteoarthritis and Rheumatoid arthritis through the use of proprietary electrotherapy and true compression therapy

WATER THERAPY SYSTEMS

Hot/cold water therapy system, and a cold-only system, with therapy wraps to treat all body parts

BRACING AND SUPPORTS

Diverse range of LSO and TSLO bracing, as well as ROM knee braces, and soft goods

INFRARED HEATING PADS

True infrared carbon fiber fabric heating pads, and our Thermotech automatic moist heating pads

SEAT CUSHIONS

Mobility assistive and comfortable seat cushions

KINESIOLOGY TAPE

Speeds healing by slightly lifting skin away from sore or injured tissues

TOPICAL ANALGESICS

Highly effective, available in generic and name-brand formulations

TRACTION

Portable and at-home traction devices

MASSAGE

Self massage tools and powered massage tools



Ultima 3t

THE ULTIMA 3T TENS

A dual-channel device with three modes of operation (B, N, and M). Its pulse width and pulse frequency are adjustable. It is also equipped with a 30, 60, 90 minute timer, and has a protective cover over the controls. The U3t is ultra slim and runs on AAA batteries that provide 2 TIMES longer life span than 9volt batteries. Over 850 continuous minutes of battery life.



Ultima 5

THE ULTIMA 5 TENS

A dual-channel five-mode device with two wave form adjustments and a large LCD screen. This device is remarkable for its function, and traditional looks mixed with new-age digital style. Also includes a soft carrying case. The Ultima Five is a quality choice at a valued price.



UltimaNeuro

ADVANCED NEUROPATHY STIMULATOR

The Ultima Neuro is an Advanced Neuropathy stimulator that utilizes enhanced TENS specifications coupled with a monophasic wave form to target pain associated with early onset peripheral neuropathy in the hands and feet.

Select from either a water bath or silver fiber conductive garments.



FOOTBATH

Also available with conductive garments:



GLOVE



SOCK



CUFF



ADVANCED MUSCLE RECOVERY

The SarcoStim is an advanced NMES device that treats muscle disuse atrophy and the muscle loss associated with natural aging commonly referred to as Sarcopenia.

The Sarco Stim works by operating two full-circle workout programs that treat the muscle with a natural workout that starts with stretching, warm-up, aerobic, endurance, muscle training, muscle cool down, and then recovery. Treating the muscle with an effective muscle rehabilitation program has been shown to also strengthen the corresponding joint. So if you treat the quad, then the knee will be strengthened.

(wraps sold separately)



QUAD/KNEE



CALF/ANKLE



BACK





MEDICAL GRADE ULTRASOUND/TENS COMBO

Pain affects the quality and enjoyment of life, especially for those who suffer chronic pain. The Ultrasound Combo combines electrical therapy with ultrasound therapy in one device.

- 14 TENS programs with 1 MHz ultrasound
- Easy application LCD backlight indication
- Power Supply: medical adapter
- Professional grade



ULTRASOUND SPECS	
ACOUSTIC FREQUENCY	1 MHz \pm 10%
GENERATOR OUTPUT	2.0W \pm 10%
MODULATION WAVE SHAPE	20 Hz \pm 10%
5 LEVEL OUTPUT INTENSITY WITH DUTY FACTOR	5%, 20%, 50%, 80%, 100%
TIMER	10 min
ACTUAL RADIATING AREA (AER)	4.0 cm ² \pm 20%
ACTUAL INTENSITY	0.5 W/cm ² \pm 20%
RBN	5.0 \pm 30%
BEAM TYPE	collimated
MATERIAL OF APPLICATOR	stainless steel
TENS SPECS	
OUTPUT CHARACTERISTICS	constant voltage (CV)
READING RESOLUTION	1V
PROGRAM	each 7 programs for C and U Mode
SINGLE DIRECTIONAL PULSE	43 x 43 x 10 cm / 17" x 17" x 4"
FREQUENCY	2-150 Hz
PULSE DURATION	60-250uS
MAXIMUM OUTPUT	80Vpp (1 K ohm)



PM 2000 PORTABLE ULTRASOUND MACHINE

This hand-held portable ultrasound device provides therapeutic heat. Ultrasound penetrates far beneath the skin to soothe and comfort chronic or acute pain.



