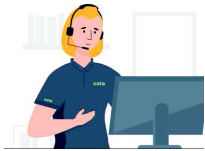




# VA Cala kIQ™ System Ordering Process for Prosthetics Department

Cala kIQ is a TAPS (Transcutaneous Afferent Patterned Stimulation) next generation FDA-cleared wearable neuromodulation therapy for action hand tremors.



1. VA Facility Set-Up as New Vendor



2. Provider sends consult to Prosthetics



3. Prosthetics Submits PO to Cala



4. Cala ships device to VA or Patient (\*varies by VA)

**1. New Vendor Set-Up.** To be completed by Prosthetics department.

- Complete Form W-9 Cala and VA New Vendor Form with pre-filled Cala info.
- Refer to VA SOP Topic: *Non-Invasive Nerve Stimulation for Management of Tremor.*

**2. Consult.** Provider (neurologist, occupational therapist, etc) sends consult to Prosthetics.

- Consult includes prescribed hand, tremor task, and wrist measurement to be included with purchase order (PO).

**3. Send Purchase Order to Cala.** To be completed by Prosthetics department, and must include the following:

**Patient Information:**

- Name
- Address
- Date of Birth
- Phone Number
- Last 4 Digits of SSN
- Email

**Diagnosis & Device Information:**

- Patient Diagnosis
- Prescribed Hand
- Tremor Task
- Wrist Size
- Quantity

**VA Information:**

- Consulting Provider Name
- HCP Email
- VA Institution Name
- VA Credit Card

**4. Product Shipment & Patient Training.** Process varies by VA.

- VA indicates on PO if Cala should ship directly to the patient or to the VA.
- Cala Customer Care offers training to all patients.

For questions about pricing and POs, please call Cala Customer Care at (888-699-1009) Monday through Friday, 8 am – 7 pm Eastern, 5 am – 4 pm Pacific, or send an encrypted email: [VA@CalaHealth.com](mailto:VA@CalaHealth.com).

**We look forward to working together to provide the best possible care for your patient.**

Cala kIQ is indicated to aid in the temporary relief of hand tremors in the treated hand following stimulation in adults with essential tremor. Cala kIQ is indicated to aid in the temporary relief of postural and kinetic hand tremor symptoms that impact some activities of daily living the treated hand following stimulation in adults with Parkinson’s Disease. Caution: Federal law restricts this device to sale by or on the order of a physician. Before use, refer to the product labeling for complete product instructions for use, contraindications, warnings, and precautions at [CalaHealth.com/Safety](http://CalaHealth.com/Safety).

Health Care Professional Line: 888-585-7101 | Cala Customer Care: 888-699-1009 | 1800 Gateway Drive | Suite 300 | San Mateo, CA | 94404

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## Cala Codes for New Vendor Setup

Cala is a licensed U.S. Durable Medical Equipment (DME) provider

DUNS Number	078877556	CMS Issued HCPCS Codes for Cala Devices	
CAGE code	6XN36	K1018/ E0734	External Upper Limb Tremor Stimulator of the Peripheral Nerves of the Wrist. Covers the stimulator and base station
UID	PUKZNB5PY96	K1019/ A4542	Replacement Supplies and Accessories for External Upper Limb Tremor Stimulator of the Peripheral Nerves of the Wrist. Covers monthly band subscription supplied every 90 days.

## Initial Purchase Order

The initial Purchase Order must contain the following two line items: Total pricing includes shipping.

Item Number	Description	Quantity Ordered	Unit	Negotiated Unit Price	Amount	PO Total
1	Cala Therapy Stimulator & Charging/Base Station	1	Each	\$3,200	\$3,200	Included Below
2	Cala Therapy Band 1 band = 3-mo supply OR 4 bands = 12-mo supply <ul style="list-style-type: none"> <li>Specify: Right -OR- Left Hand -OR- Bilateral</li> <li>Tremor Task: Outstretched -OR- Wing-Beating</li> <li>Wrist Measurement in Centimeters</li> </ul>	1	Each	\$470	\$470	\$3,670
		2			\$940	\$4,140
		3			\$1,410	\$4,610
		4			\$1,880	\$5,080

## Band Refill Order

Band Refills Orders (Ongoing Care)			
Cala Therapy Band* 1 band = 3-mo supply OR 4 bands = 12-mo supply <ul style="list-style-type: none"> <li>Specify: Right -OR- Left Hand -OR- Bilateral</li> <li>Tremor Task: Outstretched -OR- Wing-Beating</li> <li>Wrist Measurement in Centimeters</li> </ul>	1	Each	\$470
	2		\$940
	3		\$1,410
	4		\$1,880

**IMPORTANT:** Each Cala band must be replaced every 90 days because it deteriorates with exposure to dry skin, skin oils, and dust. The stimulator will not function with the same band after 90 days. The prescription is good for 1 year, and 4 bands are needed for the veteran to have a full year of therapy.

