

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/ Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

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[Instructions for Use](#)

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Coverage Guidelines

DME MACs and Jurisdictions

DME MACs and Jurisdictions are as follows:

- (J-A) Noridian Healthcare Solutions - CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT
- (J-B) CGS Administrators - IL, IN, KY, MI, MN, OH, WI
- (J-C) CGS Administrators - AL, AR, CO, FL, GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV
- (J-D) Noridian Healthcare Solutions - AK, AS, AZ, CA, GU, HI, IA, ID, KS, MO, MT, NV, ND, NE, No Mariana Is, OR, SD, UT, WA, WY

Refer to the Coverage Summary titled [Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies](#) for the definitions of orthosis, prosthesis and medical supply.

Important Note: This grid does not include all the covered DME, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies. The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. LCDs are available at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Refer to the specific DME Medicare Administrative Contractor (MAC) Local Coverage policies for coverage criteria, claims processing and coding information.

DME Face to Face Requirement

Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME.

The law requires that a physician must document that a physician, nurse practitioner, physician assistant or clinical nurse specialist has had a face-to-face encounter with the patient. The encounter must occur within the 6 months before the order is written for the DME. This does not apply to Power Mobility Devices (PMDs) as these items are covered under a separate requirement.

Due to concerns that some providers and suppliers may need additional time to establish operational protocols necessary to comply with face-to-face encounter requirements mandated by the ACA for certain items of DME, the Centers for Medicare & Medicaid Services (CMS) will start actively enforcing and will expect full compliance with the DME face-to-face requirements beginning on October 1, 2013.

Note that the date of the written order must not be prior to the date of the face-to-face encounter. The face-to-face encounter conducted by the physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist CNS must document that the member was evaluated and/or treated for a condition that supports the item(s) of DME ordered. In the case of a DME ordered by a PA, NP, or CNS, a physician (MD or DO) must document the occurrence of a face-to-face encounter by signing/co-signing and dating the pertinent portion of the medical record.

For detailed information regarding this requirement and DME List of Specified Covered Items, refer to the [MLN Matters® MM8304-Detailed Written Orders and Face-to-Face Encounters](#). (Accessed June 8, 2021)

Corrections and Amendments to the Face-to-Face Visit and Written Order Prior to Delivery: For instructions for remedy when the face-to-face visit documentation does not describe a medical condition for which the DME is being prescribed or the written order prior to delivery (WOPD) is defective. Refer to the [Joint DME MAC Article-ACA 6407 Requirements-Corrections and Amendments to the Face-to-Face Visit and Written Order Prior to Delivery \(WOPD\)](#). (Accessed June 8, 2021)

COVID-19 Public Health Emergency Waivers & Flexibilities: In response to the COVID-19 Public Health Emergency, CMS has updated some guidance for certain DMEPOS. For a comprehensive list of Coronavirus Waivers & Flexibilities, refer to <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. (Accessed June 8, 2021)

*Medical Supplies are covered only when they are incident to a physician's professional services and are furnished as an integral, although incidental, part of those services in the course of diagnosis or treatment of an injury or illness.

Item	Coverage	Guidelines/Notes
Abdominal Binder		See Dressings/Bandages .
Air Cleaner/Purifier	Not covered	Environmental control, not primarily medical in nature. Refer to the National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Air Conditioner	Not covered	Environmental control, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Air Splint	Medical Supply*	Clear plastic splints inflated by air used temporarily on fractured, broken, crushed or burned limbs. Refer to the: <ul style="list-style-type: none"> • Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident to Physician’s Professional Services • Medicare Claims Processing Manual, Chapter 20, §170 Billing for Splints and Casts (Accessed June 1, 2021)
Air-Fluidized Bed		See Alternating Pressure Pads and Mattress/Pressure Reducing Support Surfaces-Group 3 .
Alternating Pressure Pads and Mattress Refer to the Face-to-Face Requirement .		Covered if patient has, or is highly susceptible to, decubitus ulcers and the patient’s physician specifies that he/she has specified that he will be supervising the course of treatment. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021) Refer to the specific coverage criteria below for Group 1 , Group 2 and Group 3 Pressure Reducing Support Surfaces.
Pressure Reducing Support Surfaces-Group 1 (Gel Flotation Devices, Lamb’s Wool Pads/Sheep Skins, egg crate mattress)	DME	Coverage criteria apply; refer to the DME MAC LCD for Pressure Reducing Support Surfaces-Group 1 (L33830) . (Accessed August 16, 2021)
Pressure Reducing Support Surfaces-Group 2 (Low Air Loss or Powered Flotation without Low Air Loss)	DME	Coverage criteria apply; refer to the DME MAC LCD for Pressure Reducing Support Surfaces-Group 2 (L33642) . (Accessed August 16, 2021)
Pressure Reducing Support Surfaces-Group 3 (Air-Fluidized Bed (Bead Bed), e.g., Clinitron)	DME	Coverage criteria apply; refer to the NCD for Air-Fluidized Bed (280.8) . (Accessed June 1, 2021)

Item		Coverage	Guidelines/Notes
			Also refer to the DME MAC LCD for Pressure Reducing Support Surfaces – Group 3 (L33692) . (Accessed August 16, 2021)
Ambulatory Blood Pressure Monitoring (ABPM)			Coverage criteria apply. Refer to the Coverage Summary titled Cardiovascular Diagnostic and Therapeutic Procedures .
Ambulatory Boot (also known as surgical boot)			See Surgical Boot .
Ankle-Foot Orthosis (AFO)/Knee-Ankle-Foot Orthosis (KAFO)	Non-ambulatory Static or dynamic positioning ankle-foot orthoses (AFO)	Corrective Appliance/ Orthotic	Static or dynamic positioning ankle-foot orthoses (AFO) is covered when criteria are met. Refer to the DME MAC LCD for Ankle-Foot/Knee-Ankle-Foot Orthoses (L33686) . (Accessed August 16, 2021)
	Non-ambulatory Foot drop splint	Not covered	A foot drop splint/recumbent positioning device and replacement interface will be denied as not medically necessary in a patient with foot drop who is non-ambulatory because there are other more appropriate treatment modalities. Refer to the DME MAC LCD for Ankle-Foot/Knee-Ankle-Foot Orthoses (L33686) . (Accessed August 16, 2021)
	Ambulatory <ul style="list-style-type: none"> Ankle-Foot Orthosis (AFO) Knee-Ankle-Foot Orthosis (KAFO)/ Ambulatory (e.g., cam walkers, pneumatic splint) 	Corrective Appliance/ Orthotic	Ankle-foot orthoses (AFO) and knee-ankle-foot orthoses (KAFO) are covered when criteria are met. Refer to the DME MAC LCD for Ankle-Foot/Knee-Ankle-Foot Orthoses (L33686) . (Accessed August 16, 2021)
Artificial Eye (Eye Prosthesis)		Prosthetic	Covered for member with absence or shrinkage of an eye due to birth defect, trauma or surgical removal. Coverage includes polishing and resurfacing on a twice per year basis. Orbital implants are reimbursed as surgical implants. Refer to the: <ul style="list-style-type: none"> DME MAC LCD for Eye Prosthesis (L33737) Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices and §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes (Accessed August 16, 2021)
Artificial Larynx or Electrolarynx (e.g., UltraVoice)		Prosthetic	Covered as prosthetic; refer to the Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices . (Accessed June 1, 2021)
Artificial Limbs-Lower Limb <ul style="list-style-type: none"> Standard C-leg (microprocessor-controlled knee-shin system) 		Prosthetic	Covered when criteria are met. Refer to the DME MAC LCD for Lower Limb Prostheses (L33787) for coverage guideline. (Accessed August 16, 2021) Also refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 1, 2021)

Item		Coverage	Guidelines/Notes
Artificial Limbs-Upper Limb	Standard	Prosthetic	Coverage criteria apply; refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 1, 2021)
	Myoelectric	Prosthetic	Medicare does not have a National Coverage Determination (NCD) for myoelectric limbs. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time. For coverage guidelines, refer to the UnitedHealthcare Commercial Coverage Determination Guideline titled Prosthetic Devices, Wigs, Specialized Microprocessor or Myoelectric Limbs . Note: After searching the Medicare Coverage Database , if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. For MyoPro®, see Myoelectric Arm Orthosis (i.e., MyoPro®) .
Augmentative Communication Devices			See Speech Generating Devices .
Back Brace/Orthosis			See Spinal Orthosis
Back Support (posture chair)		Not covered	Not primarily medical in nature. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1(B)(2)Equipment Presumptively Non-Medical . (Accessed June 1, 2021)
Bathtub Lifts and Seats		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Bead Bed			See Air Fluidized Bed .
Beds			See Hospital Beds .
Bed Baths (home type)		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Bed Board		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Bed Lifter (bed elevator)		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Bed Cradle			See Hospital Beds and Accessories .
Bed Pan (autoclavable, hospital type)		DME	If member is bed confined. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Bed Specs			See Hospital Beds and Accessories .
Bed Wetting Alarm		Not covered	Not primarily medical in nature; does not meet the definition of DME. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1B)(2) – Equipment Presumptively Non-Medical . (Accessed June 2, 2021)
Bi-level Positive Airway Pressure (BiPAP)		DME	Coverage criteria apply.

Item	Coverage	Guidelines/Notes
Refer to the Face-to-Face Requirement .		For sleep apnea, refer to the Coverage Summary titled Sleep Apnea: Diagnosis and Treatment . For other respiratory conditions, refer to the DME MAC LCD for Respiratory Assist Devices (L33800) LCD for Respiratory Assist Devices (L33800) . (Accessed August 16, 2021) Also see Respiratory Assist Devices .
Blood Glucose Analyzer-reflectance Colorimeter	Not covered	Unsuitable for home use. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . Also refer to the NCD for Home Blood Glucose Monitors (40.2) . (Accessed June 2, 2021)
Blood Glucose Monitors Refer to the Face-to-Face Requirement .	DME	Coverage criteria apply. Refer to the Coverage Summary titled Diabetes Management, Equipment and Supplies for coverage guideline.
Blood Pressure Monitor /Sphygmomanometer		Only for members on home dialysis; fully and semi-automatic (member activated) portable monitors are not covered. Refer to the: <ul style="list-style-type: none"> • Medicare Benefit Policy Manual, Chapter 11, § 20.4 – Equipment and Supplies (Accessed June 1, 2021) • Coverage Summary titled Dialysis Services
Bone Stimulator (Electronic or Ultrasonic)	DME	Coverage criteria apply; refer to the Coverage Summary titled Osteogenic Stimulators .
Braces		See AFO/KAFO or Knee Orthosis or Spinal Orthosis (body jacket)
Braille Teaching Text	Not covered	Educational, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 2, 2021)
Bras (mastectomy)	Prosthetic	Refer to the: <ul style="list-style-type: none"> • Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices • DME MAC LCD for External Breast Prostheses (L33317) (Accessed August 16, 2021) Also see Breast Prosthesis . Also refer to the Coverage Summary titled Breast Reconstruction Following Mastectomy .

Item		Coverage	Guidelines/Notes
Breast Prosthesis (external)		Prosthetic	<p>Covered for members who have had a mastectomy or lumpectomy.</p> <p>An external breast prosthesis of the same type can be replaced at any time if it is lost or is irreparably damaged (this does not include ordinary wear and tear). An external breast prosthesis of a different type can be covered at any time if there is a change in the patient's medical condition necessitating a different type of item. The Medicare program will pay for only one breast prosthesis per side for the useful lifetime of the prosthesis. Two prostheses, one per side, are allowed for those persons who have had bilateral mastectomies. More than one external breast prosthesis per side will be denied as not reasonable and necessary.</p> <p>Refer to the DME MAC LCD for External Breast Prostheses (L33317).</p> <p>Also refer to the following Medicare references: Medicare Benefit Policy Manual, Chapter 15, §100 – Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices (Accessed August 16, 2021)</p> <p>Also see Bra (mastectomy) and Lymphedema Sleeve.</p> <p>Also refer to the Coverage Summary titled Breast Reconstruction Following Mastectomy.</p>
Breast Pump (Electric or Manual)		Not covered	Does not meet the definition of DME; refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of DME . (Accessed June 1, 2021)
Cam Walkers (also known as Walking Boot)			See AFO/KAFO, Ambulatory .
Canes	Quad or Straight	DME	<p>Covered when patient meets the Mobility Assistive Equipment clinical criteria.</p> <p>Refer to the</p> <ul style="list-style-type: none"> • NCD for Durable Medical Equipment Reference List (280.1) • NCD for Mobility Assistive Equipment (280.3) • DME MAC LCD for Canes and Crutches (L33733) (Accessed August 16, 2021)
	White	Not covered	Not primarily medical in nature. Not considered Mobility Assistive Equipment. Refer to the NCD for White Cane for Use by a Blind Person (280.2) . (Accessed June 1, 2021)
Carafes		Not Covered	Convenience item; not medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Casts (plaster, fiberglass)		Medical Supply*	<p>Used to reduce fractures or dislocations.</p> <p>Refer to the:</p> <ul style="list-style-type: none"> • Medicare Benefit Policy Manual, Chapter 15, § 60.1 Incident To Physician's Professional Services • Medicare Claims Processing Manual, Chapter 20, §170 – Billing for Splints and Casts. (Accessed June 1, 2021)

Item	Coverage	Guidelines/Notes
Catheters and Supplies	Closed Drainage Bags	See Urinary Drainage Bags .
	External Urinary Collection Devices (e.g., male external catheters and female pouches/meatal cups)	Prosthetic Only for members with non-functioning bladder or permanent incontinence when used as an alternative to an indwelling catheter. Male external catheters are limited to no more than 35 per month and female external urinary collection devices are limited to no more than one metal cup per week or one pouch per day. Requests for a greater quantity must be documented by a participating physician as medically necessary. Refer to the DME MAC LCD for Urological Supplies (L33803) . (Accessed August 16, 2021)
	Foley/Indwelling	Prosthetic Only for members with non-functioning bladder or permanent incontinence as medically required. Limited to no more than one catheter per month for routine catheter maintenance. Requests for a greater quantity must be documented by a participating physician as medically necessary. Refer to the DME MAC LCD for Urological Supplies (L33803) . (Accessed August 16, 2021)
	Intermittent Urinary Catheters	Prosthetic Intermittent catheterization is covered when basic coverage criteria are met and the patient or caregiver can perform the procedure. Refer to the DME MAC LCD for Urological Supplies (L33803) . (Accessed August 16, 2021) Notes: <ul style="list-style-type: none"> • Any patient who utilizes intermittent catheterization can receive one sterile urological catheter and one packet of lubricant for each catheterization. • Important Points <ul style="list-style-type: none"> ○ First, the prescription should reflect the actual number of times that the patient actually catheterizes him/herself per day. For example, if the patient self-catheterizes four times per day, the prescription should be for approximately 120 catheters per month. ○ Although the LCD says that Medicare will cover up to 200 intermittent catheters per month, this is a maximum number and most patients self-catheterize less than 6 times per day. It would be inappropriate to order 200 catheters per month for every patient. The prescription must be individualized for each patient. ○ The second important point is that the provider should clearly document in the chart the number of times per day that the patient performs self-catheterization. Just listing that value on the prescription or on a separate form provided by the supplier is not sufficient. Refer to the Joint DME MAC Letter – Intermittent Urinary Catheterization (Accessed June 3, 2021)
	Leg Bags (Leg drainage bags)	Prosthetic Only for members with non-functioning bladder or permanent incontinence who is ambulatory or are chair or wheelchair bound. See the DME MAC LCD for Urological Supplies (L33803) . (Accessed August 16, 2021)

Item		Coverage	Guidelines/Notes
Cervical Collar (Semi-rigid, Soft and Rigid)		Corrective Appliance/Orthotic	Covered as a brace; refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 3, 2021)
Cervical Pillow			See Wedge Pillow .
Cervical Thoracic Lumbar Sacral Orthosis (CTLSO)			See Spinal Orthosis .
Chair (adjustable)		DME	Only for members on home dialysis. Refer to the Medicare Benefit Policy Manual, Chapter 11, §50.5 – Coverage of Home Dialysis Supplies . (Accessed June 1, 2021)
Chemical Test Strips		DME	Coverage criteria apply; refer to the Coverage Summary titled Diabetes Management, Equipment and Supplies .
Coagulation Monitor			See Home Prothrombin INR Monitoring .
Cochlear Implant (External Component of Device)		Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Hearing Aids, Auditory Implants and Related Procedures .
Cold Therapy <ul style="list-style-type: none"> Cold Packs/Cool Jackets Water circulating cold pad with pump (e.g., Polar Units) 		Not covered	Not medically necessary. Alternative therapy available with the same outcomes. Refer to the DME MAC LCD for Cold Therapy (L33735) . (Accessed August 16, 2021)
Collagen Implant		Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Urinary and Fecal Incontinence, Diagnosis and Treatments . (Accessed June 1, 2021)
Colostomy Bag			See Ostomy Supplies .
Commode (without wheels only)	Bedside	DME	Covered when member is physically incapable of utilizing regular toilet facilities. This would occur when: <ul style="list-style-type: none"> The member is confined to a single room, or The member is confined to one level of the home environment and there is not toilet on that level, or The member is confined to the home and there are no toilet facilities in the home. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . Also refer to the DME MAC LCD for Commodes (L33736) . (Accessed August 16, 2021)
	Chair Foot Rest	Not covered	Does not meet the definition of DME; refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of DME . (Accessed June 1, 2021)
	Elevated Seat (raised toilet seat)	Not covered	Hygienic equipment, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Communicators			See Speech Generating Devices .
Compression Garments / Bandages for Lymphedema			See Lymphedema Sleeves .

