

**Durable Medical Equipment and Supplies and Payment Source**

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ITEM	NCB	HOSP	IPA	RX	
Ace Bandages			X		
Acetest Tablets				X	
Adhesive Disc (Dressing or Gasket)			X		For Ostomy Care.
Adhesive Dressings (Double/Single sided - If not for Ostomy Care)			X		
Adhesive Removers			X		Trach/Ostomy Care.
Aero Chamber				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	X		For stage III or IV decubitus ulcers or case-by-case when susceptible to decubitus ulcers. Payer depends on service location.
Apnea Monitor			X		
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 Myoelectronic Stump socks Harness			X		Limited to six pair per prosthetic per year. Limited to one pair per prosthetic per year.
Atomizer	X				
Bandages	X				
Barbells	X				
Bathroom Bars (Grab bars)			X		
Bathtub Lift	X		X		Not normally a covered benefit as it is not primarily medical in nature (unless deemed medically necessary).
Bathtub Stool or bench			X		
Bed Board	X				
Bed Pan			X		If patient bed-ridden.
Bed Rails			X		If medically indicated.

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Bed Specs (Prism glasses)	X				If criteria met for low vision aids; see Vision Aids on this Benefit Manual.
Bicycles	X				
Standard	X				
Stationary	X				
Bidet Toilet Seat	X				
Birth Control Pills				X	
Bone Callus Stimulator (Electronic Bone Stimulator)			X		For non-union of long bone fracture.
Bottles, Expandable (Hot Water)	X				Not a covered benefit.
Braces			X		In conjunction with Orthotic/Prosthetic.
Braille Teaching Text	X				
Bras (Surgical)			X		Initial and replacement; four per year following mastectomy.
Breast Prosthesis (External)			X		Initial and replacement, as medically necessary.
Breast Pump	X				Bulb Type.
Cages, Knee			X		
Canes:			X		
Quad					
Straight					Limited to one walking aid per patient. Includes replacement parts.
Cast			X		
Boot					
Fiberglass					
Cataract Spectacles and Lenses			X		
Catheter			X		
Foley, Straight, Retention					Hospital responsibility if provided in the hospital. All others are IPA responsibility.
Bags (Leg & Standard Drainage)					
Clamps					
Insertion Tray					
Irrigation Kits					
Cervical Collars			X		
Chair, Recliner or Arm	X				
Clavicle Strap			X		
Clinitest Analysis Kit				X	
Clinitest Tablets				X	
Cochlear Implantation			X		Coverage determined by case-by-case review.
Collyseals			X		

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Coloplast			X		
Commode 3-in-1 Bedside Elevated	X		X X		As medically indicated (e.g., lumbar laminectomy, fractured hip).
Communicator, Electric or Manual	X				Convenience item, not primarily medical in nature.
Contraceptives				X	Condoms, creams, diaphragms, foams, jelly and suppositories are covered.
Corset Lumbo-Sacral Truss			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.
Dextrostix				X	Diabetic supply.
Diabetic Supplies Lancets Blood Glucose Test Strips Syringes and Insulin				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.
Diaphragms				X	See: Contraceptives.
Diastix				X	Diabetic supply.
Diathermy Machines (Standard and pulsed wave)	X				Inappropriate for home use.
Disposable Syringes/Needles/Lancets				X	Diabetic supply.
Easy Stand/Tilt Stand	X				Convenience item for paralysis patients.
Elastic Stockings	X				All lengths, custom-made or over the counter. Includes garter belt and Jobst burn garment.
Electronic Speech Aids			X		See: Artificial Larynx.
Enuresis Training Item			X		Covered as medically necessary
Face Masks (Surgical)	X				Non-reusable supply; limited to patients with AIDS, or tuberculosis.
Glucose Monitor (blood)				X	For diabetic patients on daily insulin therapy.
Hearing Aid Batteries			X		Only the initial batteries supplies with the hearing aid are covered.