PM 2000	
FREQUENCY	1MHz \pm 10%
PULSE WIDTH	2ms \pm 10%
REPETITION RATE	150Hz \pm 10%
WAVE SHAPE	Pulsed
TEMPORAL MAX. POWER	4W \pm 10%
TEMPORAL MAX. EFFECTIVE INTENSITY	1.57W/cm ² \pm 10%
EFFECTIVE (EFF.) AVERAGE EFF. INTENSITY	0.47W/cm ² \pm 10%
EFF. MAX TEMPORAL INTENSITY/EFF. AVG. EFF. INTENSITY = TEMPORAL PEAK AVG. INTENSITY RATIO	1.57/0.47=3.34
ERA (EFF. RADIATING AREA)	6.16 square centimeter \pm 5%
BNR (BEAM NON-UNIFORMITY RATIO)	Max. 5.6
AUTO-TIME SETTING	30 minutes \pm 1min.
OUTPUT INTENSITY	Low, Medium, High
SIZE OF MAIN UNIT	172(L)x54(w)x42(h)mm
WEIGHT OF MAIN UNIT	120g (w/o adaptor)

SOUND PRO

The SoundPro is our most economical therapeutic ultrasound series which can provide 1MHz as well as 3MHz treatments. The SoundPro has a very versatile 5cm 2 size soundhead that works well for all body parts.

SOFT TOUCH ELECTRODES

A self adhesive reusable disposable electrode with a pig tail pin connector. Available with a carbon and a blue cloth backing. Oval corners help minimize edge curl. Our brand of electrodes durability, and is value priced. Average use is 10-15 uses, with resealable pouch.

TENS CARE + ACCESSORIES	
PRETENS GEL	MS7170
PULSE WIDTH	MS71130
REPETITION RATE	MS71130
WAVE SHAPE	UP220
PRETENS WIPES	PTW
LEAD WIRE (PAIR)	ET99090101
ELECTROLYTE SPRAY 4OZ.	CS4
ELECTROLYTE SPRAY 8OZ.	CS8
SPLITTER CABLE	SCABLE



SOFT TOUCH SILVERS

The Soft Touch Silvers are our premium electrodes. They come 4-per-pack, have an aluminum zip lock bags, a solid Lug connector, tricot backing, and made with soft molded female pin connector.

SIZE	ITEM #
1.25" x 1.25" (4-PACK)	SPS1250
2" x 2" (4-PACK)	SPS2020
2" ROUND (4-PACK)	SPS2000
2" x 4" (4-PACK)	SPS2040
3" ROUND (4-PACK)	SPS3000



Garments

ENERGY BRACE (ELECTROTHERAPY GARMENTS)

Now electrotherapy can be easily applied to hard to reach spots on the body with incredible accuracy. This unique conductive mesh material can stimulate large or multiple areas of the body.

The EB design works in conjunction with a wide variety of Electro-Medical devices. Energy Brace comes in a variety of sizes for use on, but not limited to elbow, wrist, ankle, knee, and back.

Energy Brace offers support, light or tight compression and stimulation. The mesh material is more conductive than most other materials on the market and stretches for an amazing fit.

Conductive spray, TENS unit and lead wire accessories for use with, but are not included with Energy Brace.

Spray: CS4 (4 oz.) or CS8 (8 oz.)

TENS Unit: U5





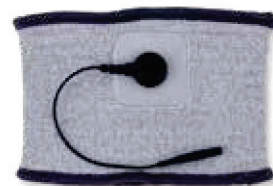
EGLOVE



ESOCK



EASLEEVE



ECUFF

The Electrotherapy cuff provides a comfortable and convenient way of grounding electrotherapy current to the patient's body.