Item	Coverage	Guidelines/Notes
Contact Lens, Hydrophilic Soft (external)	Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Vision Services, Therapy and Rehabilitation .
Continuous Glucose Monitoring (CGM) Device or System		Coverage criteria apply; refer to the Coverage Summary titled Diabetes Management, Equipment and Supplies .
Continuous Passive Motion (CPM) Devices	DME	Continuous passive motion devices are covered for patients who have received a total knee replacement. To qualify for coverage, use of the device must commence within 2 days following surgery. In addition, coverage is limited to that portion of the 3-week period following surgery during which the device is used in the patient's home. There is insufficient evidence to justify coverage of these devices for longer periods of time or for other applications. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Continuous Positive Airway Pressure (CPAP) Devices	DME	Coverage criteria apply; refer to the Coverage Summary titled Sleep Apnea: Diagnosis and Treatment .
Corset	Corrective Appliance/ Orthotic	A hernia support (whether in the form of a corset or truss) which meets the definition of a brace is covered. Refer to the NCD for Corset Used as Hernia Support (280.11) . (Accessed June 1, 2021)
Cough Assist Devices/Mechanical In-exsufflation Devices Refer to the Face-to-Face Requirement .	DME	Mechanical in-exsufflation devices are covered for patients who meet both of the following criteria: <ul style="list-style-type: none"> • They have a neuromuscular disease, and • This condition is causing a significant impairment of chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions. Refer to the DME MAC LCD for Mechanical In-exsufflation Devices (L33795) . (Accessed August 16, 2021)
Cranial Band		See Helmet .
Cranial Orthosis		See Helmet (Cranial Orthosis) .
Crutches, Crutch Tips and Handles	DME	Covered when patient meets the Mobility Assistive Equipment clinical criteria. Refer to the: <ul style="list-style-type: none"> • NCD for Mobility Assistive Equipment (MAE) (280.3) • DME MAC LCD for Canes and Crutches (L33733) (Accessed August 16, 2021) Also refer to the Coverage Summary titled Mobility Assistive Equipment (MAE) . Note: Crutch substitute, lower leg platform, with or without wheels (HCPCS code E0118) Crutch substitute (HCPCS code E0118) does not meet the definition of DME, therefore, is not considered a covered DME item. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment . (Accessed June 1, 2021)

Item		Coverage	Guidelines/Notes
			There is insufficient published clinical literature demonstrating safety and effectiveness in the Medicare population to establish the medical necessity for these products. Refer to the CGS News & Publication-E0118 – Crutch Substitute . (Accessed June 1, 2021)
Deep brain stimulation (DBS)	Unilateral or bilateral thalamic ventralis intermedius nucleus (VIM) DBS	Prosthetic	For the treatment of essential tremor (ET) and/or Parkinsonian tremor; for specific coverage criteria; refer to the Coverage Summary titled Deep Brain Stimulation for Essential Tremor and Parkinson’s Disease .
	Unilateral or bilateral subthalamic nucleus (STN) or globus pallidus interna (Gpi) DBS	Prosthetic	For the treatment of Parkinson’s disease (PD); for specific coverage criteria, refer to the Coverage Summary titled Deep Brain Stimulation for Essential Tremor and Parkinson’s Disease .
Dehumidifier (room or central heating system type)		Not covered	Environmental control, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Dental Splint			See Splints .
Diabetic Supplies		DME	Coverage criteria apply; refer to the Coverage Summary titled Diabetes Management, Equipment and Supplies .
Dialysis Home Kit, Peritoneal		DME	Only for members on home dialysis. Refer to the Medicare Benefit Policy Manual, Chapter 11, §20.4 – Equipment and Supplies . (Accessed June 1, 2021)
Diapers (Incontinent pads)		Not covered	Hygienic supplies, non-reusable. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Diathermy Machines (standard pulses wave type, e.g., Diapulse)		Not Covered	Inappropriate for home use. Refer to the: <ul style="list-style-type: none"> • NCD for Durable Medical Equipment Reference List (280.1) • NCD for Diathermy Treatment (150.5) (Accessed June 1, 2021) Also refer to the Coverage Summary titled Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation) .
Digital Electronic Pacemaker Monitors			See Pacemaker Monitors .
Disposable Sheets and Bags		Not covered	Non-reusable disposable supplies. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Dressings/Bandages	Non-surgical Dressings/Bandages (e.g., Ace bandages)	Medical Supply*	Only when provided in the physician’s office, otherwise considered over the counter. Refer to the Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident To Physician’s Professional Services . (Accessed June 1, 2021)
	Surgical Dressings	Medical Supply*	Surgical dressings may be covered as:

Item		Coverage	Guidelines/Notes
		DME Prosthetic	<ul style="list-style-type: none"> Medical supply when provided the physician's office. Refer to the Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident To Physician's Professional Services. DME when ordered by the treating physician or other healthcare professional for the patient's home use in conjunction with a durable medical equipment (e.g., infusion pumps). Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.3 - Coverage of Supplies and Accessories. Prosthetic when ordered by the treating physician or other healthcare professional for the patient's home use as dressing for surgical wound or for wound debridement or in conjunction with a prosthetic device (e.g., tracheostomy). Refer to the Medicare Benefit Policy Manual, Chapter 15, §120(D) - Supplies, Repairs, Adjustments, and Replacement. <p>Surgical dressings are limited to primary dressings (therapeutic or protective coverings applied directly to a wound) or secondary dressings (dressings that serve a therapeutic or protective function and are needed to secure a primary dressing, e.g., tape, roll gauze, transparent film) that are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure or wound debridement.</p> <p>Refer to the Medicare Benefit Policy Manual, Chapter 15, §100 - Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations. For specific coverage guidelines for surgical dressings, refer to the DME MAC LCD for Surgical Dressings (L33831). (Accessed August 16, 2021)</p>
Easy Stand/Tilt Stand			See Standing Tables/Standing Frame System .
Egg Crate (with waterproof cover only)			See Alternating Pressure Pads-Pressure Reducing Surfaces Group 1 .
Elbow Orthosis		Corrective Appliance/ Orthotic	Used for compression of tissue or to limit motion. Custom molded covered only when member cannot be fitted with a prefabricated elbow support. Refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 3, 2021)
Electrical Stimulation Devices Refer to the Face-to-Face Requirement .	Interferential Stimulation Device	Not covered	Medicare does not have a National Coverage Determination (NCD) for interferential stimulation device. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation . Note: After searching the Medicare Coverage Database , if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
	Transcutaneous Electrical Nerve Stimulator (TENS) Unit	DME	Coverage criteria apply; refer to the Coverage Summary titled Electrical and Spinal Cord Stimulators .

Item		Coverage	Guidelines/Notes
	Neuromuscular Electrical Stimulators (NMES)	DME	Coverage criteria apply; refer to the Coverage Summary titled Electrical and Spinal Cord Stimulators .
Electrical Stimulation Devices or Electromagnetic Therapy for Wound Healing		Not covered	Use in the home setting is not medically necessary. Refer to the: <ul style="list-style-type: none"> • NCD for Electrical Stimulation and Electromagnetic Therapy for the Treatment of Wounds (270.1) • NCD for Durable Medical Equipment Reference List (280.1) (Accessed June 3, 2021) Also refer to the Coverage Summary titled Wound Treatments .
Electronic Speech Aid		Prosthetic	Coverage for member post laryngectomy or permanently inoperative larynx condition. Refer to the NCD for Electronic Speech Aids (50.2) . (Accessed June 3, 2021)
Electrostatic Machines		Not Covered	Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Elevators		Not covered	Convenience item, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021) For Stair Elevator or Stair Lift, see Lifts .
Emesis Basin		Not covered	Not primarily medical in nature. June 1, 2021)
Enuresis Training Item (penile clamp)		Prosthetic	For urinary incontinence; refer to the Medicare Benefit Policy Manual, Chapter 15, §120 - Prosthetic Devices . (Accessed June 1, 2021)
Esophageal Dilator		Not covered	Physician instrument, not appropriate for home use. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Exercise Equipment (e.g., barbells, all types of bicycles)		Not covered	Not medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Eye Prosthesis			See Artificial Eye .
External Breast Prostheses			See Breast Prosthesis .
Fabric Supports			See Stockings-Support Hose .
Face Masks	Oxygen	DME	Covered if oxygen is covered. Coverage criteria for oxygen apply. Refer to the Coverage Summary titled Oxygen for Home Use . (Accessed June 3, 2021)
	Surgical	Not covered	Non-reusable disposable items. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 - Definition of DME . (Accessed June 3, 2021)
Facial Prosthesis		Prosthetic	A facial prosthesis is covered when there is loss or absence of facial tissue due to disease, trauma, surgery, or a congenital defect. Refer to the DME MAC LCD for Facial Prostheses (L33738) . (Accessed August 16, 2021)