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Hearing Aids Cords, Molds, Receivers			X		See: Hearing Aids and Services in this Benefit Manual.
Heating Lamps	X				Covered only when medically necessary.
Heating Pads	X				Covered only when medically necessary.
Hospital Beds - Standard Electric Semi-Electric			X		When medically necessary.
Hydro collator Steam Packs (hot packs)	X				See: Heating Pads
Immobilizer, Extremity			X		
Incontinent Medical Supplies Diapers Disposable Briefs Underpads Pants and Pad System Shields Liners Pads			X		Incontinent supplies covered for Members five (5) years old and older with medical justification to a maximum of \$165.00 per Member per calendar month. Also covered but not subject to the \$165.00 per month limit are medically necessary creams and washes to prevent and/or heal skin breakdown second to incontinence.
Jacuzzi	X				
Keto-Diastix				X	Diabetic supply.
Ketostix Strips				X	Diabetic supply.
Lifts Hydraulic Hoyer Lift  Seat			X  X		Covered if Primary Care Physician determines patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in the patient's condition.  Mechanism only. Covered for therapeutic use with patients who suffer from severe arthritis, muscular dystrophy or other neuro-muscular disease and it has been determined that the patient will benefit from use of the device.
Lymphedema Pumps			X		Covered if the patient has intractable edema of the extremities.
Mattress, Orthopedic	X				Not covered if separate from bed.
Nebulizer, Supplies Medications, including non-sterile water Pocket-standard, plastic or glass				X	Covered when medically necessary. Medication and non-sterile water are covered through the Pharmacy benefit.
Neck Halter C-Collar			X		
Orthopedic Shoes	X				See: Orthotics and Prosthetics in this Benefit Manual.

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Orthosis Halo Cervical			X		
Ostomy 4 x 4's adhesive remover, bags, bag deodorant, belts, clamps connectors, gaskets, Karaya products, skin barriers, skin cleansers, tape and Tincture of Benzoin. Colostomy Bags/Supplies Irrigation sets			X		Hospital responsibility if inpatient. Others are IPA responsibility. Only bag deodorant or skin cleaners are covered when used for colostomy/ostomy patients. Regular deodorants, body lotions, protective ointments, emollients and moisturizers and shampoos are not covered.
Over-bed Table	X				
Oxygen (Includes Liquid O <sup>2</sup> ) Disposable Equipment IPPB Respirator Spare Tanks Humidifier, Nebulizers and concentrators Tank (initial) Vacation/Travel			X X X X X X		IPA's payment source, unless specified as NCB.  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.
Peak Flow Meters			X		Covered when medically necessary to have patient self-monitor respiratory status.
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.

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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.
Sclera Shell and Bandage			X		Covered if used to obviate the need for surgical removal of an eye or when used as a treatment of dry eye or corneal ulcers.
Slings			X		
Sphygmomanometer (Blood Pressure Cuff)	X				
Splints			X		
Stockings - Teds	X				Over the counter supplies.
Suction Machine			X		Usually provided through Home Health.
Suspensories (Vaginal)	X				Used for suspension of vagina.
Swimming Pool	X				
Telephone Alert System	X				
TENS Unit	X				Electrodes and patches are covered.
Toilet Seat, Raised	X				
Tracheostomy Speaking Valve			X		
Tracheostomy Supplies Bibs, cleaning kits, cuffs, dressings, irrigation equipment, plugs, suction catheters, ties (twill tape) and tubes.			X		Responsibility varies with contract.
Traction Device Weight bags			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. Covered in conjunction with traction.
Urinals			X		If patient is bed-ridden.
Vaporizers	X				Covered for respiratory illnesses.
Vision (Low Vision Aids)			X		See: Vision Aids in this Benefit Manual.
Wheelchairs Standard With/Without Special Features Custom * (Including electric)			X		*Custom wheelchairs are covered by the Health Plan when medically necessary.

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Ramps Non-portable Portable	X		X		Covered on case-by-case basis, when necessary for safe access to the home.
Whirlpool Bath Equipment (Standard)	X				
Whirlpool Pumps	X				Not covered. Not primarily medical in nature.

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