

ASSISTIVE TECHNOLOGY-MEDICAID

- **I have health insurance through Medicaid and need Assistive Technology (AT). Will Medicaid pay for it?**
 - Maybe! Many types of assistive technology may qualify as durable medical equipment or “DME”. In many cases, Medicaid will cover DME.
- **What is considered DME?**
 - DME is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury and is appropriate for use in the home.
- **What are examples of DME?**
 - Hospital beds, seat lifts, wheelchairs, and speech generating devices are all types of DME that Medicaid can pay for.
- **How do I begin the process of getting a piece of DME?**
 - The first step is to speak with your doctor or physical therapist. Explain what challenges you’re facing and why you think you might benefit from DME. These professionals will have an idea of what type of DME may be helpful to you.
 - Some types of DME require a “prior authorization”. This is a formal request to Medicaid to consider the equipment. Your doctor will need to fill out specific paperwork and typically must write a letter explaining why you need this particular piece of equipment.
- **What if Medicaid denies my request for DME?**
 - You can appeal the denial of DME to your Medicaid managed care organization. Instructions on how to file an appeal will be included in your denial notice of decision (sometimes called a notice of adverse benefit determination).
- **What if my appeal is unsuccessful?**
 - You can request a state fair hearing before an administrative law judge. These judges are independent from your managed care organization. You should consider seeking legal representation for a state fair hearing.