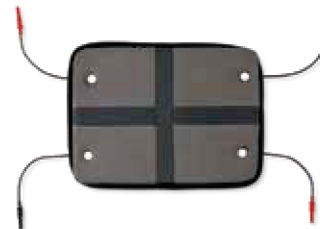


KNEE



BACK

CODE	DESCRIPTION	SIZES (INCHES)
EB523	SINGLE PAD	2 x 3
EB535	SINGLE PAD	3 x 5
EB547	SINGLE PAD	4 x 7
EBD35	DOUBLE PAD (VERTICAL STRIP)	3 x 5
EBD47	DOUBLE PAD (VERTICAL STRIP)	4 x 7
EBD410	DOUBLE PAD (VERTICAL STRIP WITH 2 PIGTAILS)	4 x 10
EBW440	EB WRAP (STRETCHY BELT)	4 x 40
EBW840	EB WRAP	7 x 40
EGLOVE	GLOVE	ONE SIZE
ESOCK	SOCK	ONE SIZE
EASLEEVE	ARM SLEEVE*	ARM
ELSLEEVE	LEG SLEEVE	LEG



QUAD GARMENT ELECTRODE

The Electrotherapy quad garment offers dual channel and full dispersive coverage of the low, mid or upper back.

JOINT STIMULATION SLEEP THERAPY SYSTEM

The JStim is a Proprietary break through in the treatment of Osteoarthritis or Rheumatoid Arthritis. It is FDA and Medicare cleared, and through combinational therapy, it deploys the use of advanced electrotherapy, and true compression therapy.



3-STRAP KNEE SYSTEM (ELECTRODE)

JStim Knee System utilize a high-quality knee compression wrap, and specific conductive silver fabric patches that connect to the JStim stimulation unit.



JSTIM DEVICE



ABOUT THE JSTIM SYSTEM

- One size fits most
- Conductive Spray and 36" Lead Wires included with all systems
- Patent pending
- Medicare coded
- SADMERC approved
- FDA cleared

All systems include a custom carrying case.



JSTIM HAND SYSTEM

The JStim Hand System is similar to the knee system, but is worn like a glove; this particular treatment set-up consists of silver garment fabric in the shape of a glove along with a special compression glove to be fitted over the conductive components in order to block the outside current and to give effective treatments to the affected hand.



UNIVERSAL THERAPY
PAD WITH JOINT WRAP

The Arctic Ice System delivers localized cold therapy to patients either in the home or during their hospital visit. With a stylish new design, the AIS provides four to five hours of continuous cold therapy; lightweight and fully portable.

THERAPY PADS	ITEM #
UNIVERSAL THERAPY PAD	TPU
STANDARD SINGLE THERAPY BOOT	TPSNG-SM
STANDARD DOUBLE THERAPY BOOT	TPDBL-SM
LARGE SINGLE THERAPY BOOT	TPSNG-LG
LARGE DOUBLE THERAPY BOOT	TPDBL-LG
LARGE BACK PAD – 13" x 24"	TP1324
THERAPY MITT	TPMITT
VERSATILE JOINT WRAP	VJW
CERVICAL THERAPY PAD	TCP

ICY WRAP

CRYO-COMPRESSION THERAPY

The Icy Wrap delivers simultaneous cold and compression therapy to control pain and swelling caused by sprains, pulled muscles, injured ligaments, or strained tendons.

PRODUCT CODE: LR100

DESCRIPTION	ITEM #
KNEE WRAP	IWKNEE
ANKLE WRAP	IWANKLE
SHOULDER WRAP	IWSHOULDER
BACK WRAP	IWBACK
ELBOW WRAP	IWELBOW
HAND WRAP	IWHAND



knee

KNEE

FRONT WRAP-ON KNEEWRAP COMFORT FIT ELASTIC

The Knee Double upright adjustable hinge knee brace allows for effectively setting flexion or extension settings needed for the given treatment needs. This Rapid Knee is a wrap on the front type of brace with a very comfortable high tech flat knitting.