## How to Send an Order

Fax: (833) 230-9251       Secure Upload: [CalaRX.com](http://CalaRX.com)       Send Encrypted Email with attachments: [VA@CalaHealth.com](mailto:VA@CalaHealth.com)

**IMPORTANT:** It is advised to have the patient sign their Patient Intake and Agreement form during their clinic visit with the prescribing provider to prevent treatment delay. To expedite product shipment, please fax the completed form to Cala (833) 230-9251. Product shipment may be made to Veterans home or VA center as determined by prescribing provider, and the correct "Ship To" address must be included on the PO.

## Returns & Warranty

Cala offers a 90-day return option due to the heterogeneous nature of action tremors of the hand - not all patients may benefit from the use of Cala devices. If the Veteran discontinues use within the 90-day trial period, Cala will fully refund the costs. Credit will be applied to the VA credit card within 30 days once Cala receives the Cala Stimulator/Base Station and all bands.

The Cala kIQ System is designed for use on demand. The stimulator and base station have an expected service life of 3 years. The band has an expected service life of 90 days. To support everyday use, the stimulator has a 2-year warranty, and the band has a 45-day warranty. For more, please visit [CalaHealth.com/Warranty](http://CalaHealth.com/Warranty)



# Cala Customer Care

## VA Patient Intake and Agreement Form

Submit completed forms via:

Fax: 1-833-230-9251

Encrypted Email: VA@CalaHealth.com

Secure Upload: CalaRx.com

Cala Customer Care: 1-888-699-1009

### 1. VA Patient Information

First Name:		
Last Name:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		
City:	State:	Zip:
Mobile Phone:	Home Phone:	
Email Address:		
Emergency Contact Name:		
Emergency Contact Phone:	Last 4 Digits Patient SSN:	
Prescribing Provider Name:		

### 2. VA Patient Authorization & Agreement

I acknowledge that I have been provided with the following notices by accessing the company website or in writing (upon request) and understand notices may be revised from time to time: **Notice of Privacy Practices (HIPAA), Returns and Warranty, and Therapy Terms of Use which include the Patient Bill of Rights and Responsibilities, and Complaint Process.**

I agree to all applicable terms outlined in this document's Patient Acknowledgment and Financial Responsibility sections.

I, or my representative, will promptly notify Cala if I stop using Cala TAPS therapy for any reason or am hospitalized for more than 30 days.

 VA Patient Signature:	Date:
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Personal representative: If the individual signing this form is not the patient, please print name and specify relationship to the patient; if Power of Attorney, please provide documentation.

Personal Representative:	Date:
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### 3. VA Patient Acknowledgements

- a. I authorize Cala and its staff to provide me with durable medical equipment prescribed by my healthcare professional (HCP). My HCP has explained the nature of this treatment, and I have received sufficient information about the appropriate and safe use of Cala TAPS Therapy to make an informed decision.
- b. I authorize the release to Cala of any medical records for payment purposes, including but not limited to processing insurance claims. I also authorize Cala to share my medical records for healthcare operations and treatment purposes, including but not limited to sharing Cala TAPS therapy data with my prescribing HCP.
- c. My HCP has screened me for the appropriateness of Cala TAPS Therapy. I understand that a full list of contraindications, warnings, and cautions can be found at <https://calahealth.com/terms/indications-for-use/>. I acknowledge either that I do not have any contraindications, or I do have contraindications and have discussed these contraindications with my HCP. I will alert my HCP if my health condition changes such that therapy use becomes contraindicated.
- d. Upon receipt of my device, I understand that training is available to me by a Cala Customer Care Representative. I shall contact Cala Customer Care at 888-699-1009 Monday-Friday from 8 am – 7 pm Eastern, 5 am – 4 pm Pacific to schedule a training appointment.
- e. I take full responsibility for the safe use and care of the Cala TAPS Therapy System (which includes the Cala Stimulator, Base Station, and Band). I will advise my HCP before discontinuing treatment or using the equipment. I shall not hold Cala responsible for any adverse consequences related to any misuse, failure to use, or discontinuation of the treatment. Cala maintains customer support by telephone at 888-699-1009 Monday-Friday from 8 am – 7 pm Eastern, 5 am – 4 pm Pacific. If a treatment reaction occurs when an HCP is absent or outside of Cala business hours, I will stop using the Cala TAPS Therapy System immediately and contact Cala Customer Care or my HCP before resuming use. If a life-threatening medical emergency arises, I will contact my local emergency services number, such as 911, for assistance.
- f. The VA contracts with Cala and the VA agrees to pay 100% of the cost associated with Cala TAPS Therapy. This does not include your healthcare provider's visit.
- g. **Results Not Guaranteed:** My HCP has prescribed Cala TAPS Therapy to deliver electrical stimulation to relieve hand tremor temporarily. I understand that this is not a cure for essential tremor. I also understand that individual patient results may vary, and no warranty or guarantee is made regarding my use of the Cala TAPS Therapy. I understand Cala TAPS therapy is intended for single patient use only and Cala Bands are provided with a minimum of an initial three-month supply that must be replaced.
- h. **Return of Device to Cala:** Within 90 days of receiving Cala TAPS Therapy, I may return all the components for any reason by contacting Cala Customer Care at 1-888-699-1009 Monday-Friday from 8 am - 7 pm Eastern, 5 am - 4 pm Pacific, and returning the equipment. The VA will be refunded on my behalf for returned product that complies with this policy.