

Community HealthFirst™

Medicare Advantage Plans

DURABLE MEDICAL EQUIPMENT "AT A GLANCE" COVERAGE GRID

| ITEM | COVERAGE | PA? |
|---|---|------------|
| Aero Chamber w/ and w/out Mask | Not Covered | N/A |
| Air Cleaner/Purifier | Not Covered | N/A |
| Air Conditioner | Not Covered | N/A |
| Air Splint | Covered - Medical Supply | NO |
| Ambulatory Blood Pressure Monitoring (ABPM) | Covered - Medical Supply | NO |
| Ambulatory Boot (surgical boot) | Covered - Corrective Appliance | NO |
| Ankle Foot Orthotics (AFO) | Covered - Orthosis | NO |
| Artificial Eye | Covered - Prosthetic | NO |
| Artificial Larynx | Covered - Prosthetic | NO |
| Artificial Limbs | Covered - Prosthetic | YES |
| Back Support Chair | Not Covered | N/A |
| Bathtub Lifts and Seats | Not Covered | N/A |
| Beds and Accessories | Covered - DME | YES |
| Bed Baths | Not Covered | N/A |
| Bed Board | Not Covered | N/A |
| Bed Lifter | Not Covered | N/A |
| Bed Cradle | Covered - DME | NO |
| Bed Pan | Covered - DME | NO |
| Bed Specs (prism glasses) | Not Covered | N/A |
| Bed Wetting Alarms | Not Covered | N/A |
| Bi-Pap Machine | Covered - DME | YES |
| Blood Glucose Analyzer | Not Covered | N/A |
| Blood Pressure Monitor | Covered - DME Portable Units - Not Covered | NO |
| Bone Stimulator | Covered - DME | YES |
| Braces | Covered - Corrective Appliance | NO |
| Braille Teaching Text | Not Covered | N/A |
| Bra's (post surgery) | Covered - Prosthetic | NO |
| Breast Prosthesis (external) | Covered - Prosthetic | NO |
| Breast Pumps | Not Covered | N/A |
| Canes | Covered - DME | NO |
| Casts | Covered - Medical Supply | NO |
| Catheters and Supplies | Covered - Prosthetic | NO |
| Cervical Collar | Covered - Corrective Appliance | NO |
| Cervical Pillow | Not Covered | N/A |
| Clavicle Support Splint | Covered - Corrective Appliance | NO |
| Cleft Palate Prosthesis | Covered - Prosthetic | NO |
| Cold Therapy | Not Covered | N/A |
| Collagen Implant | Covered - Prosthetic | NO |
| Colostomy Bag | Covered - Prosthetic | NO |
| Commode | Covered - DME | NO |
| Compression Garments/Bandages | Covered - DME | NO |

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| Continuous Passive Motion (CPM) | Covered - DME | YES |
| Continuous Positive Airway Pressure (CPAP) | Covered - DME | YES |
| Corset | Covered - Corrective Appliance | NO |
| Crutches | Covered - DME | NO |
| Dehumidifier | Not Covered | N/A |
| Diapers | Not Covered | N/A |
| Disposable Sheets | Not Covered | N/A |
| Dressing/Bandages | Covered - Medical Supply | NO |
| Easy Stand/Tilt Stand | Not Covered | N/A |
| Electrical Stimulation Devices (neuromuscular) | Covered - DME | YES |
| Elbow Orthosis | Covered - Corrective Appliance | NO |
| Elevators | Not Covered | N/A |
| Emesis Basin | Not Covered | N/A |
| Enuresis Training Item (penile clamp) | Covered - Prosthetic | NO |
| Exercise Equipment | Not Covered | N/A |
| Face Masks (oxygen only) | Covered - DME | NO |
| Facial Prosthesis | Covered - Prosthesis | NO |
| Flutter Device | Not Covered | N/A |
| Gait Belt | Not Covered | N/A |
| Grab Bars | Not Covered | N/A |
| Heat Lamp | Covered - DME | NO |
| Heating Pads and Hot Packs (electrical/non-electrical) | Covered - DME | NO |
| Heater (portable) | Not Covered | N/A |
| Heating and Cooling Plants | Not Covered | N/A |
| Helmet (cranial Orthosis) | Covered - Prosthetic | NO |
| Helmet (safety equipment) | Not Covered | N/A |
| Holter Monitor | Covered - Medical Supply | NO |
| Hospital Beds | Covered - DME | YES |
| Humidifier (used with C-PAP, Bi-PAP, Oxygen) | Covered - DME | NO |
| Incontinence Control Device | Covered - Prosthetic | NO |
| Incontinence Pads | Not Covered | N/A |
| Injectors (jet pressure powered injectors) | Not Covered | N/A |
| Insulin Pumps | Covered - DME | YES |
| IPPB Machines | Covered - DME | NO |
| Jacuzzi | Not Covered | N/A |
| Knee Orthosis | Covered - Prosthetic | NO |
| Leotard (pressure garment) | Not Covered | N/A |
| Lift (bathroom or toilet) | Not Covered | N/A |
| Lift (hydraulic lift) | Covered - DME | YES |
| Lift (motorized ceiling) | Not Covered | N/A |
| Lift (seat lift mechanism) | Covered - DME | NO |
| Lift (wheelchair/scooter) | Not Covered | N/A |

