





What kind of durable medical equipment (DME) does Medicare cover?

Medicare usually covers DME if:



It's **durable**, meaning it can withstand repeated use



It serves a medical purpose



It's appropriate and needed for use **in the home**, although you can also use it outside the home



It's likely to last for three years or more

Examples of DME: Wheelchairs, walkers, hospital beds, power scooters, portable oxygen equipment, orthotics, catheters (if your need for them is permanent), prosthetics, certain diabetes supplies (including glucose monitors)

What kind of DME does Medicare not cover?

- Equipment to mainly help you outside the home
- Items intended only to make things more convenient or comfortable
- Items that you throw away after one use
- Items that you don't use with equipment
- Modifications to your home
- Equipment not for use in the home

For example: Air conditioners, incontinence pads, surgical facemasks, or oscillating beds.

Note: Some Medicare Advantage Plans may cover minor home modifications or other items as a supplemental benefit.







How does Medicare cover my DME?

Your primary care provider (PCP) must prescribe your DME. Your PCP must sign an order, prescription, or certificate. In this document, your PCP must state that:

- You need the DME to help a medical condition or injury.
- The equipment is for home use.
- And, if applicable, you had a face-to-face visit with your PCP.
 Your PCP should know if Medicare requires this visit for your DME.



If you need a manual or power wheelchair or scooter, the process is different. Speak with your doctor for more information.

What supplier should I use to get my DME?

Once you have your PCP's order or prescription, you must take it to the right supplier.

If you have a Medicare Advantage Plan:

- Follow your plan's rules for getting DME. For example, you may have to:
 - Get approval from the plan before getting your DME
 - o Use a supplier in the plan's network of suppliers
 - Use a preferred brand of DME

If you have Original Medicare:

- Get your DME from a Medicare-approved supplier that takes assignment.
 - Suppliers who take assignment can't charge you more than 20% of Medicare's approved amount for the cost of the DME.
 - Many suppliers are Medicare-approved but don't take assignment. These suppliers can charge you more than 20%. Medicare will still only pay 80% of its approved amount for the DME, so you'll have to pay any extra costs.
- Don't use suppliers who haven't signed up to bill Medicare for DME. If you do, you'll owe the full cost of your DME.







Watch out for DME fraud and abuse!

Scammers are calling and offering medical equipment or supplies that people often don't want or need. They may even pretend to be a health care provider. They will charge your Medicare without showing medical need and sometimes without sending the equipment. It's important to protect your Medicare information and read your Medicare statements to check for suspicious charges.



Red flags:

- You see charges for DME on your Medicare statements you didn't need or never asked for.
- You were offered "free" equipment or supplies.
- You had a DME provider ask for your Medicare number at a presentation, during a sales pitch, or on a phone call.
- You were given a cheaper, lower quality item but Medicare was billed for a custom or fitted item.
- You see that a DME provider continued to bill Medicare for equipment that you already returned.

Example

Imagine you get a phone call from a telemarketer asking if you're experiencing any pain. You say yes, and the caller says you qualify for equipment to help with the pain. Then they ask for your personal information like your Medicare number. They tell you that they need this information so they can send you a knee or back brace to help with the pain.

This is likely a fraudulent call! You should not provide the caller with any personal information. If you receive a call like this or give out your personal information, contact your Senior Medicare Patrol (SMP) for help reporting it. If you do have pain and need DME, work with your trusted doctor.







Who to contact for help:



- Work with your doctor if you believe you need DME.
- Call 1-800-MEDICARE (633-4227) if you have Original Medicare, to get a list of DME suppliers in your area.
- Call your Medicare Advantage Plan to learn about its DME rules and which suppliers are in-network.
- Call your State Health Insurance Assistance Program (SHIP) to learn about DME coverage or get help appealing a denial of coverage.
- Call your Senior Medicare Patrol (SMP) if you've experienced potential DME fraud, errors, or abuse.

Local SHIP contact information	Local SMP contact information
Toll-free phone number: 877-839-2675 (To connect with your SHIP, say "Medicare")	Toll-free phone number: 877-808-2468 (To connect with your SMP, say "Medicare Fraud")
Online SHIP Locator: www.shiphelp.org Click: Prind Local Medicare Help	Online SMP Locator: www.smpresource.org Click: Find Help in Your State

SHIP Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org | SMP Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org | occupation | www.medicareinteractive.org | www.medicareinteractive.org | www.medicareinteractive.org | www.medicareinteractive.org | www.smpresource.org | <a href="mailto:smpreso

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