

Insurance Matters - Medicaid

Patient Handout

UNDERSTANDING MY MEDICAID BENEFITS FOR THERAPY

You can get therapy services in your home or in an outpatient setting, depending on your needs. You may also need equipment (e.g., cane, walker) sometimes called “durable medical equipment (DME).”

MY MEDICAID BENEFITS FOR THERAPY IN MY HOME

- Medicaid covers all of the costs of therapy in your home if your doctor orders the therapy.
- Patients get therapy in their home if they need significant help leaving their home, if they are not walking (e.g., in a wheelchair), if they need an ambulance for transportation, if they need to learn how to use equipment in their home, or if they are too sick to leave the house.
- Your therapist will decide how many home visits you need based on your problems. You can receive up to 24 home and outpatient therapy visits.

MY MEDICAID BENEFITS FOR OUTPATIENT THERAPY

- If you are well enough to leave home, you can get therapy in an outpatient therapy clinic.
- Your therapist will decide how many outpatient visits you need based on your problems. You can receive up to 24 home and outpatient therapy visits.

MY MEDICAID BENEFITS FOR DURABLE MEDICAL EQUIPMENT (DME)

Medicaid will cover the purchase of the following equipment:

- Canes, walkers, crutches
- Manual wheelchairs and power mobility devices
- Oxygen equipment and accessories
- Patient lifts
- Bedside commodes and shower chairs
- Hospital beds

