Executive Office of Health and Human Services

Rhode Island Medicaid Program

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Screening List for Durable Medical Equipment

The examples provided are not an all-inclusive list and are offered as a guide only.

Refer to program requirements, coverage criteria, and the fee schedule for specific service information.

Activity Chairs	covered-EPSDT only
Airway Clearance System	covered
Apnea Monitor	covered-EPSDT only
Automatic External Defibrillator	covered
Bath and Toilet Aids	see Minor Environmental Modifications
Bedboards	not covered, not primarily medical in nature
Bed Side Rails	covered-if safety of beneficiary is in question
Beds-Lounge (power or manual)	not covered, not a hospital bed, not primarily medical in nature; examples are, but not limited to: Craftmatic oscillating, Posturepedic, Dual King bed, adjustable, and vibrating beds
Bidet Toilet Seat	not covered
Braille Teaching Texts	not covered, education equipment
Breast Pump	covered

Canes, Crutches	covered if a beneficiary's condition impairs ambulation. White canes are not covered. Prescribing provider must indicate what type of cane or crutch is required.
Car seats	covered-EPSDT only
Cardiac Chairs	not covered
Cervical Pillow	not covered
Circulator	not covered-institutional or physician equipment; inappropriate for home use
Commodes	covered
Compression Garments	covered
Continuous Passive Motion Device	covered
Diapulse Machine	not covered-inappropriate for home use
Diathermy Machines	not covered-inappropriate for home use
Disposable/Rubber Sheets	not covered
Disposable Wipes	not covered
Dynamic Splinting	covered
Elevators	not covered-convenience item
Emergency Response System	covered-if eligible for Home and Community Based Services (HCBS) under the 1115 demonstration waiver
Emesis Basins	not covered-convenience item
Enteral Nutrition	covered
Environmental control Items	not covered, not primarily medical in nature, examples are, but not limited to: air conditioners, air cleaners/air purifiers, dehumidifiers/humidifiers, vaporizers, heating and cooling plants, and room heaters
Esophageal Dilator	not covered-physician equipment

Exercise Equipment	not covered-not primarily medical in nature, examples are, but not limited to: exercycle, treadmill, tricycle, Moore Wheel and bicycle
Food Thickener	covered
Gait Trainer	covered
Gloves	covered
Glucose Monitors	covered
Hearing Aids	covered
Hearing Aid Batteries	not covered
Heating Pads, heat lamps	covered-if the physician determines beneficiary's medical condition is one for which the application of heat is therapeutically effective.
Helmets	covered when a beneficiary is at risk of injuring head due to a medical condition.
High Frequency Chest Wall Oscillation Device	covered
Home Infusion Therapy	covered-if more beneficial for beneficiary to be treated at home versus a hospital setting.
Hospital Beds	covered
Humidifiers (oxygen)	covered-see oxygen
Incontinence Care Supplies	covered
Infusion Pumps	covered
IPPB Machines	covered
Iron Lungs	covered-if beneficiary has respiratory paralysis
Lancets/Lancing Device	covered
Lumbar Pillow/Roll	not covered
Lymphedema Pumps	covered-if beneficiary has intractable edema of the extremities

Massage Devices	not covered-considered comfort items not generally accepted by the medical profession as either medically indicated or effective.
Mattress	covered-only where hospital bed is medically necessary. (Separate charge for replacement mattress should not be allowed where hospital bed with mattress is rented.)
Minor Environmental Modifications	covered-EPSDT and adults eligible for Home and Community Based Services (HCBS) under the 1115 demonstration waiver
Mobile Geriatric Chair	covered-in lieu of wheelchair
Molded Shoes	covered
Muscle Stimulators	covered
Nebulizers/Supplies/Compressor	covered-if beneficiary's ability to breathe is impaired
Negative Pressure Wound Therapy	covered
Neuromuscular Stimulator	covered
Orthosis	covered
Osteogenic Stimulator	covered
Ostomy Supplies	covered
Overbed Table	covered-if beneficiary is confined to bed
Oximeters	covered
Oxygen	covered
Paraffin Bath Units (Portable)	covered-when beneficiary has undergone a success trial period of paraffin therapy ordered by a physician
Paraffin Bath Units (Standard)	not covered-support exercise equipment; inappropriate for home use.
Parallel Bars	not covered-support exercise equipment.
Patient Lifts	covered

Peak Flow Meter	covered-if respiratory function is impaired
Percussors	covered-see suction machine
Phototherapy	covered
Physical therapy equipment	not covered
Pneumatic Compressor/Appliance	covered
Pneumograms	covered-see apnea monitors
Positive Airway Pressure (PAP) Devices	covered
Postural Drainage Boards	covered-if beneficiary has a chronic pulmonary condition
Power Operated Vehicle	covered-in lieu of a wheelchair
Preset Portable Oxygen	not covered-emergency, first-aid or precautionary equipment; essentially not therapeutic in nature
Pressure Reducing Support Surfaces	covered
Prone/Supine Stander; Standing Table	covered
Prosthesis	covered
Pulse Tachometer	not covered-not reasonable or necessary for monitoring pulse of home bound beneficiary with or without a cardiac pacemaker.
Ramps	covered-EPSDT, and adults eligible for Home and Community Based Services (HCBS) under the 1115 demonstration waiver
Recliner	not covered
Rollabout Chairs	covered if beneficiary's physician determines that the beneficiary's condition is such that there is a medical need for this item and has been prescribed in lieu of a wheelchair.
Salivary Reflex Stimulator	covered

Scales	not covered
Seat Lift Chair/Motorized mechanism	covered
Self-Control Pacemaker	not covered-included in physician Monitor program.
Sitz Bath	covered-if the beneficiary has an infection or injury of the perineal area and the item has been prescribed by the beneficiary's physician as a part of a planned regimen of treatment in the beneficiary's home.
Slantboards	not covered
Spirometer	covered
Standers	covered
Spare Deionization Supply Tanks	not covered-convenience or precautionary supply
Spare tanks of Oxygen	not covered-convenience or precautionary supply
Speech Generating Device	covered
Speech Teaching	Not covered-education equipment; not primarily medical in nature
Sphygmomanometer with Cuff	not covered
Stairglide	covered for adults eligible for Home and Community Based Services (HCBS) under the 1115 demonstration waiver
Stairway Elevators	not covered
Stethoscope	not covered
Stroller	covered-see wheelchairs
Suction Machine	covered
Surgical Dressing Supplies	covered
Therapeutic shoes	covered

Therapy Related Equipment	covered-EPSDT only
Total Parental Nutrition	covered
Traction Equipment	covered
Transcutaneous Electrical Nerve Stimulator/supplies	covered
Trapeze Bars	covered if beneficiary is bed confined and the beneficiary needs a trapeze bar to sit up because of respiratory condition, to change body position for other medical reasons, or to get in and out of bed.
Tricycle/Bicycle	not covered-not medical equipment
Ultraviolet Cabinet	covered for selected beneficiaries with generalized intractable psoriasis.
Urinals	covered, to include bed pans, if beneficiary is bed confined.
Van/Chair Lifts	not covered
Ventilator	covered
Walker	covered-if beneficiary's condition impairs ambulation
Wheelchair	covered
Whirpools and Whirlpool equipment	not covered, not primarily medical in nature: includes aeromassage, Jacuzzi, hot tub, sauna baths, turbojets, hydromassage, whirlpool pumps, and whirlpool bath equipment