HINGED KNEE

FRONT WRAP-ON KNEEWRAP COMFORT FIT ELASTIC

The Knee Double upright adjustable hinge knee brace allows for effectively setting flexion or extension settings needed for the given treatment needs. This is a slip-on type of brace made of high tech comfort fit elastic.



SIZE	CIRCUMFERENCE OF THE KNEE
SMALL	30CM – 34CM
MEDIUM	34CM – 38CM
LARGE	38CM – 42CM
X-LARGE	42CM – 46CM
XX-LARGE	46CM – 50CM
XXX-LARGE	50CM – 55CM





KNEE RIGID WRAP-ON KNEE BRACE

The Rapid Knee Double upright adjustable hinge rigid knee brace allows for effectively setting flexion or extension settings needed for the given treatment needs. This Knee brace is a slip or wrap on rigid type of brace, also has quick release snaps.



Trend Hinged Knee Brace

Hinged ROM Knee

Soft lightweight neoprene knee wrap provides compression.

PRODUCT CODE: TRENDKNE



KNEE

The Rapid Knee single upright adjustable OA unloader knee brace allows for adjustable flexion or extension settings needed for the given treatment. Adjustable straps allow for a one-size-fits all comfortable and snug fit.

**LEFT OR RIGHT
ONE-SIZE-FITS-ALL**



Condylar Pad

Addition to lower extremity
orthosis, knee control,
condylar pad

Inventory ID:

DJO250271000000

Manufacture #:

25-0271-0-00000



Comfortland Suspension Sleeve

Addition to lower extremity
orthosis, suspension sleeve

Inventory ID: COMCK007

Manufacture #: CK-007



TREND SUSPENSION SLEEVE

Addition to lower extremity
orthosis, suspension sleeve

Inventory ID: TREDCT2397

Manufacture #: DCT-2397





WRIST

This is a dual function wrist splint and finger traction tool. Treat wrist pain, stiffness, and discomfort and build strength with digital exercise through adjustable traction.



Thumb

THUMB

This is a rigid thumb brace for pain relief through immobilization of the carpometacarpal (CMC) and metacarpophalangeal (MCP) joints.



Cybertech Spine Brace, Mechanical Advantage Corset - S,M,L,XL,XXL

LSO, full corset

Inventory ID: OTT50R147L7

Manufacture #: 50R147=L-7



Cybertech Option 3 Universal Size Control Compression AP/L Back Brace

Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs. Includes straps, closures; may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

Inventory ID: OTT50R218N3

Manufacture #: 50R218N=3
L0650



Cybertech Option 1

Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs. Includes straps, closures; may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

Inventory ID: L0642

Manufacture #: 50RL06421





TREND BACK BRACE PRO LSO W/PUMP

Lumbar-sacrocaudal orthosis, sagittalcoronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrocaudal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs. Includes straps, closures; may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf

Inventory ID: DCT-37 w/pump

Manufacture #: TREDCT37



Trend LSO Brace (NO pump) PDAC Approved L0631/L0648

The Trend LSO with built-in air pump offers a revolutionary design and compression system with a built in air chamber into the lower back. This gives patients the ability to control the amount of lumbar support they receive during daily activities. This brace covers up to the T9 vertebrae

Inventory ID: DCT-31

Manufacture #: TREDCT31



Delta 39 Back Brace, Universal Size

Lumbar-sacrocaudal orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrocaudal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures. Includes straps, closures; may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf

Inventory ID: COMDL39

Manufacture #: DL-39 / L0651



Accord Ankle III - S,M,L

Ankle foot orthosis, plastic or other material with ankle joint. Prefabricated. Includes fitting and adjustment

