What is the difference between durable medical equipment (DME) and assistive technology (AT)? According to the Assistive Technology Act of 2004, P.L. 108-364, AT is any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. The Social Security Administration defines DME as equipment that can withstand repeated use; is primarily and customarily used to serve a medical purpose; is not, generally, useful to a person in the absence of an illness or injury; and is appropriate for home use. To simplify, DME is considered a subset of AT.

Why is Knowing Whether Your AT is DME Important?

Knowing whether your AT is DME is important because it has implications on your pocketbook. Congress referenced DME as a classification of products covered (paid for in part or whole) by Medicare when they established it in 1965. Today, the term DME is used by the entire community of health care and insurance providers to distinguish products that are covered by insurance from those that are not. Moreover, most private insurance providers use Medicare’s DME classification system as the basis for their own payment systems.

Usually your health care provider orders DME for you. If covered, your health care insurance provider pays for all or a portion of it.
What are Common Characteristics of DME?

Below are common characteristics of DME:

- It is needed due to an injury, medical cause, or health condition. Your insurance provider usually needs a prescription, as well as a letter or form with additional, supporting health-related justification before they approve and pay for all or a portion of it.
- It is a physical product or hardware, as opposed to software like an app or a computer program. It can be low-tech devices (canes and crutches), high-tech devices (motorized wheelchairs), or systems management tools (blood glucose monitors for diabetes). Your insurance provider may consider some items that do not seem to be “durable” or classifiable as “equipment” as DME. These may include blood glucose test strips, disposable tips, and other supplies designed to be used with specific medical equipment.
- It can last weeks, months, or years depending on the product. Your insurance provider defines the specific amount of time it should last before paying for a new one.

What are Some Common Examples of DME?

Below are some examples of DME commonly covered, in part or in whole, by insurance providers:

- **Air-fluidized beds and other support surfaces**—specialized beds or surfaces used by individuals to prevent or recover from ulcers and pressure sores.
- **Blood sugar (glucose) monitors and test strips**—blood sugar monitors and supplies that allow individuals to test, monitor, and manage their blood sugar levels.
• **Infusion pumps and supplies**—apparatuses and supplies used by individuals to administer certain drugs or deliver fluids into their bodies in a controlled manner.

• **Nebulizers and nebulizer medications**—devices and supplies used by individuals to administer medications to treat lung or respiratory diseases or impairments.

• **Sleep apnea and continuous positive airway pressure devices and accessories**—apparatuses and supplies used by individuals to assist with keeping their airways free and open.

• **Canes, crutches, and walkers**—devices used by individuals with mobility impairments to assist them with standing or walking.

• **Hospital beds**—beds that allow individuals’ heads, feet, or the middles of their bodies to be raised or lowered so they can lie in various positions.

**How Do You Know if Your AT is DME?**

Below are some initial questions to ask yourself to determine if your AT might qualify as DME:

• Do you expect to use the product outside of a hospital or treatment facility, for example, at home or for mobility around the community?

• Do you expect to use the product for more than a few weeks or months or longer?

• Do you need the product because of an injury, medical cause, or health condition?

• Did your doctor or health care practitioner give you a prescription for the product?

If you answered “yes” to all of these questions, your insurance provider may consider your AT DME. If this is the case, your insurance provider may require you to provide documentation from your health care provider justifying that you need it, and that you purchase it from a specific vendor or from a list of approved ones. Contact your insurance provider for more assistance.

**For More Information**

Contact your health insurance provider for advice on what AT they will cover or contact us at AbleData for information on AT products.
Is Your AT Considered Durable Medical Equipment? – by AbleData

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References

AbleData information guides

AT Vendors: What You Need to Know:
https://abledata.acl.gov/publications/vendors-what-you-need-know

What Are Your Options to Pay for Assistive Devices?:
https://abledata.acl.gov/publications/what-are-your-options-pay-assistive-devices

Guide to Wheeled Mobility: Manual Wheelchairs, Power Chairs, and Mobility Scooters:

Medicare information

Medicare list of covered DME products:
https://www.medicare.gov/coverage/durable-medical-equipment-coverage.html

Medicare directory of designated DME suppliers:
https://www.medicare.gov/supplierdirectory/search.html

Medicare’s DMEPOS fee schedule listing categories of products, as well as billing codes and rates:
https://www.cms.gov/medicare/medicare-fee-for-service-payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html


AT and DME: About Assistive Technology & Disability Aids, National Care Planning Council, accessed at: https://www.longtermcarelink.net/about_assistive_technology_and_disability_aids.htm


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