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| Lift (vehicle modification) | Not Covered | N/A |
| Light Therapy Box | Not Covered | N/A |
| Lymphedema Pump | Covered - DME | YES |
| Lymphedema Sleeve | Covered - DME | NO |
| Mandibular Device (for sleep apnea) | Covered - DME | NO |
| Massage Devices | Not Covered | N/A |
| Mobile Stander | Not Covered | N/A |
| Nebulizer and Supplies | Covered - DME | NO |
| Nebulizer (large volume, disposable) | Not Covered | N/A |
| Nebulizer (ultrasonic) | Not Covered | N/A |
| Nebulizer Medication | Covered - DME | NO |
| Noncontact Normothermic Wound | Not Covered | N/A |
| Obturator, palatal | Covered - Prosthetic | NO |
| Orthopedic Shoes | Covered - Corrective Appliance | NO |
| Ostomy Supplies | Covered - Prosthetic | NO |
| Oxygen and Supplies | Covered - DME | YES |
| Oxygen (portable, preset) | Not Covered | N/A |
| Oxygen (conserver only) | Not Covered | N/A |
| Pacemaker Monitors | Covered - DME | NO |
| Parallel Bars | Not Covered | N/A |
| Peak Flow Meter | Covered - DME | NO |
| Penile Prosthesis | Covered - Prosthetic | NO |
| Percussor (electric or pneumatic home model) | Covered - DME | NO |
| Percussor (Intrapulmonary Percussive Ventilator) | Not Covered | N/A |
| Personal or Comfort Items | Not Covered | N/A |
| Pessary | Covered - Medical Supply | NO |
| Pneumatic Compression Devices | Covered - DME | NO |
| Postural Drainage Boards | Covered - DME | NO |
| Power Operated Vehicles/Scooters | May be Covered | YES |
| Pulse Oximeter | Not Covered | N/A |
| Pump, enteral | Covered - Prosthetic | YES |
| Pump, infusion | Covered - DME | YES |
| Pump, insulin, external | Covered - DME | YES |
| Pump, insulin, implantable | Not Covered | N/A |
| Pump, pain control | Covered - DME | NO |
| Pump, parenteral | Covered - DME | YES |
| Pulse Tachometer | Not Covered | N/A |
| Punctal Plug | Covered - Medical Supply | NO |
| Ramp (wheelchair) | Not Covered | N/A |
| Rib Belt | Covered - Corrective Appliance | NO |
| Rolling Chair (geri chair) | Covered - DME | NO |
| Sauna Baths | Not Covered | N/A |

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| Scoliosis Orthosis (CTLSO and TLSO) | Covered - Orthosis | SOME >\$1,000 |
| Shower/Bath Tub Seat | Not Covered | N/A |
| Shoes, Inserts/orthotics | Covered - Corrective Appliance | NO |
| Shoes, orthopedic | Covered - Corrective Appliance | NO |
| Shoes, prosthetic | Covered - Prosthetic | NO |
| Shoes, therapeutic | Covered - Corrective Appliance | NO |
| Sitz Bath (portable) | Covered - DME | NO |
| Slings | Covered - Medical Supply | NO |
| Speech Generating Device | Covered - DME | YES |
| Spinal Orthosis | Covered - Corrective Appliance | SOME >\$1,000 |
| Splints, dental | Covered - Medical Supply | NO |
| Splints, dynamic | Covered - DME | NO |
| Splints, foot | Covered - Corrective Appliance | NO |
| Splints, wrist/hand | Covered - Corrective Appliance | NO |
| Stockings, gradient compression stockings | Covered - Corrective Appliance | NO |
| Stockings, gradient pressure stockings | Covered - Prosthetic | NO |
| Stockings, support hose (e.g. Ted Hose) | Not Covered | N/A |
| Suction Pump or Machine | Covered - DME | YES |
| Surgical Boot | Covered - Corrective Appliance | NO |
| Telephone Alert System | Not Covered | N/A |
| TENS Unit | Covered - DME | YES |
| Tinnitus Masker | Not Covered | N/A |
| Toilet Seat, elevated | Not Covered | N/A |
| Tracheostomy, speaking valve and tube | Covered - DME | NO |
| Tracheostomy, care kit | Covered - Prosthetic | NO |
| Traction Equipment, cervical | Covered - DME | NO |
| Traction Equipment, cervical attached to headboard | Not Covered | N/A |
| Traction Equipment, freestanding | Not Covered | N/A |
| Traction Equipment, pneumatic free standing | Covered - DME | NO |
| Traction Equipment, weight bags | Covered - DME | NO |
| Transfer Board | Not Covered | N/A |
| Trapeze Bar | Covered - DME | NO |
| Treadmill Exerciser | Not Covered | N/A |
| Truss | Covered - Prosthetic | NO |
| Unna Boot/Strapping | Covered - Medical Supply | NO |
| Urinal (autoclavable) | Covered - DME | NO |
| Vacuum Assisted Closure Device | Covered - DME | YES |
| Vacuum Pump or Device (e.g. ErecAid) | Covered - DME | NO |
| Vaporizers | Covered - DME | NO |
| Ventilators | Covered - DME | YES |

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| Virectomy Face Support | Not Covered | N/A |
| Walkers, standard | Covered - DME | NO |
| Walkers, special | Covered - DME | NO |
| Wedge Pillow | Not Covered | N/A |
| Wheelchairs and Accessories | Covered - DME | YES |
| Whirlpool Bath Equipment, standard | Covered - DME | NO |
| Wig/Hairpiece | Not Covered | N/A |

For additional information please see the National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1) on the Centers for Medicare & Medicaid website at http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncl.