

FACT SHEET

Durable Medical Equipment

In some instances, Ohio Medicaid pays for certain types of durable medical equipment (DME) and other supplies for consumers. This includes hospital beds, walkers, bedside commodes, wheelchairs, oxygen, ventilators and other equipment that serves a medical purpose and can stand repeated use. It is especially useful when consumers are ill or injured but can stay in their home.

Frequently Asked Questions

What should Medicaid consumers do when they need medical equipment or supplies?

Medicaid consumers should contact their doctor to discuss their need for medical equipment or supplies. If, after examination, the doctor agrees that medical equipment or supplies are necessary, he or she will write a prescription for the items. A nurse practitioner may also prescribe medical equipment or supplies. A consumer must take that prescription to a medical supplier who sells the prescribed items.

Consumers should work only with suppliers who accept Medicaid. It is important that consumers ask suppliers if they accept Medicaid and if the items are covered by Medicaid before they place an order. The suppliers take the prescription and complete the necessary paperwork and send it to Medicaid to seek payment for your item. Suppliers may also need to contact a consumer's doctor for additional information or to submit a request for Medicaid coverage called prior authorization.

What is prior authorization?

Ohio Medicaid requires reviews for certain types of expensive or unusual equipment or supplies to ensure that the consumer truly has a medical need for them and the amounts being requested. This review process is called prior authorization. Prior authorization approval ensures that the equipment is covered and that supplier will be paid for the requested items. In order to request prior authorization, a doctor must write a prescription and complete certain paperwork along with medical records that describe the diagnosis and document a consumer's need for the medical equipment or supplies. The medical supplier must submit the information to the Medicaid program for consideration. Trained nurses or other medical professionals review the information and decide whether Medicaid will be able to pay for the equipment or supplies requested according to the rules in the Ohio Administrative Code.

If the request is authorized, Medicaid will notify the medical supplier who will then contact the consumer and make arrangements for him or her to get their order. If the request is not authorized, both the consumer and medical supplier will be notified. Consumers may appeal the decision by requesting a hearing.

How can consumers find a medical supplier ?

Consumers may ask their doctors as they may have medical suppliers who they are familiar with and who they trust. If a consumer is enrolled in a Medicaid managed care plan, he or she can call the customer support number for their plan. If a consumer is not enrolled in a Medicaid managed care plan, he or she can call the Medicaid Consumer Hotline at 1-800-324-8680 (TTY 1-800-292-3572 for the hearing impaired). Hotline staff are able to provide a list of medical suppliers nearby who serve Medicaid consumers. Consumers may also search on the Internet or look in the Yellow Pages under "Medical Equipment".

How often can a consumer get new equipment or supplies?

It depends on the type of the equipment or supplies needed. The medical equipment supplier can help a consumer understand the Medicaid rules for replacement of equipment or supplies. In general, large and expensive pieces of equipment are expected to last a long time and cannot be replaced for a number of years. For example, Medicaid will only pay for a new wheelchair every five years, but Medicaid will pay for wheelchair repair more frequently if a consumer can prove that repair is needed. The same is true with hospital beds. Medical supplies like diabetic supplies and hypodermic syringes are meant to be used up and can usually be replaced every month or every several months.

What items will Medicaid not pay for?

Routine minor first aid needs and non-medical devices or equipment are not covered services. Examples of these include: adhesive bandages, antiseptics, personal hygiene items, air cleaners, physical fitness equipment, seat lift chairs and bed baths.

Commonly Used Terms:

- **Medical supplies** are health care-related items that are consumable, disposable, or will have a limited number of uses. Examples include: catheters, hypodermic syringes and needles, diabetic supplies, incontinence garments, and nutritional supplements.
- **Orthoses** are devices that correct or strengthen a distorted body part or bodily function. Examples include: arm braces, leg braces, shoe lifts, and hearing aids.
- **Prostheses** are devices that replace all or part of a body organ to prevent or correct physical deformity or malfunction. Examples include: artificial eyes, arms, and legs.
- **Medically necessary services** are those health services which are necessary for the diagnosis or treatment of disease, illness or injury and meet accepted standards of medical practice.
- **Medical suppliers are eligible** to provide and be paid for Medicaid covered medical supplies, durable medical equipment, orthoses and prostheses.

For more information about Ohio Medicaid, please visit: <http://jfs.ohio.gov/ohp>

Please Note: Children enrolled in Ohio Medicaid who may need durable medical equipment may have extended access to these items. For more information, please contact the Ohio Medicaid Consumer Hotline: 1-800-324-8680 or TTY 1-800-292-3572 or a local county Healthchek Coordinator. For a list of Healthchek Coordinators, please visit: <http://jfs.ohio.gov/OHP/consumers/Healthchek.stm>