Item		Coverage	Guidelines/Notes
Fluidic Breathing Assister			See Intermittent Positive Pressure Breathing (IPPB) Machines .
Fomentation Devices			See Heating Pads .
Foot Cradle			See Bed Cradle .
Formula (enteral feedings)		Prosthetic	Coverage criteria apply; refer to the Coverage Summaries titled Enteral and Parenteral Nutritional Therapy and Home Health Services, Home Health Visits and Respite Care . Also see Pumps .
Gait Belt		Not covered	Does not meet the definition of DME. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of DME . (Accessed June 3, 2021) For Gait Trainer, see Walkers .
Grab Bars (for bath and toilet)		Not covered	Self-help device; not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Gradient Pressure Stockings (e.g., Jobst stockings)			See Stockings .
Hearing Aid			Refer to the Coverage Summary titled Hearing Aids, Auditory Implants and Related Procedures .
Heat and Massage Foam Cushion Pads		Not Covered	Primarily medical in nature; personal comfort item. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Heat Lamp		DME	Covered if patient's condition is one for which the application of heat in the form of heat lamp is therapeutically effective. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Heating Pads, Steam Packs or Hot Packs	Electrical or Non-electrical	DME	Covered if patient's medical condition is one for which the application of heat in the form of heat pad is therapeutically effective. Refer to the: <ul style="list-style-type: none"> • NCD for Durable Medical Equipment Reference List (280.1). • DME MAC LCD for Heating Pads and Lamps (L33784). (Accessed August 16, 2021)
	Infrared	Not covered	Not primarily medical in nature. Refer to the: <ul style="list-style-type: none"> • NCD for Infrared Therapy Devices (270.6). • DME MAC LCD for Infrared Heating Pad Systems (L33825). (Accessed August 16, 2021))
Heater (portable room heater)		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
Heating and Cooling Plants		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)

Item		Coverage	Guidelines/Notes
Helmet (cranial orthosis)		Corrective Appliance/Orthotic	For members with head injuries or reconstructive plating. Not intended for recreational purposes. Refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 3, 2021)
Helmet (Safety Equipment)		Not covered	Refer to the Social Security Act §1861(n) and Social Security Act §1862(a)(6) . Also refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 3, 2021)
High Frequency Chest Wall Oscillation Devices (e.g., ThAIRapy® vest) (HCPCS code E0483) Refer to the Face-to-Face Requirement .		DME	Coverage criteria apply; refer to the Coverage Summary titled Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services .
Holter Monitor (cardiac event monitor)		Medical Supply*	Coverage criteria apply. Refer to the Coverage Summary titled Cardiovascular Diagnostic and Therapeutic Procedures .
Home Prothrombin Time International Normalized Ratio (INR) Monitoring		Medical Supply*	Effective for claims with dates of service on and after March 19, 2008, CMS revised its NCD to provide for home coverage of PT/INR monitoring for chronic, oral anticoagulation management for patients with mechanical heart valves, chronic atrial fibrillation, or venous thromboembolism (inclusive of deep venous thrombosis and pulmonary embolism) on warfarin. Refer to the NCD for Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management (190.11) for more detailed benefit information. (This NCD is distinct from, and makes no changes to the clinical laboratory NCD for Prothrombin Time (PT) (190.17)) Also refer to the Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident To Physician’s Professional Services . (Accessed June 3, 2021) Notes: <ul style="list-style-type: none"> • Test materials continue to include 4 tests. Frequency of reporting requirements shall remain the same. • Home INR monitoring is not covered for members with porcine valves unless covered by local Medicare contractors. Refer to the Medicare Claims Processing Manual, Chapter 32, Section 60 – Coverage and Billing for Home Prothrombin Time (PT/INR) Monitoring for Home Anticoagulation Management . (Accessed June 3, 2021)
Hospital Beds and Accessories	Hospital bed, fixed height	DME	Member must meet one or more of the following criteria: <ul style="list-style-type: none"> • Requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.

Item	Coverage	Guidelines/Notes
Refer to the Face-to-Face Requirement .		<ul style="list-style-type: none"> Require positioning of the body in ways not feasible with an ordinary bed, for alleviation of pain. Require the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease or problems with aspiration (pillows or wedges should be considered first). Require traction equipment that can only be attached to a hospital bed. Refer to the: <ul style="list-style-type: none"> NCD for Hospital Beds (280.7) DME MAC LCD for Hospital Beds and Accessories (L33820). (Accessed August 16, 2021)
Hospital bed, variable height	DME	Variable height feature of a hospital bed is covered when coverage criteria are met. Refer to the: <ul style="list-style-type: none"> NCD for Hospital Beds (280.7) DME MAC LCD for Hospital Beds and Accessories (L33820). (Accessed August 16, 2021)
Hospital bed, semi-electric	DME	Member must meet one of the criteria for the fixed height bed (as listed above) and must require frequent or immediate changes in body position. Refer to the DME MAC LCD for Hospital Beds and Accessories (L33820) . (Accessed August 16, 2021) Electric powered adjustments to lower and raise head and foot may be covered when the patient's condition requires frequent change in body position and/or there may be an immediate need for a change in body position (i.e., no delay can be tolerated) and the patient can operate the controls and cause the adjustments. Exceptions may be made to this last requirement in cases of spinal cord injury and brain damaged patients. Refer to the NCD for Hospital Beds (280.7) . (Accessed June 3, 2021)
Hospital bed, total electric	Not Covered	A total electric hospital bed is not covered; the height adjustment feature is a convenience feature. For further details, refer to the DME MAC LCD for Hospital Beds and Accessories (L33820) . (Accessed August 16, 2021)
Hospital bed, heavy duty extra wide	DME	Member must meet one of the criteria for a fixed height hospital bed and the member's weight is more than 350 pounds, but does not exceed 600 pounds. Refer to the DME MAC LCD for Hospital Beds and Accessories (L33820) . (Accessed August 16, 2021)
Hospital bed-extra heavy duty	DME	Member must meet one of the criteria for a hospital bed and the member's weight exceeds 600 pounds. Refer to the DME MAC LCD for Hospital Beds and Accessories (L33820) . (Accessed August 16, 2021)

Item		Coverage	Guidelines/Notes
	Bed cradle	DME	Covered when it is necessary to prevent contact with the bed coverings. Refer to the DME MAC LCD for Hospital Beds and Accessories (L33820) . (Accessed August 16, 2021)
	Bed specs or prism glasses (i.e., glasses use to read while lying flat on bed)	Not covered	Refer to the Social Security Act §1861(n) and the Social Security Act §1862(a)(6). Also refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 (B)(2) – Equipment Presumptively Non-Medical . (Accessed June 3, 2021)
	Lounge (power or manual)	Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
	Mattress	DME	Only when part of a medically necessary hospital bed. Refer to the: <ul style="list-style-type: none"> • NCD for Durable Medical Equipment Reference List (280.1) • DME MAC LCD for Hospital Beds and Accessories (L33820). (Accessed August 16, 2021)
	Oscillating	Not covered	Institutional equipment; inappropriate for home use. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
	Over Bed Tables	Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 3, 2021)
	Side rails	DME	Only if part of hospital bed and member's condition requires bed side rails. Refer to the: <ul style="list-style-type: none"> • NCD for Hospital Beds (280.7) • DME MAC LCD for Hospital Beds and Accessories (L33820). (Accessed August 16, 2021)
Hot Packs			See Heating Pads .
Humidifier	For use with C-PAP or BiPAP (heated or non-heated)	DME	For coverage criteria for C-PAP or BiPAP; refer to the Coverage Summary titled Sleep Apnea: Diagnosis and Treatment .
	For use with the Respiratory Assist Devices	DME	For coverage criteria for RADs; refer to the DME MAC LCD for Respiratory Assist Devices (L33800) . (Accessed August 16, 2021)
	For use with Oxygen System	DME	Coverage criteria for oxygen apply; refer to the Coverage Summary titled Oxygen for Home Use .
	Room or Central Heating System Types	Not covered	Environmental control equipment; not medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Hydraulic Lifts			See Lifts .

