

Inland Empire Health Plan
Appendix "A"
DME, Corrective Appliances, Medical Supplies
And Surgical Implantables Grid

NCB = Not a Covered Benefit
 PR = Prosthetic/Corrective Appliance

D = Durable Medical Equipment
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ITEM	NCB	PR	D	S	COMMENTS
Ace Bandages				x	
Air Cleaner/Purifier	x				Environmental control. Not primarily medical in nature.
Air Conditioner	x				Environmental control. Not primarily medical in nature.
Alternating Pressure Pad or Mattress/Foam Egg Crates/Lambs Wool Pad			x		For stage III or IV decubitus ulcers or case-by-case when susceptible to decubitus ulcers.
Apnea Monitor			x		As medically necessary.
Artificial Eye		x			Includes cleaning and polishing.
Artificial Larynx/Electronic Speech Aids (with special batteries)		x			Electronic speech aids are covered as prosthetic devices when the patient has had a laryngectomy or the larynx is permanently inoperative. There are two types of speech aids: One operates by placing a vibrating head against the throat; the other amplifies sound waves through a tube, which is inserted into the patient's mouth.
Artificial Larynx/Electronic Speech Aids/(Disposable)	x				Not a covered benefit; cannot withstand repeated use.
Artificial Limbs Lightweight Standard Myoelectric Stump socks Harness		x x	x x x		
Atomizer	x				
Bandages				x	
Barbells	x				
Bathroom Bars (Grab bars)			x		
Bathtub Lift	x				Not normally a covered benefit as it is not primarily medical in nature (unless deemed medically necessary).

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ITEM	NCB	PR	D	S	COMMENTS
Bathtub Stool or bench			x		
Bed Board	x				
Bed Pan			x		If patient bed-ridden
Bed Rails			x		If medically indicated
Bed Specs (Prism glasses)			x		If criteria met for low vision aids; see Benefit Interpretation - Vision
Bicycles	x				
Standard	x				
Stationary	x				
Bidet Toilet Seat	x				
Bone Callus Stimulator (Electronic Bone Stimulator)			x		If ordered by treating physician and determined medically necessary.
Braces		x			In conjunction with Orthotic/Prosthetic
Braille Teaching Text	x				
Bras (Surgical)		x			Initial and replacement; two per year following mastectomy.
Breast Prosthesis (External)		x			Initial and replacement, as medically necessary.
Breast Pump			x		
Cages, Knee			x		
Canes					
Quad			x		Limited to one walking aid per patient. Includes replacement parts.
Straight			x		
Cast					
Boot				x	
Fiberglass				x	
Catheters (Foley, Condom)				x	
Cervical Collars				x	
Chair, Recliner or Arm	x				
Clavicle Strap				x	
Cochlear Implantation		x			Coverage determined by case-by-case review.
Colostomy Bags/Supplies				x	See: "Ostomy Supplies"

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ITEM	NCB	PR	D	S	COMMENTS
Commode 3-in-1 Bedside Elevated			x x x x		As medically indicated (e.g., lumbar laminectomy, fractured hip)
Communicator, Electric or Manual	x				Convenience item, not primarily medical in nature.
Corset Lumbo-Sacral Truss			x x	x	Covered when used as hernia support for a reducible hernia.
CPAP Device			x		Diagnosis of moderate or severe sleep apnea with surgery a likely alternative.
CPM Machines (Continuous Passive Motion)			x		Only for total knee replacement. Must commence within 48 hours of surgery and not to exceed 21 days.
Crutches with Arm and Wrist Pad				x	Includes replacement parts.
Diabetic Supplies Lancets Insulin Pump Blood Glucose Test Strips Syringes and Insulin			x	x x x x	Lancets, test strips, syringes and insulin are covered through the Rx benefit.
Diapers				x	See: Incontinent Supplies. Members five (5) years old and older with medical justification \$165.00 per month.
Diathermy Machines (Standard and pulsed wave)	x				Inappropriate for home use.
Dressings				x	See: Bandages
Egg Crate (Mattress Pad)			x		Limited to patients with a history of decubitus ulcers. (See: Alternating Pressure Pad)
Elastic Stockings				x	Custom support hose (such as T.E.D hose or Jobst stockings) that are determined to be medically necessary.
Electronic Speech Aids		x			See: Artificial Larynx

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ITEM	NCB	PR	D	S	COMMENTS
Enuresis Training Item				x	Covered as medically necessary
Face Masks (Surgical)				x	Non-reusable supply; limited to patients with AIDS, or tuberculosis.
Fluoride Varnish (Dental Sealant)				x	
Glucose Monitor (blood) With voice synthesizers, automatic timers and specially designed arrangement of supplies/materials to enable patient to use without assistance.					Covered under IEHP pharmacy benefit.
Hearing Aids Cords, Molds, Receivers		x			See: Hearing Aids in Benefit Manual
Hearing Aid Batteries				x	Only the initial batteries supplies with the hearing aid are covered.
Heating Lamps			x		Covered only when medically necessary.
Heating Pads			x		Covered only when medically necessary.
Hospital Beds - Standard Electric Semi-Electric			x x x		When medically necessary. See Title 22 §51521 for specific covered equipment.
Hydro collator Steam Packs (hot packs)			x		See: Heating Pads
Hypodermic Injectors				x	See: Syringes
Immobilizer, Extremity				x	

