Durable Medical Equipment (DME)

Medical Coverage for Durable Medical Equipment (DME), Home Medical Equipment (HME), and Complex Rehab Technology (CRT)

Indiana Medicaid provides reimbursement for medically necessary medical equipment and supplies. Coverage does not extend to comfort or convenience equipment or supplies or items with luxury features. Medical progress notes from a physician or nurse practitioner that has cared for your child during the last 6 months may be required. Prior approval (PA) or a Certificate of Medical Necessity is required for most items. A written order by a physician, optometrist, or dentist is always required.

Durable Medical Equipment (DME) and Home Medical Equipment (HME) are defined as "equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a member in the absence of illness or injury." (405 IAC 5-19-2 and IC 25-26-21-2). Additionally, Complex Rehab Technology (CRT) refers to more complex or customized medical equipment. Families may require a combination of DME, HME, and CRT to meet their child's needs.

Used Equipment

Indiana Medicaid does not reimburse for used DME or HME, except for codes A4638 - Replacement battery for patient-owned ear pulse generator, and A7046 - Water chamber for humidifier, used with positive airway pressure device.

Repair

- All repairs of purchased DME or HME require PA.
- Indiana Medicaid does not pay for repair of equipment still under warranty.
- Indiana Medicaid does not authorize payment for repair necessitated by member misuse or abuse, whether intentional or unintentional.
- Repairs for rented equipment are the responsibility of the rental provider.
- IHCP does not cover payment for maintenance charges of properly functioning equipment.
- Repair costs for DME or HME included in a long-term care facility's per diem rate are not separately reimbursable.

Replacement

Indiana Medicaid typically does not authorize replacement of large DME or HME items more than once every five years per member. The plan may allow more frequent replacement if there is a change in the member's medical needs, such as a child outgrowing their current item; however, documentation showing necessity must be submitted in writing, and must show the need is significant enough to warrant a different type or size of equipment. This includes items such as wheelchairs.

Rental vs. Purchase

Providers should base their decision to rent or purchase DME or HME on the least expensive option available for the anticipated period of need. DME or HME items purchased with IHCP funds become the property of FSSA.

Families should consult with a DME provider to learn more about which items can be rented. Typically, items that may be obtained on a rental basis may include: basic wheelchairs, traditional hospital beds, basic hydraulic patient lifts, and similar items. More complex or customized equipment (CRT) is usually not available on a rental basis. Not all providers have rental services available.

Vision & Eyeglasses

Indiana Medicaid provides reimbursement for one pair of eyeglasses per year for members ages 20 years and younger. One pair of eyeglasses for members 21 years and older is covered every five years. Replacement frames and lenses are covered only when the medical necessity guidelines are met, or when necessitated by loss, theft, or damage beyond repair (a signed written statement is required).

EPSDT/HealthWatch

Indiana's EPSDT program emphasizes early detection to help children achieve appropriate developmental outcomes. Best practices, therefore, often mean that equipment under this program is more readily obtained when the need is clearly demonstrated.

Waiver Coverage

The Medicaid Waiver program covers "specialized medical equipment and supplies to include: devices, controls, or appliances, specified in the PCISP, that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live." (DDRS Waiver Manual; published: March 11, 2021, Policies and Procedures as of December 1, 2020, Version 4.0, Section 10.25).

The plan of care, along with all specialized medical equipment and supplies, must be prior approved.

Under the waiver program, allowable equipment includes

- Items necessary for life support
- Adaptive equipment and supplies
- Ancillary supplies and equipment needed for the proper functioning of specialized medical equipment and supplies
- Durable medical equipment not available under the Medicaid state plan
- Non-durable medical equipment not available under the Medicaid state plan
- Vehicle modifications
- Communication Devices
- Interpreter Services

Annual maintenance is available for certain equipment, limits will apply.

Conversely, equipment and services that are not included or reflected in the PCISP, equipment and services that have not been approved on a Request for Approval to Authorize Services (RFA) form, and equipment and services that do not address needs identified in the person-centered planning process are not covered.

If you have other insurance coverage in addition to Medicaid, rules regarding DME, HME, or CRT can vary widely from one program to another. It may be necessary to apply for equipment through additional insurance policies first, in order to obtain a denial, before Medicaid will consider coverage of the item. Contact the program's manager or the insurance company for details of the program's policies.

Programs and systems change often. It is important to ensure that you are using the most current information. This fact sheet was updated August 2022. Please check https://www.inf2f.org/fact-sheets.html for the most recent edition.

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