Item		Coverage	Guidelines/Notes
Immobilizer (extremity)			See Knee Orthosis .
INDEPENDENCE iBOT 4000 Mobility System	Standard	DME	Covered when the Mobility Assistive Equipment clinical criteria are met. Refer to the NCD for Mobility Assistive Equipment (MAE) (280.3) . (Accessed June 3, 2021)
	4-wheel, Balance, Stair and Remote Functions	Not Covered	Refer to the NCD for INDEPENDENCE iBOT 4000 Mobility System (280.15) . (Accessed June 4, 2021)
Incontinence Control Devices (mechanical and hydraulic) Refer to the Face-to-Face Requirement .		Prosthetic	For members with permanent anatomic and neurologic dysfunction of the bladder; refer to the NCD for Incontinence Control Devices (230.10) . (Accessed June 4, 2021) Also refer to the Coverage Summary titled Urinary and Fecal Incontinence, Diagnosis and Treatments .
Incontinence Pads		Not covered	Non-reusable disposable items. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Infusion Pump			See Pumps .
Inhalation Machine			See Nebulizers , or Humidifiers , or IPPB Machines .
Injectors (hypodermic jet pressure powered injectors)		Not covered	Alternative (e.g., routine syringes) available with the same outcome. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021) Also refer to the Coverage Summary titled Diabetes Management, Equipment and Supplies .
Insulin pump, including insulin and necessary supplies		DME	Coverage criteria apply; refer to the Coverage Summaries titled Diabetes Management, Equipment and Supplies and Infusion Pump Therapy .
Intermittent Positive Pressure Breathing (IPPB) Machines		DME	Covered if patient's ability to breathe is severely impaired. (includes fluidic breathing assisters). Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Irrigating Kits		Not Covered	Non-reusable supply; hygienic equipment. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Iron Lungs			See Ventilators .
Jacuzzi		Not covered	Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 4, 2021)
Jaw Motion Rehabilitation System (Passive Rehabilitation Therapy)		Not covered	Medicare does not have a National Coverage Determination (NCD) for jaw motion rehabilitation system. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Temporomandibular Joint Disorders (unproven at this time; see Passive Rehabilitation Therapy) Note: After searching the Medicare Coverage Database , if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Item		Coverage	Guidelines/Notes
Knee Orthosis (e.g., knee immobilizer, range of motion knee orthosis, rigid ace design knee orthosis, anterior cruciate ligament/ACL brace)		Corrective Appliance/Orthotic	Coverage criteria apply. Refer to the DME MAC LCD for Knee Orthoses (L33318) . (Accessed August 16, 2021)
Lamb's Wool Pads/Sheep Skins			See Alternating Pressure Pads and Mattresses .
Leotard (pressure garment)		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Lifts Refer to the Face-to-Face Requirement .	Bathroom, bathtub or toilet	Not covered	Not primarily medical in nature; refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
	Hydraulic (Hoyer) Lift/Patient Lift	DME	Covered if the patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition. Refer to the: <ul style="list-style-type: none"> • NCD for Durable Medical Equipment Reference List (280.1). • Also refer to the DME MAC LCD for Patient Lifts (L33799). (Accessed August 16, 2021)
	Motorized (electric), Ceiling Modified	Not covered	Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Equipment Presumptively Non-Medical . (Accessed June 3, 2021) Also refer to the Social Security Act §1861(n) and 1862(a)(6).
	Seat Lift Mechanism	DME	Covered when criteria are met. Notes: <ul style="list-style-type: none"> • Coverage is limited to the seat lift mechanism and installation of the mechanism only. Other related items and services such as costs for the chair or chair upholstery are not covered. • Lift mechanism which operates by spring release with a sudden, catapult-like motion and jolts the patient from a seated to a standing position is not covered. Refer to the: <ul style="list-style-type: none"> • NCD for Seat Lift (280.4) • DME MAC LCD for Seat Lift Mechanisms (L33801) (Accessed August 16, 2021)
	Stair Lift/Stair Elevator	Not Covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
	For wheelchairs/scooters/POVs	Not covered	Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 4, 2021) Also see Wheelchairs .

Item		Coverage	Guidelines/Notes
	Trunk/Vehicle Modification	Not covered	Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 4, 2021)
	Light Therapy Box	Not covered	Not primarily medical in nature. Other devices and equipment used for environmental control or to enhance the environmental setting in which the patient is placed are not considered covered DME. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Equipment Presumptively Non-Medical . (Accessed June 4, 2021) Also see Ultraviolet Cabinet .
	Lumbar Orthosis (LO) Lumbar-sacral orthosis (LSO)		See Spinal Orthosis .
	Lymphedema Pumps		See Pneumatic Compression Devices .
	Lymphedema Sleeve (gradient compression garments)		Covered as part of the pneumatic compression devices, not covered as a separate item. Coverage criteria for pneumatic compression devices apply. See Pneumatic Compression Devices .
	Mandibular Device (for sleep apnea)	DME	Criteria apply; refer to the Coverage Summary titled Sleep Apnea: Diagnosis and Treatment .
	Massage Devices	Not covered	Personal comfort items; not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
	Mattress		See Hospital Beds and Accessories .
	Mechanical In-exsufflation Devices		See Cough Assist Devices .
	Mobile Geriatric Chairs		See Rolling Chair/Roll-about Chair (Geriatric Chair) .
	Mobile Stander/Standing Frame		See Standing Tables/Standing Frame System .
	Myoelectric Arm Orthosis (i.e., MyoPro®) (HCPCS codes L8701 and L8702)		Medicare does not have a National Coverage Determination (NCD) for myoelectric arm orthosis (i.e., MyoPro®). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Omnibus Codes . Note: After searching the Medicare Coverage Database , if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
	Nebulizers and Supplies Refer to the Face-to-Face Requirement .		Maybe covered when criteria are met. For specific coverage guideline, refer to the NCD for Durable Medical Equipment Reference List (280.1) . Also refer to the DME MAC LCD for Nebulizers (L33370) for specific coverage guidelines. (Accessed August 16, 2021)
	Negative Pressure Wound Therapy Pump		See Vacuum Assisted Closure Device .

Item		Coverage	Guidelines/Notes
Neuromuscular Electrical Stimulator (NMES)			See Electrical Stimulation Devices .
Non-contact Normothermic Wound Therapy (NNWT)		Not covered	Insufficient scientific or clinical evidence to be considered reasonable and necessary. Refer to the Coverage Summary titled Wound Treatments .
Nutritional Therapy, Enteral		Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Enteral and Parenteral Nutritional Therapy .
Nutritional Therapy, Parenteral		DME	Coverage criteria apply; refer to the Coverage Summary titled Enteral and Parenteral Nutritional Therapy .
Obturator, palatal		Prosthetic	Only for surgically acquired deformity or trauma. Used to replace or fill in a missing palate or portion of the palate. Refer to the Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices . (Accessed June 4, 2021) For those with cleft palate who have opening in the palate, refer to the Coverage Summary titled Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ) .
Orthopedic Shoes		Corrective Appliance/ Orthotic	Only when permanently attached to a brace. Refer to the Coverage Summary titled Shoes and Foot Orthotics .
Ostomy Supplies		Prosthetic	Colostomy (and other ostomy) bags and necessary accouterments required for attachment are covered as prosthetic devices. This coverage also includes irrigation and flushing equipment and other items and supplies directly related to ostomy care, whether the attachment of a bag is required. Refer to the Medicare Benefit Policy Manual, Chapter 15, § 120 – Prosthetic Devices . (Accessed June 4, 2021) For coverage guidelines, refer to the DME MAC LCD for Ostomy Supplies (L33828) . (Accessed August 16, 2021)
Oxygen and oxygen equipment			Coverage criteria apply; documentation required; refer to the Coverage Summary titled Oxygen for Home Use .
Pacemaker Monitors, Self-Contained (Audible/Visible Signal or Digital Electronic)		DME	Coverage criteria apply. Refer to the Coverage Summary titled Cardiac Pacemakers and Defibrillators .
Paraffin Bath Unit	Portable	DME	Covered when the patient has undergone a successful trial period of paraffin therapy ordered by a physician and the patient's condition is expected to be relieved by a long term use of this modality. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
	Standard	Not covered	Institutional equipment; not appropriate for home use. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Parallel Bars		Not covered	Support exercise equipment. Primarily for institutional use. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 4, 2021)
Patient Lift			See Lifts .

Item		Coverage	Guidelines/Notes
Peak Expiratory Flow Meter, hand-held		Medical Supply*	<p>For the self-monitoring of patients with pure asthma when used as part of a comprehensive asthma management program.</p> <p>HCPCS code A4614; listed in the July 2014 DMEPOS Fee Schedule under payment class IN (inexpensive or other routinely purchased items).</p> <p>Inexpensive or other routinely purchased DME is defined as equipment with a purchase price not exceeding \$150, or equipment that the Secretary determines is acquired by purchase at least 75 percent of the time, or equipment that is an accessory used in conjunction with a nebulizer, aspirator, or ventilators that are either continuous airway pressure devices or intermittent assist devices with continuous airway pressure devices. Suppliers and providers other than HHAs bill the DMERC or, in the case of implanted DME only, the local carrier.</p> <p>Refer to the following sections of the Medicare Claims Processing Manual, Chapter 20:</p> <ul style="list-style-type: none"> • §30.1 – Inexpensive or Other Routinely Purchased DME • §130.2 – Billing for Inexpensive or Other Routinely Purchased DME. <p>(Accessed June 7, 2021)</p>
Penile Prosthesis		Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Impotence Treatment .
Percussor (Non-Vest type)	Electric or pneumatic, home model	DME	<p>Covered for mobilizing respiratory tract secretions in patients with chronic obstructive lung disease, chronic bronchitis or emphysema, when patient or operator of powered percussor has received appropriate training by a physician or therapist, and no one competent to administer manual therapy is available.</p> <p>Refer to the NCD for Durable Medical Equipment Reference List (280.1). (Accessed June 7, 2021)</p> <p>For ThAIRapy® Vest System, see High Frequency Chest Wall Oscillation Devices.</p>
	Intrapulmonary Percussive Ventilator (IPV)	Not covered	<p>No data to support the effectiveness of the device in the home setting. Refer to the NCD for Intrapulmonary Percussive Ventilator (IPV) (240.5). (Accessed June 7, 2021)</p> <p>Also refer to the DME MAC LCD for Intrapulmonary Percussive Ventilation System (L33786). (Accessed August 16, 2021)</p>
Personal or Comfort Items		Not covered	Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 7, 2021)
Pessary		Medical Supply*	Covered when performed as part of the physician services. Refer to the Medicare Benefit Policy Manual, Chapter 15, §60.1 – Services and Supplies Incident To Physician’s Professional Services . (Accessed June 7, 2021)

