

Document:	Scope of Services - DME
Description:	List of services eligible for DME Providers
Directions:	Please indicate PROVIDER services and return upon completion.

Scope of Services - DME					
	Yes	No		Yes	No
Ambulatory Aids			Oxygen Concentrators		
Apnea Monitors			Portable Oxygen Concentrators		
Bathroom and Toileting Aids			Oxygen Gas Portability		
Bi-PAP Devices			Oxygen, Gaseous		
Chest Wall Oscillators			Oxygen, Liquid		
C-PAP Devices			Passive Motion Devices		
Customized Equipment			Patient Lifts		
Diabetic Supplies			Peak Flow Meters		
Enteral Supplies and Equipment			Phototherapy (Bilirubin) Equipment		
Heat Lamp and Pads			Power Mobility		
Hospital Beds, Mattresses, Rails			Power Mobility (Custom)		
Low Air Loss Mattresses			Prosthetics		
Lymphedema Pumps			Pulse Oximetry		
Nebulizers			Speech Generating Devices		
Negative Wound Vac			Specialty Beds/Mattresses		
Neuromuscular Stimulators			Tracheostomy Supplies		
TENS Units			Traction Equipment		
Orthotics			Trapezes		
Osteogenesis Stimulators			Urological Supplies		
Ostomy Supplies			Ventilators and Related Equipment/Supplies		
Other (See Below)			Wheelchairs		

If you checked YES, but there are limitations or you provide other services not listed, please describe:

FOR QUESTIONS/CONCERNS REGARDING THIS FORM OR TO SUBMIT COMPLETED FORM, PLEASE EMAIL:
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