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Nebulizer, Supplies Medications, including non-sterile water Pocket-standard, plastic or glass				x x x	Covered when medically necessary. Medication and non-sterile water are covered through the Pharmacy benefit.
Neck Halter C-Collar				x	
Orthopedic Shoes		x			Limited to one pair every six months, status-post CVA for “drop foot”, club foot or other diseases of the foot.
Orthosis Halo Cervical			x x		
Orthotics/Orthosis			x		Covered as medically necessary, Title XXII, Section 51515, for Standards and types of orthotics.
Ostomy Bags				x	Ostomy supplies are covered including irrigation flushing equipment and other items and supplies directly related to Ostomy care. See: Medical Supplies.
Over-bed Table	x				
Oxygen (Includes Liquid O ²) Disposable Equipment IPPB Respirator Spare Tanks Humidifier, Nebulizers and concentrators Tank (initial) Vacation/Travel			x x x x	x	Medical documentation required. Not covered for home use. Convenience/precautionary.
Palate		x			Limited to patients with open palates.
Paraffin Bath Units Portable Standard	x		x		Medically necessary and part of a complex treatment plan. Institutional equipment; inappropriate for home use.

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ITEM	NCB	PR	D	S	COMMENTS
Peak Flow Meters			x		Covered under pharmacy benefit.
Percussors			x		Covered for mobilizing respiratory tract secretions in patients with COPD, chronic bronchitis or emphysema. Covered when the patient or operator of a powered percussor has received the appropriate training by a physician or therapist and no one competent to administer manual therapy is available.
Prosthetic Device-Cleft		x			
Prosthetic Shoe		x			Covered when all or a substantial portion of the front part of the foot is missing.
Pulmo-Aide - Supplies and Medications			x		Covered when medically necessary. Medication, non-sterile water is covered through the Pharmacy benefit.
Reading Lamp	x				Convenience item.
Safety Rollers			x		Generic devices for members who cannot use other wheeled devices (i.e., walkers, wheelchairs). May be appropriate for coverage for those patients who are severely obese, where reinforcement of walker wheels cannot support the patient, or for patients with severe neurological disorders or restrictive diseases of the hands where it is impossible for the patient to use a wheeled device. Documentation would be required to determine coverage.
Scleral Shell and Bandage Contacts Ptosis Crutches, Occluders and Low Vision Aids		x			Covered if used to obviate the need for surgical removal of an eye or when used as a treatment of dry eye, corneal ulcers or ptosis.
Slings				x	

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ITEM	NCB	PR	D	S	COMMENTS
Sphygmomanometer (Blood Pressure Cuff)			x		If approved by IPA.
Splints				x	
Standers and Standing Frames			x		As medically necessary based on the documentation of the following: <ul style="list-style-type: none"> • The device would allow the recipient to become more independent in one or more of the activities of daily living, and • For a recipient with a pressure sore, the device would provide pressure relief/off-loading of the pressure sore that cannot be accomplished by other means, or • Lower body strength is increased by maintaining a standing position for recipients with spastic quadriplegia or other neuromuscular conditions who are unable to rise from a seated to standing position without assistance and have some residual strength in hips or legs, or • Lower body strength is increased by maintaining a standing position for recipients with paraplegia and other neuromuscular conditions who are unable to rise from a seated to a standing position without assistance and have some residual strength in the hips and legs, and • There is documentation that the recipient has tried the system through an ongoing out-patient therapy program and the physical therapist has witnessed the use of the system and recommends it.

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					Standers and standing frames are not considered medically necessary for recipients with complete paralysis of the hips and legs, such that lower body range of motion is not improved or maintained by the standing position, or if using the stander/frame would create an unsafe situation for the recipient.
Suction Machine			x		Usually provided through Home Health.
Swimming Pool	x				
Syringes, Hypodermic				x	Covered under Pharmacy benefit.
Telephone Alert System	x				
TENS Unit			x		Electrodes and patches are covered.
Toilet Seat, Raised			x		
Tracheostomy Speaking Valve		x			
Traction Devices			x		Covered if the patient is confined to bed and needs a trapeze bar to sit up because of a respiratory condition, to change body position for other medical reason or to get in and out of bed.
Weight bags				x	Covered in conjunction with traction.
Trapeze Bar			x		See: Comments, Traction Devices
Truss				x	See: Corset, Truss
Urinals			x		If patient is bed-ridden.
Vaporizers			x		Covered for respiratory illnesses.
Vision (Low Vision Aids)		x			See: Benefit Manual-Vision/Vision Aids covered only for children up to age 21.
Walker			x		Limited to one walking aid

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Wheelchairs Standard With/Without Special Features Electric Ramps Non-portable Portable	x		x x x x x		Covered on case-by-case basis.
Whirlpool Bath Equipment (Standard)			x		Covered if the patient is homebound and has a condition for which a whirlpool bath can be expected to provide substantial therapeutic benefit. Where the patient is not homebound, payment is restricted to the cost of providing the services elsewhere (i.e., an Outpatient Department of a participating hospital).
Whirlpool Pumps	x				Not covered. Not primarily medical in nature.

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