Inventory ID: COMCL3012L

Manufacture #: CL-301-2-L



Legend Ankle Brace

L1906

Ankle foot orthosis, multiligamentous ankle support. Prefabricated, off-the-shelf



Legend Ankle Brace

L1902

Ankle orthosis, ankle gauntlet or similar, with or without joints. Prefabricated, off-the-shelf

Inventory ID: COM651003L

Manufacture #: 65-100-3-L





Walking Boot - Tall

L4387

Walking boot, non-pneumatic, with or without joints, with or without interface material. Prefabricated, off-the-shelf



Walking Boot - Short

L4387

Walking boot, non-pneumatic, with or without joints, with or without interface material. Prefabricated, off-the-shelf



Podus Boot

L4397

Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit and positioning. May be used for minimal ambulation. Prefabricated, off-the-shelf



MEDICAL GRADE INFRARED AUTOMATIC MOIST HEAT PAD

Provides moist heat treatments by a process of fomentation without adding water for the relief of all types of pain conditions. During the healing process, moist heat therapy has proven most effective to ease pain, reduce stiffness and increase circulation. Includes flannel cover.



ITEM #	TECHNOLOGY	SIZES (INCHES)
S766	ANALOGUE	KING – 26" x 14"
S767	ANALOGUE	MEDIUM – 18" x 14"
S768	ANALOGUE	MINI – 19" x 7"
S765	ANALOGUE	FULL BODY INFRARED HEAT PAD – 60" x 26"

ITEM #	TECHNOLOGY	SIZES (INCHES)
S766D	DIGITAL	KING – 26" x 14"
S767D	DIGITAL	MEDIUM – 18" x 14"
S768D	DIGITAL	MINI – 19" x 7"
S769D	DIGITAL	SHOULDER 20" x 20"





Q LIGHT

The Qlight provides deep, infrared heat that can penetrate below the surface of the skin to produce a soothing, comforting effect upon the nerves. On a cellular level, an increase in heat above the cell's normal temperature causes an increase in the cell's metabolic rate. This increase is due to several events that occur simultaneously within and around the cell. The increased heat causes increased permeability of cellular membranes, which allows for greater exchange of the cell's cytoplasmic contents with its environment.



INFRARED LIGHT WAND

This hand-held infrared light wand provides therapeutic massage and deep relief. Infrared heat penetrates far below the surface of the skin to soothe and comfort the nerves.



HQ LIGHT

The HQlight provides deep, infrared heat that can penetrate below the surface of the skin to produce a soothing, comforting effect upon the nerves. The HQlight has more light diodes than the Qlight.



**RELIEVE JOINT AND MUSCLE PAIN RELIEF
INCREASES BLOOD VESSEL RESILIENCE AND PROMOTES
CELLULAR FUNCTIONING**

The Theralamp uses a special filter to ensure UV proof and high transmission of infrared heat to penetrate deep into the skin. The radiant warmth dilates blood vessels, speeds oxygen flow and increases blood circulation, helping the body to detoxify and transport necessary substances for rebuilding and nourishing body tissue.

- Specially designed ceramic glass cover to safely block all harmful UV
- 200 watt power lamp with 5000 hours of life
- Adjustable tilt of 35 degrees upward and 10 degrees downward for convenient use
- One button operation with 1-15 minute timer settings



HIGH PERFORMANCE INFRARED HEAT THERAPY

This far infrared heat therapy system provides soothing relief from pain, muscle tension and stress. Infrared is the safe form of light energy from the sun that we depend upon to remain healthy.