Item		Coverage	Guidelines/Notes
Pneumatic Compression Devices Refer to the Face-to-Face Requirement .	For the treatment of lymphedema or chronic venous insufficiency with venous stasis ulcer	DME	Pneumatic devices are covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers. Coverage criteria apply; refer to the: <ul style="list-style-type: none"> • NCD for Pneumatic Compression Devices (280.6) • DME MAC LCD for Pneumatic Compression Devices (L33829) (Accessed August 16, 2021)
	For the prevention of illnesses/disease including deep vein thrombosis (DVT)	Not covered	Pneumatic compression devices (E0676 and A4600) for the prevention of illnesses/disease including DVT are not covered. Devices for the prevention of disease or illness are statutorily non-covered under Social Security Act §1862(a)(1)(A). Refer to the Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary . (Accessed June 7, 2021) For the treatment of lymphedema or for the treatment of chronic insufficiency of the lower extremity, refer to the NCD for Pneumatic Compression Devices (280.6) . (Accessed June 7, 2021)
	For the treatment of peripheral arterial disease	Not covered	Medicare does not have a National Coverage Determination (NCD) for Pneumatic Compression Devices used to treat Peripheral Arterial Disease. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to LCD for Pneumatic Compression Devices (L33829) . (Accessed August 16, 2021)
Pneumatic Splints			See AFO/KAFO .
Porcine (Pig) Skin Dressings		Medical Supply*	Porcine (pig) skin dressings are covered, if reasonable and necessary for the individual patient as an occlusive dressing for burns, donor sites of a homograft, and decubiti and other ulcers. Refer to the NCD for Porcine Skin and Gradient Pressure (270.5) . (Accessed June 7, 2021)
Postural Drainage Boards		DME	For members with chronic pulmonary condition. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 7, 2021)
Positioning Pillow			See Wedge Pillow .
Power Mobility Devices			See Wheelchairs .
Power Operated Vehicles (POV)/Scooters			See Wheelchairs .
Power traction equipment/devices (e.g., VAX-D®, DRX9000, SpineMED™, Spina System™, Lordex® Decompression Unit, DRS System™)			See Traction Equipment .
Protector, heel or elbow		Medical Supply*	Not covered as DME; billed as part of an inpatient hospital or SNF care or as incident to a physician's service. Refer to the Medicare Benefit Policy Manual, Chapter 15, §60.1 - Incident To Physician's Professional Services . (Accessed June 7, 2021)

Item		Coverage	Guidelines/Notes
Pulse Oximeter		Not Covered	Oximeters (E0445) and replacement probes (A4606) will be denied as non-covered because they are monitoring devices that provide information to physicians to assist in managing the member's treatment. Refer to the DME MAC LCD for Oxygen and Oxygen Equipment (L33797) . (Accessed August 16, 2021)
Pulse Tachometer		Not covered	Not reasonable or necessary for monitoring pulse of homebound member with or without cardiac pacemaker. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 7, 2021)
Pumps, including medications and necessary supplies Refer to the Face-to-Face Requirement .	Enteral	Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Enteral and Parenteral Nutritional Therapy .
	Infusion	DME	Coverage criteria apply; refer to the Coverage Summary titled Infusion Pump Therapy .
	Insulin, external	DME	Coverage criteria apply; refer to the Coverage Summary titled Diabetes Management, Equipment and Supplies .
	Insulin, implantable	Not covered	Refer to the Coverage Summary titled Infusion Pump Therapy .
	Lymphedema	DME	Coverage criteria apply; refer to the NCD for Pneumatic Compression Devices (280.6) . (Accessed June 7, 2021)
	Pain Control	DME	Coverage criteria apply; refer to the Coverage Summaries titled Infusion Pump Therapy and Pain Management and Rehabilitation .
	Parenteral	Prosthetic	Coverage criteria apply; refer to the Coverage Summary titled Enteral and Parenteral Nutritional Therapy .
	Negative Pressure Wound		See Vacuum Assisted Closure Device .
For Erectile Dysfunction		See Vacuum Pump .	
Punctal Plug		Medical Supply*	For treatment of dry eyes. Refer to the: <ul style="list-style-type: none"> Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident To Physician's Professional Services CGS LCD for Nasal Punctum-Nasolacrimal Duct Dilation and Probing with or without Irrigation (L34171) (Accessed August 16, 2021)
Recliner (chair)		DME	Member must be on home dialysis. Refer to the Medicare Benefit Policy Manual, Chapter 11, §20.4 (A)(1) Equipment and Supplies . (Accessed June 7, 2021)
Reflectance Colorimeters			See Blood Glucose Analyzer-reflectance Colorimeter .

Item	Coverage	Guidelines/Notes
Respirators		See Ventilators .
Respiratory Assist Devices (RADs)	DME	Coverage criteria apply. Refer to the Coverage Summary titled Sleep Apnea: Diagnosis and Treatment for coverage guidelines.
Rolling Chair/Roll-about Chair (Geriatric Chair) Refer to the Face-to-Face Requirement .	DME	<p>Covered if member meets Mobility Assistive Equipment clinical criteria.</p> <p>Coverage is limited to those roll-about chairs having casters of at least 5 inches in diameter and officially designed to meet the needs of ill, injured, or otherwise impaired individuals. Not covered for the wide range of chairs with smaller casters as are found in general use in homes, offices, and institutions for many purposes not related to the care/treatment of ill/injured persons. This type is not primarily medical in nature.</p> <p>Refer to the:</p> <ul style="list-style-type: none"> • NCD for Mobility Assistive Equipment (MAE) (280.3) • NCD for Durable Medical Equipment Reference List (280.1) <p>(Accessed June 7, 2021)</p>
Safety Rollers		See Walkers .
Sauna Baths	Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 7, 2021)
Scleral Shell	Prosthetic	<p>Scleral shell (or shield) is a catchall term for different types of hard scleral contact lenses. Scleral shell may be covered as prosthetic when:</p> <p>Used as an artificial eye when the eye has been rendered sightless and shrunken by inflammatory disease; or</p> <p>Used in combination with artificial tears in the treatment of “dry eye” of diverse etiology.</p> <p>Refer to the NCD for Scleral Shell (80.5). (Accessed June 7, 2021)</p>
Self Contained Pacemaker Monitors		See Pacemaker Monitors .
Scoliosis Orthosis		See Spinal Orthosis/CTLSO and TLSO .
Shower/Bathtub Seat	Not covered	<p>Not primarily medical in nature.</p> <p>Refer to the NCD for Durable Medical Equipment Reference List (280.1). (Accessed June 7, 2021)</p>
Shoes <ul style="list-style-type: none"> • Inserts/Orthotics • Orthopedic • Prosthetic • Therapeutic (e.g., diabetic shoes) 	Corrective Appliance/Orthotic	Coverage criteria apply; refer to the Coverage Summary titled Shoes and Foot Orthotics .
Sitz Bath (portable)	DME	Covered if patient has an infection or injury of the perineal area and the item has been prescribed by the patient’s physician as a part of his planned regimen of treatment in the

Item		Coverage	Guidelines/Notes
			patient's home. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 7, 2021)
Sleep Apnea Device			See Mandibular Device .
Slings		Medical Supply*	Used to support and limit motion of an injured upper arm. Refer to the Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident To Physician's Professional Services . (Accessed June 7, 2021)
Speech Generating Device		DME	Coverage criteria apply. Refer to the Coverage Summary titled Speech Generating Devices .
Speech Teaching Machines		Not Covered	Education equipment, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 7, 2021)
Spinal Orthosis (body jacket) <ul style="list-style-type: none"> • Cervical-thoracic-lumbar sacral orthosis (CTLSO) • Lumbar Orthosis (LO) • Lumbar-sacral orthosis (LSO) • Thoracic-lumbar-sacral orthosis (TLSO) 		Corrective Appliance/Orthotic	Coverage criteria apply. Refer to the DME MAC LCD for Spinal Orthoses: TLSO and LSO (L33790) . (Accessed August 16, 2021)
Spirometer (HCPCS code A9284)		Not Covered	Not covered as DME; does not meet the definition of DME. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment – Equipment . (Accessed June 7, 2021)
Splints	Bi-directional static progressive stretch splinting (HCPCS Codes E1801, E1806, E1811, E1816, E1818, E1831, E1841) <ul style="list-style-type: none"> • Static progressive (SP) stretch (splinting) devices, e.g., Joint Active Systems (JAS) • Patient-actuated serial stretch (PASS), e.g., ERMI system 	Not Covered	Medicare does not have a National Coverage Determination (NCD) for bi-directional static progressive stretch splinting. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Mechanical Stretching Devices . Note: After searching the Medicare Coverage Database , if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
	Dental (Only for TMJ)	Medical Supply*	Coverage criteria apply. Refer to the Coverage Summary titled Dental Services, Oral Surgery and Treatment of Temporomandibular Joint (TMJ) .

