

Chapter 13. Durable Medical Equipment, Supplies, Appliances, Prosthetics, Orthotics & Pedorthics

Rule No. 560-X-13-.01 Durable Medical Equipment, Supplies, Appliances, Prosthetics, Orthotics & Pedorthics - General

(1) Durable Medical Equipment (DME), supplies, and appliances, ~~Prosthetics, Orthotics and Pedorthics (POP)~~ are available as Medicaid program benefits to eligible Medicaid beneficiaries for use in any setting in which normal life activities take place Medicaid eligible of any age living at home.

~~(2)~~ The covered DME, supplies, and appliances, and Prosthetics, Orthotics and Pedorthics (POP) are for medical therapeutic purposes, and must be ordered by the prescriber in connection with the plan of treatment, and the items will minimize the necessity for hospitalization, nursing home, or other institutional care. The prescriber of these items must comply with 42 C.F.R. § 440.70 as well as all other federal and state rules and regulations in order to receive reimbursement.

(2)

(3) DME is equipment:

- (a) that can withstand repeated use;
- (b) is primarily and customarily used to serve a medical purpose;
- (c) generally is not useful to a person in the absence of an illness, disability or injury; and
- (d) can be removable or reusable, is appropriate for use in the home.

All requirements of the definition must be met before an item can be considered to be DME.

(4) Refer to Rule No. 560-X-13-.18 for Prosthetics, Orthotics and Pedorthics (POP)~~POP~~ guidelines.

(5) The cost of the item must not be disproportional to the therapeutic benefits or more costly than a reasonable alternative. The item must not serve the same purpose as equipment already available to the recipient. DME may be purchased or rented for a Medicaid recipient meeting the established criteria. Please refer to Chapter 14, DME, of the Medicaid Provider Manual published on Medicaid's website.

- (a) Medicaid covers the purchase of DME items for long term use. Long term use is defined as the use of DME which exceeds six months.
- (b) Medicaid covers the rental of DME items for six months or less.

(6) A recipient does not have to be a Home Health Care patient in order to receive coverage for products covered under this Chapter.

- (7) The provider is responsible for educating the recipient in the use of the DME. The provider is also responsible for delivery and set up of the DME.
- (8) All appliances and standard DME approved for payment by Medicaid must have a warranty of a minimum of one year; this may include the manufacturer's warranty. Please refer to Rule No. 560-X-13-.19.

Author: Kelli Littlejohn Newman, PharmD, Director, Clinical Services.

Authority: State Plan; 42 CFR Section 440.70; and Title XIX, Social Security Act.

History: Rule effective October 1, 1982. **Amended:** November 11, 1985, March 10, 1997, July 9, 1997, September 15, 2004. **Amended:** Filed May 11, 2012; effective June 15, 2012.

Amended: Filed April 11, 2014; effective May 16, 2014. **Amended:** Filed November 18, 2015; effective February 25, 2016. **Amended:** Filed December 19, 2016