- Speed recovery
- Relax muscles
- Relieve pain
- Fits up to size 42" waist
- Improve circulation

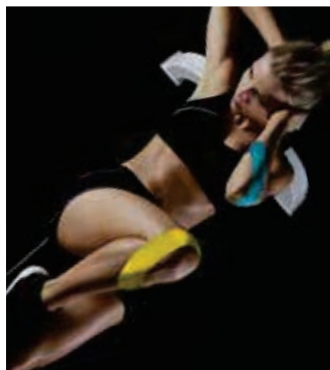




X-FLEX KINESIOLOGY TAPE

4-way stretch kinesiology tape means maximum flexibility. The durable, high-density fabric relieves pain and pressure from swelling or injured muscles and joints. The water-repellent but breathable tape stays on 5-7 days through showers, swimming, and workouts.

PRODUCT CODE: XFLEXBEIGE, XFLEXBLACK,
XFLEXBLUE, XFLEXPINK





ThermalSoft Gel Clinical Hot and Cold Pack, Standard 11" x 14", 11" x 21"

Addition to ctls0 or scoliosis orthosis, kyphosis pad

Inventory ID: MEE98310
Manufacture #: 98310



ThermalSoft Gel Clinical Hot and Cold Packs, Cervical 23" x 8" Contour

Addition to ctls0 or scoliosis orthosis, sternal pad

Inventory ID: MEE98330
Manufacture #: 98330



Roscoe Mini Compressor Nebulizer System

E0570

Nebulizer, with compressor

Inventory ID: ROS570
Manufacture #: S570



DYNAMIC WEDGE

AUTOMATIC LUMBAR TRACTION DEVICE

AUTOMATIC LUMBAR TRACTION DEVICE

The Dynamic Wedge Automatic Lumbar Traction Device uses heat, light, vibration, and pneumatic air to create traction in the lower lumbar region and relieve back pain.

The device is specially designed to incorporate a variety of treatments in one. The dynamic functions give the choice of a pre-programmed automatic setting, which runs through levels of traction and vibration, or manual settings, which control the intensity of traction and the option of vibration massage at 3,000 RPM. The temperature is easily adjustable, while infrared light penetrates beneath the skin, deep into the tissue where healing occurs.



DYNAMIC WEDGE

CERVICAL

AUTOMATIC NECK TRACTION DEVICE

Heat therapy, electrotherapy, and multifunction air traction in an automatic device for relief from neck pain.





NECK TRACTION DEVICE COLLAR

This neck traction device collar gently stretches neck muscles allowing the vertebral discs to realign, freeing the nerve root tissue from pressure.



CVT1000 NECK SUPPORT AND CVT2000 NECK SUPPORT

- Inflatable cervical traction unit used to treat vertebrae symptoms, disease and discomfort
- Portable and convenient for use when traveling
- Air filled neck stretching device, ideal for home or office use



PNEUMATIC CERVICAL TRACTION UNIT INDICATED FOR THE USE, TREATMENT AND RELIEF OF CERVICAL MUSCULOSKELETAL OR NEUROLOGICAL IMPAIRMENTS

This gently stretches neck muscles allowing the vertebral discs to realign, freeing the nerve root tissue from the pressure of the discs. This helps “locked” neck muscles to slowly stretch and relax, allowing misaligned vertebrae to resume their normal supportive position.