Item		Coverage	Guidelines/Notes
	Low-load prolonged-duration stretch (LLPS) devices such as the Dynasplint System (HCPCS codes E1800, E1802, E1805, E1810, E1812, E1815, E1825, E1830, E1840)	DME	Medicare does not have a National Coverage Determination (NCD) for low-load prolonged-duration stretch (LLPS) devices such as the Dynasplint System. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time. For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Mechanical Stretching Devices . Note: After searching the Medicare Coverage Database , if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
	Foot (e.g., Denis-Browne)	Corrective Appliance/Orthotic	Refer to the DME MAC LCD for Orthopedic Footwear (L33641) . (Accessed August 16, 2021) Also refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 7, 2021)
	Wrist/Hand/Finger	Corrective Appliance/Orthotic	For mild sprains, strains and carpal tunnel conditions. Custom molded covered only when member cannot be fitted with the prefabricated wrist/hand/finger/splint/brace. Refer to the Medicare Benefit Policy Manual, Chapter 15, §130 – Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes . (Accessed June 7, 2021)
Stair Lift			See Lifts .
Standing Tables/Standing Frame System (includes EasyStand Systems)		Not Covered	Convenience item, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 7, 2021)
Steam Packs			See Heating Pads (Covered under the same condition as heating pads).
Stockings	Gradient Compression Stockings, below knee	Prosthetic	Covered when used to secure a primary dressing over an open venous stasis ulcer that has been treated by a physician or other healthcare professional requiring medically necessary debridement or treatment of a wound caused by, or treated by, a surgical procedure. Refer to the: <ul style="list-style-type: none"> DME MAC LCD for Surgical Dressings (L33831) Medicare Benefit Policy Manual, Chapter 15, §100 – Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations (Accessed August 16, 2021)
	Gradient Pressure Dressings (e.g., Jobst elasticized heavy duty stockings)	Prosthetic	Covered when used to reduce hypertrophic scarring and joint contractures following burn injury. Refer to the NCD for Porcine Skin and Gradient Pressure Dressings (270.5) . (Accessed June 8, 2021)
	Elastic Stockings	Not Covered	Non-reusable supply; not rental type. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021)

Item		Coverage	Guidelines/Notes
	Support Hose/Fabric Support (e.g., Ted Hose)	Not covered	Non-reusable, non-rental item. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021)
Stump Socks			See Artificial Limbs .
Suction Pump or Machine		DME	Covered for members who have difficulty raising and clearing secretions secondary to one of the following: 1) Cancer or surgery of the throat or mouth 2) Dysfunction of the swallowing muscles 3) Unconsciousness or obtunded state 4) Tracheostomy. Must be appropriate for use without professional supervision. Refer to the: <ul style="list-style-type: none"> • DME MAC LCD for Suction Pumps (L33612) • NCD for Durable Medical Equipment Reference List (280.1) (Accessed August 16, 2021)
Surgical Leggings		Not Covered	No re-usable supply; not rental type item. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021)
Surgical Boot		Medical Supply*	Also known as ambulatory boot. Refer to the: <ul style="list-style-type: none"> • Medicare Benefit Policy Manual, Chapter 15, §100 – Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations • Medicare Benefit Policy Manual, Chapter 15, §60.1 – Incident To Physician’s Professional Services. (Accessed June 8, 2021)
Sykes Hernia Control		Corrective Appliance/ Orthotic	Coverage criteria apply. Refer to the NCD for Sykes Hernia Control (280.12) . (Accessed June 8, 2021)
Syringes	Bulb, Ear	Not covered	Non re-usable item; not rental item. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 8, 2021)
	Hypodermic	Not covered	Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 8, 2021)
Telephone Alert System		Not covered	Emergency communications systems and do not serve a diagnostic or therapeutic purpose. Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021)
Telephone Arms/Cradle		Not covered	Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 8, 2021)

Item		Coverage	Guidelines/Notes
TENS Unit/Muscle Stimulator			See Electrical Stimulation Devices .
ThAIRapy® Vest System			See High Frequency Chest Wall Oscillation Devices (HFCWO) .
Thoracic-lumbar-sacral Orthosis (TLSO)			See Spinal Orthosis .
TMJ Splint			See Splints .
Toe Filler		Prosthetic	Refer to the Coverage Summary titled Shoes and Foot Orthotics .
Toilet Seat, Elevated Bidet		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021)
Tracheostomy	Speaking Valve and Tubes	Prosthetic	A trachea tube has been determined to satisfy the definition of a prosthetic device, and the tracheostomy speaking valve is an add-on to the trachea tube which may be considered a medically necessary accessory that enhances the function of the tube, which makes the system a better prosthesis. As such, a tracheostomy speaking valve is covered as an element of the trachea tube which makes the tube more effective. Refer to the NCD for Tracheostomy Speaking Valve (50.4) . (Accessed June 8, 2021)
	Care Kit (Initial and Replacements)	Prosthetic	A tracheostomy care or cleaning started kit is covered for a member following an open surgical tracheostomy up to 2 weeks post-operatively. Replacement kits are covered at one per day only. Refer to the DME MAC LCD for Tracheostomy Care Supplies (L33832) . (Accessed August 16, 2021)
Traction Equipment Refer to the Face-to-Face Requirement .	General Coverage Guidelines	DME	Covered if patient has orthopedic impairment requiring traction equipment that prevents ambulation during the period of use (Consider covering devices usable during ambulation; e.g., cervical traction collar, under the brace provision). Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021)
	Cervical (Over-the-Door or Cervical Portable Traction Unit)	DME	Covered if both of the following criteria are met. <ul style="list-style-type: none"> The patient has a musculoskeletal or neurologic impairment requiring traction equipment; and The appropriate use of a home cervical traction device has been demonstrated to the patient and the patient tolerated the selected device Refer to the DME MAC LCD for Cervical Traction Devices (L33823) . (Accessed August 16, 2021)
	Cervical attached to headboard	Not Covered	No proven clinical advantage compared to over-the-door traction mechanism. Refer to the DME MAC LCD for Cervical Traction Devices (L33823) . (Accessed August 16, 2021)
	Cervical, not requiring additional stand or frame (e.g., Orthotrac Pneumatic Vest or Pronex)	Not covered	No proven clinical advantage compared to over-the-door traction mechanism. Refer to the DME MAC LCD for Cervical Traction Devices (L33823) . (Accessed August 16, 2021)

Item	Coverage	Guidelines/Notes
Freestanding Traction Stand	Not covered	No proven clinical advantage compared to over-the-door traction. Refer to the DME MAC LCD for Cervical Traction Devices (L33823) . (Accessed June 8, 2021)
Pneumatic, Free-Standing Cervical, Free Standing Stand/Frame. Applying traction force to other than mandible (e.g., Saunders Home Trac)	DME	Covered if member meets criteria for over-the-door traction unit and one of the following 3 criteria are met: <ul style="list-style-type: none"> • The treating physician orders greater than 20 pounds of cervical traction in the home setting; or, • The member has: <ul style="list-style-type: none"> ○ A diagnosis of temporomandibular joint (TMJ) dysfunction; and ○ Received treatment for the TMJ condition; or • The member has distortion of the lower jaw or neck anatomy (e.g. radical neck dissection) such that a chin halter is unable to be utilized. Refer to the DME MAC LCD for Cervical Traction Devices (L33823) . (Accessed August 16, 2021)
Power traction equipment/devices (e.g., VAX-D [®] , DRX9000, SpineMED [™] , Spina System [™] , Lordex [®] Decompression Unit, DRS System [™])	Not Covered	Refer to the NCD for Vertebral Axial Decompression (VAX-D) (160.16) . (Accessed June 8, 2021) Refer to the Coverage Summary titled Chiropractic Services .
Transfer Bench (for tub or toilet)	Not Covered	Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 8, 2021)
Transfer (Sliding) Board	DME	Covered when part of an authorized treatment plan necessary to treat an illness or injury.
Trapeze Bar	DME	A trapeze bar attached to a bed is covered if the patient has a covered hospital bed and the patient needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed. Not covered when used on an ordinary bed. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 8, 2021) Also see Hospital Beds and Accessories .
Treadmill Exerciser	Not covered	Exercise equipment, not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Truss	Corrective Appliance/Orthotic	Covered as prosthetic when used as a holder for surgical dressings or for lumbar strains, sprains or hernia.

