

What is Durable Medical Equipment (DME)?

Durable Medical Equipment (DME) are tools and supplies that help people with medical needs, and are:

- Used for medical purposes
- Ordered by a physician/ provider
- Can be used more than once, and
- Can be used in the home

Examples of medically necessary medical equipment, medical appliances and medical supplies include but are not limited to:

- Wheelchairs
- Walkers
- Hospital beds
- Augmentative and Alternative Communication (AAC) devices,
- Durable items that are rented or purchased, and
- Medical supplies, such as:
 - Incontinence briefs,
 - Surgical dressings,
 - Splints,
 - Casts, and
 - Other one time use items

Durable Medical Equipment (DME) is covered by AHCCCS when specific conditions are met.

These items must be:

- Provided in settings where normal life activities occur
- Part of the member's plan of care and reviewed annually by the practitioner.
- Ordered by the member's physician or a nonphysician practitioner, which may include:
 - nurse practitioners,
 - physician assistants, or
 - clinical nurse specialists.
- Medical equipment, appliances, and supplies cannot be restricted only to members who are homebound.

What are DME Timelines?

There are important timelines physicians and nonphysician practitioners must consider when providing medical equipment, medical appliances, and medical supplies:

- Urgent needs and/or right after leaving the hospital, DME and supplies of any kind are to be provided prior to discharge but no later than 24 hours after discharge.
- Routine or non-customized DME and supplies (e.g., wheelchairs, crutches, knee scooters, stoma supplies):
 - If Prior Authorization (PA) is required: 10 days from date of the PA approval.
 - If PA is not Required: 10 days after the health plan is notified.
- Customized DME (such as customized hospital beds or customized wheelchairs) shall be provided within 90 days of PA request.

If you are experiencing delays or difficulties in receiving equipment and/or supplies, contact your **health plan**. **This information can be found on the back of your AHCCCS ID card.**

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308. This text was summarized for clarity using Microsoft Copilot and reviewed by knowledgeable AHCCCS staff to ensure accuracy and appropriateness.