

## OVERVIEW OF MEDICARE REIMBURSEMENT CRITERIA

**Durable medical equipment that qualifies for Medicare payment provided the patient meets the medical criteria set forth below.**

*Durable medical equipment covered by Medicare requires a physician's prescription*

### Commodes

1. The patient is confined to a single room, or
2. The patient is confined to one level of the home and there is no toilet on that level, or
3. The patient is confined to the home and there are no toilet facilities

### Beds

1. A patient requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition which is expected to last at least one month. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.
2. A patient requires, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed.
3. A patient requires 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 must have been tried and failed.
4. A patient requires traction equipment, which can only be attached to a hospital bed.
5. A patient requires frequent changes in body position and/or has an immediate need for a change in body position.

### Scooters (power operated vehicles)

1. A patient's is unable to participate in mobility related activities of daily living within the home and patient's mobility needs cannot be met by any other mobility assistive device (manual wheel chair, walker, crutches, cane) or caregiver.
2. A patient is capable of safely operating the controls for the POV, and
3. A patient can transfer safely in and out of the POV and has adequate trunk stability to be able to safely ride in the POV
4. The POV is required and capable of being used within the home.

### Patient Lifts

A lift is covered if transfer between bed and a chair, wheel chair, or commode requires the assistance of more than one person and, without the use of a lift, the patient would be bed confined.

### Lift Chairs (seat lifting mechanism only)

1. The patient must have severe arthritis of the hip or knee, or have a neuromuscular disease
2. The seat lift mechanism must be part of the physician's course of treatment and be prescribed to effect improvement or arrest or retard deterioration in the patient's condition

3. The patient must be completely incapable of standing up from a regular armchair or any chair in their home
4. Once standing, the patient must have the ability to ambulate

### Pressure Reducing Support Surfaces

(See supplier for detailed requirements)

### Manual Wheel Chairs

1. A patient's condition is such that without the use of a wheel chair, he/she would otherwise be bed or chair confined. An individual may qualify for a wheel chair and still be considered bed confined.
2. A lightweight wheel chair is covered when a patient cannot self-propel in a standard weight wheel chair.
3. A high-strength lightweight wheel chair is covered when the above qualifications are met and, additionally, the patient engages in frequent activities that cannot be performed in a standard or lightweight wheel chair or the patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi wheel chair and spends at least 2 hours per day in the wheel chair.
4. A high-strength lightweight wheel chair is rarely medically necessary under Medicare guidelines.

(Medicare will pay for the rental of a companion/transport wheel chair if the patient can no longer self propel a manual wheel chair and is non-ambulatory.)

### Power Wheel Chairs

1. A patient's is unable to participate in mobility related activities of daily living within the home and patient's mobility needs cannot be met by any other mobility assistive device (manual wheel chair, walker, crutches, cane) or caregiver.
2. A patient is capable of safely operating the controls of a power wheel chair;
3. The patient has severe weakness of the upper extremities due to a neurological, muscular, or cardiopulmonary disease or condition;
4. The patient's condition is such that a power wheel chair will be needed long term (at least six months).

### Walkers

1. A walker is prescribed by a physician for a patient with a medical condition which impairs ambulation, and there is a potential for ambulation, and
2. There is a need for greater stability and security than provided by a cane or crutches.