Item	Coverage	Guidelines/Notes
		Refer to the: <ul style="list-style-type: none"> Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices and §130 Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes NCD for Corset used for Hernia Support (280.11) (Accessed June 1, 2021)
Ultraviolet Cabinet Refer to the Face-to-Face Requirement .	DME	Covered for selected patients with generalized intractable psoriasis. Using appropriate consultation, the contractor should determine whether medical and other factors justify treatment at home rather than at alternative sites, e.g., outpatient department of a hospital. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Unna Boot/Strapping	Medical Supply*	Generally used to treat chronic ulcers that are usually caused by varicosities of the leg. Refer to the DME MAC LCD for Surgical Dressings (L33831) . (Accessed August 16, 2021)
Urinal (autoclavable)	DME	If member is confined to bed. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Urinary Drainage Bags	Prosthetic	Urinary collection and retention system that replace bladder function in the case of permanent urinary incontinence are covered as prosthetic devices. There is insufficient evidence to support the medical necessity of a single use system bag rather than the multi-use bag. Therefore, a single use drainage system is subject to the same coverage parameters as the multi-use drainage bags. Refer to the NCD for Urinary Drainage Bags (230.17) . (Accessed June 1, 2021)
Urological Supplies		See Catheters and Supplies .
Vacuum Assisted Closure Device (VAC) or Negative Pressure Wound Therapy Pump	DME	Covered for wound treatment when criteria are met. Refer to the Coverage Summary titled Wound Treatments .
Vacuum Pump or Device (e.g., ErecAid)		Coverage criteria apply; refer to the Coverage Summary titled Impotence Treatment .
Vaporizers	DME	Only for members with a respiratory illness. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 1, 2021)
Vehicle/Trunk Modifications	Not covered	Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 1, 2021)
Ventilators (including supplies) (HCPCS codes E0465, E0466 and E0467) Refer to the Face-to-Face Requirement .	DME	Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative pressure types. (Accessed June 1, 2021) Coding and Billing Clarification (Note: For coverage requirements, refer to the applicable NCD and available LCDs.): <ul style="list-style-type: none"> HCPCS codes E0465 and E0466: Products currently classified as HCPCS code E0465 or E0466 when used to provide CPAP or bi-level PAP (with or without backup rate) therapy, regardless of the underlying medical condition, shall not be paid in the FSS

Item		Coverage	Guidelines/Notes
			<p>payment category. A ventilator is not eligible for reimbursement for any of the conditions described in the Respiratory Assist Devices (RAD) LCD even though the ventilator equipment may have the capability of operating in a bi-level PAP (E0470, E0471) mode. Claims for ventilators used to provide CPAP or bi-level CPAP therapy for conditions described in this RAD policy (e.g., Trilogy) will be denied as not reasonable and necessary. Refer to the DME MAC LCD for Respiratory Assist Devices (L33800). (Accessed August 16, 2021)</p> <ul style="list-style-type: none"> HCPSC code E0467: Medicare’s multi-function ventilator policy applies to members who are prescribed and meet the medical necessity coverage criteria for a ventilator and at least one of the four additional functions (namely, oxygen concentrator, cough stimulator, suction pump, and nebulizer). HCPSC code E0467 is used to describe multi-function ventilators. For detailed coding and billing information, refer to the CMS Medicare Learning Network (MLN) (SE20012). (Accessed June 1, 2021)
Vitrectomy Face Support		Not covered	<p>Alternatives (e.g., pillow positioning) available with the same outcome. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment – Equipment Presumptively Non-Medical. Also refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary. (Accessed June 1, 2021)</p>
Walkers (standard) <ul style="list-style-type: none"> Rigid (pick-up), adjustable or fixed height Folding (pick-up), adjustable or fixed height Rigid, wheeled, without seat Folding, wheeled, without seat 		DME	<p>Walkers are covered when criteria are met. Refer to the:</p> <ul style="list-style-type: none"> DME MAC LCD for Walkers (L33791) NCD for Mobility Assistive Equipment (MAE) (280.3) <p>(Accessed August 16, 2021)</p> <p>Also refer to the Coverage Summary titled Mobility Assistive Equipment (MAE).</p>
Walkers (special types)	Heavy duty, multiple braking system, variable wheel resistance (Safety Rollers)	DME	<p>Covered for patients who meet coverage criteria for a standard walker and who are unable to use a standard walker due to a severe neurologic disorder or other condition causing the restricted use of one hand. Refer to the:</p> <ul style="list-style-type: none"> DME MAC LCD for Walkers (L33791) NCD for Mobility Assistive Equipment (MAE) (280.3) <p>(Accessed August 16, 2021)</p> <p>Also refer to the Coverage Summary titled Mobility Assistive Equipment (MAE).</p>
	Heavy duty	DME	<p>Covered for members who meet coverage criteria for a standard walker and who weigh more than 300 pounds. Refer to the:</p> <ul style="list-style-type: none"> DME MAC LCD for Walkers (L33791)

Item		Coverage	Guidelines/Notes
			<ul style="list-style-type: none"> NCD for Mobility Assistive Equipment (MAE) (280.3) (Accessed August 16, 2021) Also refer to the Coverage Summary titled Mobility Assistive Equipment (MAE).
	Leg extensions	DME	<p>Covered only for members 6 feet tall or more. Refer to the:</p> <ul style="list-style-type: none"> DME MAC LCD for Walkers (L33791) NCD for Mobility Assistive Equipment (MAE) (280.3) (Accessed August 16, 2021) Also refer to the Coverage Summary titled Mobility Assistive Equipment (MAE).
	Gait Trainer (sometimes referred to as rollator)	DME	<p>A gait trainer (or sometimes referred to as a rollator) is a term used to describe certain devices that are used to support a patient during ambulation. Gait trainers are billed using one of the codes for walkers. If a gait trainer has a feature described by one of the walker attachment codes (E0154 - E0157) that code may be separately billed. Other unique features of gait trainers are not separately payable and may not be billed with code E1399. If a supplier chooses to bill separately for a feature of a gait trainer that is not described by a specific HCPCS code, then code A9900 must be used. Refer to the DME MAC LCD for Walkers (L33791). (Accessed August 16, 2021)</p>
	With seat	DME	<p>Covered if medically necessary. Refer to the:</p> <ul style="list-style-type: none"> DME MAC LCD for Walkers (L33791) NCD for Mobility Assistive Equipment (MAE) (280.3) (Accessed August 16, 2021)) Also refer to the Coverage Summary titled Mobility Assistive Equipment (MAE).
	With basket	Not covered	<p>Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items. (Accessed June 1, 2021)</p>
Walk-in bathtub/showers		Not Covered	<p>Not primarily medical in nature. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items. (Accessed June 1, 2021)</p>
Wedge Pillow		Not covered	<p>Non-reusable item; non-rental. Refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items. (Accessed June 1, 2021) Also see Vitreotomy Face Support.</p>
Wheelchairs (manual, motorized, power)	General Coverage Guidelines	DME	<p>Covered when the Mobility Assistive Equipment clinical criteria are met. Refer to the Coverage Summary titled Mobility Assistive Equipment (MAE).</p>

Item		Coverage	Guidelines/Notes
operated, scooters, POVs, specially-sized) Refer to the Face-to-Face Requirement .	Ramp for wheelchair	Not Covered	Not primarily medical in nature. Refer to the Medicare Benefit Policy Manual, Chapter 15, § 110.1 (B)(2) – Equipment Presumptively Non-Medical . (Accessed June 2, 2021)
	Seat Elevator for PWC	Not Covered	A seat elevator is a statutorily non-covered option on a power wheelchair. If a PWC with a seat elevator (K0830, K0831) is provided, it will be denied as non-covered. Refer to the DME MAC LCD for Power Mobility Devices (L33789) . (Accessed August 16, 2021)
Whirlpool Bath Equipment (standard/non-portable) Refer to the Face-to-Face Requirement .		DME	Covered if patient is homebound and has a (standard) condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, payment is restricted to the cost of providing the services elsewhere; e.g., an outpatient department of a participating hospital, if that alternative is less costly. In all cases, refer claim to medical staff for a determination. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 2, 2021)
Whirlpool Pump (portable)		Not covered	Not primarily medical in nature. Refer to the NCD for Durable Medical Equipment Reference List (280.1) . (Accessed June 2, 2021)
Wig/Hairpiece		Not covered	Does not meet the definition of DME. Refer to the Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment . Also refer to the Social Security Act §1861(n), Social Security Act §1862(a)(6) and the Medicare Benefit Policy Manual, Chapter 16, §80 – Personal Comfort Items . (Accessed June 2, 2021)
Wrist splint			See Splints .

Policy History/Revision Information

Date	Summary of Changes
08/17/2021	<p>Coverage Guidelines</p> <p><i>Myoelectric Arm Orthosis (i.e., MyoPro®) (HCPCS codes L8701 and L8702)</i></p> <ul style="list-style-type: none"> Removed language and corresponding reference link pertaining to the DME MAC Joint Publication: <i>MyoPro® (Myomo, Inc.) Assist Device – Correct Coding</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS028.02

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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