

DMEPOS Scope of Services
(Attachment B)

Provider Name:
Tax ID:
NPI:

Ambulatory Aids (Canes/Crutches/Walkers)	Orthotics - Upper Extremity	
Apnea Monitors	Osteogenesis Stimulators	
Automatic External Defibrillators	Ostomy Supplies	
Bathroom Aids	Other Supplies and Devices	
BiPAP / Respiratory Assist Devices and	Oxygen Concentrators, Tanks, and Supplies	
Bowel Management Devices	Parenteral Nutrition, Related Equipment, and	
Breast Prostheses and Supplies	Patient Lifts	
Chest Wall Oscillation Devices	Peak Flow Meters	
Cold Therapy	Phototherapy Equipment	
Commodes	Pneumatic Compression Devices	
Complex Rehab Equipment and Accessories	Portable Oxygen Concentrators	
Continuous Passive Motion Devices, Knee	Power Assist Devices	
Continuous Passive Motion Devices, Other	Power Operated Vehicles (Scooters)	
Cough Stimulating Devices	Power Wheelchairs	
CPAP and Supplies	Prosthetics - Lower limb	
Diabetic Shoes	Prosthetics - Other	
Diabetic Supplies	Prosthetics - Terminal Devices	
Enteral Nutrition, Related Equipment, and	Prosthetics - Upper Extremity	
External Infusion Pumps	Pulse Oximeters	
Flexion/Extension Devices	Seat Lift Mechanisms	
Heating Pads and Heat Lamps	Speech Generating Devices	
Hospital Beds and Accessories	Suction Pumps	
Incontinence Supplies	Support Surfaces - Group 1	
Infrared Heating Pad Systems	Support Surfaces - Group 2	
Intrapulmonary Percussive Ventilation System	Support Surfaces - Group 3	
Liquid Oxygen	Surgical Dressings	
Manual Wheelchairs	TEJSD	
Nebulizers	TENS Units and Supplies	
Negative Pressure Wound Therapy Pumps and	Tracheostomy Supplies	
Neuromuscular Stimulators	Traction Devices, Cervical	
Orthopedic Footwear	Traction Devices, Other	
Orthotics - Ankle/Foot, Knee/Ankle/Foot	Trapeze Bars	
Orthotics - Cervical	Tumor Treatment Field Therapy	
Orthotics - Hip/Leg	Urological Supplies	
Orthotics - Knee	Ventilators, Related Equipment, and Supplies	
Orthotics - Other	Wheelchair Options and Accessories	
Orthotics - Spinal	Wheelchair Seating	

If you checked "other supplies and devices" please explain on separate sheet of paper.
If you checked a scope of service, but have limitations, please explain on separate sheet of paper.