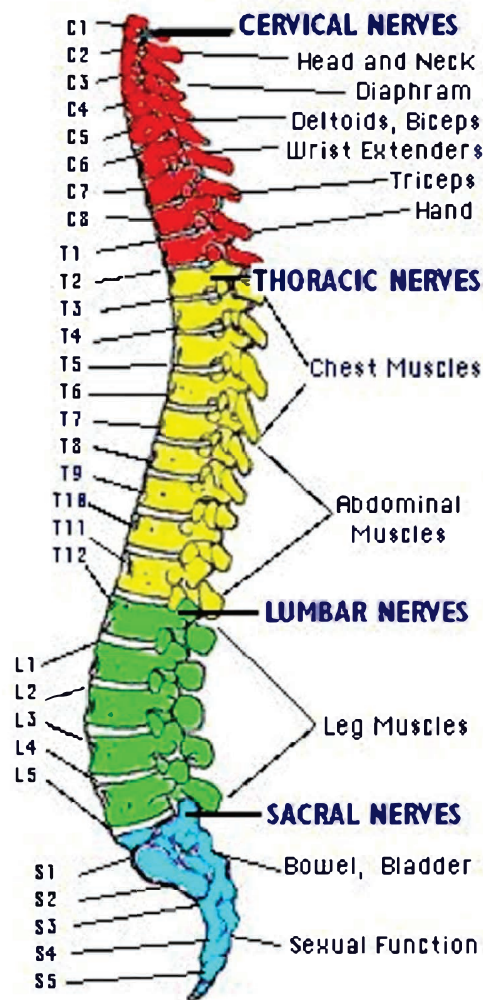
This cradles the head and neck via a curvature in the neck portion of the device, as well as a special head rest section that is vertically pneumatic. Both the headrest and neck region inflate with over 30 lbs of adjustable pneumatic pressure to create traction in the cervical curve.

- Clinical grade, designed for the home
- Innovative and effective design



CERVICAL TRACTION DEVICE

EverTrac Cervical Traction Device is the ultimate in comfort and strength. Direct Cable Technology enables precise and medical grade traction force rated up to 50 lbs. Traction force is maintained without the risk of air leakage.





CAROLINA REHAB PRODUCTS INC. DBA FOR YOUR ORTHOPEDIC BRACING & E-STIM NEEDS

ATLANTICBRACE.COM • 6900 SIX FORKS RD. • SUITE 102 • RALEIGH, NC 27615

Catalog Order

PLEASE FAX ORDERS TO:.....919.845.7707

Please include patient demographic, insurance information and all supporting doctors notes.

OFFICE:919.845.3355

Patient Name

Patient Address

Phone/Cell

Diagnosis

ICD-10 Code

NOTES:

Physician Signature

Physician Name (PRINT)

I, the undersigned, certify that the above prescribed items are medically indicated, and in my opinion, are reasonable and necessary with reference to current accepted standards of medical practice and treatment of this patient's physical condition.



BACK BRACE

☐ LSO LO648/LO650

☐ TLSO ☐ TLSO-LO457

KNEE BRACE

OA:L1851

☐ Medial

☐ Lateral

☐ Right

☐ Left

☐ Hinged Knee L1833

STIMULATOR

☐ TENS EO730

☐ GARMENT EO731

BACK

KNEE

ANKLE

CERVICAL

☐ OTHER

☐ WRIST-L3916 ☐ ANKLE

START DATE



Medicare Supplier Standards

1. Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements.
2. Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges.
3. Has the application for billing privileges signed by an individual whose signature binds a supplier.
4. Fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order.
5. Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment.
6. Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare-covered items or for services covered under warranty.
7. Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and beneficiary communication records. For purposes of this standard, a post office box or commercial mailbox is not considered a physical facility.
8. Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation.
9. Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries.
10. Has a comprehensive liability insurance policy in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier.
11. Agrees not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:
 - A. The individual has given written permission to the supplier to contact them by telephone.
 - B. The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.
 - C. If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period proceeding the date on which the supplier makes such contact.
12. Is responsible for the delivery of Medicare-covered items to beneficiaries and maintain proof of delivery.
13. Answers questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented.

14. Maintains and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. Accepts returns from beneficiaries of substandard items.
16. Discloses these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. Complies with the disclosure provisions in § 420.206 of this subchapter.
18. Will not convey or reassign a supplier number.
19. Has a complaint resolution protocol to address beneficiary complaints that relate to supplier standards.
20. Maintains the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:
 - A. The name, address, telephone number, and health insurance claim number of the beneficiary.
 - B. A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.
 - C. If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
21. Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.
22. All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services.
23. All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.
24. All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date- May 4, 2009.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.



ATLANTIC BRACE, LLC

FOR YOUR ORTHOPEDIC BRACING & STIM NEEDS

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