

Medicare Minute Script – August 2015 Durable Medical Equipment (DME)

Durable medical equipment (DME) is primarily used to serve a medical purpose and can help you complete your activities of daily living and facilitate recovery after a hospital stay. Wheelchairs, walkers, and home oxygen equipment are some examples of Medicare-approved DME. In this presentation, we will learn how Medicare DME rules work so that you can limit your costs in the future.

Point 1: Know how to qualify for DME.

Most people need some kind of DME at least once during their lives. Medicare Part B covers DME if equipment is:

- durable, meaning you can use it again
- designed to help your medical condition or injury
- appropriate for use in your home
- likely to last for three years or more

To show that these criteria are fulfilled, your doctor must prescribe the equipment. In addition, you must get the equipment from a certain group of Medicare-approved suppliers. If you are in a Medicare Advantage Plan and you need DME, call your plan to find out if the equipment is covered and how much you will have to pay.

Point 2: Understand Medicare costs and coverage of DME.

Depending on the equipment, you may have to rent or buy your DME. Know that most equipment that costs more than \$150 is initially rented. For rentals, Original Medicare pays 80 percent of the cost of a monthly rental fee for needed equipment for 13 months. You are responsible for the remaining 20 percent coinsurance. In the tenth month of rental, suppliers are supposed to notify you of the option to purchase vs. renting - with the exception of oxygen, which can only be rented. If you are buying your DME, have Original Medicare, and use approved suppliers, Medicare covers 80 percent of the cost, and you or your supplemental insurance are responsible for the remaining 20 percent.

Note that if you are paying a monthly rental fee for your equipment, your supplier must perform all needed repairs and maintenance requiring the work of a professional—without charging you extra. If you own your equipment, Original Medicare will pay 80 percent of the Medicare-approved amount for repairs and maintenance, and you will be responsible for the 20 percent coinsurance. If you have a Medicare Advantage Plan, you may pay a fixed rate or a coinsurance to rent or buy your DME. Call your Medicare Advantage Plan to find out the coverage rules and costs for your specific DME.

Point 3: Understand where to order your DME.

As mentioned earlier, Medicare will only cover your DME if you use an approved supplier. If you have Original Medicare, the type of supplier Medicare has approved for you will depend on how Medicare pays for equipment in your area and the kind of DME you need. In many areas, called competitive bidding regions, Medicare will usually only pay for DME from a select group of suppliers known as contract suppliers. In other areas, you can use any supplier that has been approved to bill Medicare. The SHIP program can tell you whether or not you are in a competitive bidding region.

It's important to know that it costs the least if you use participating suppliers that always accept Medicare assignment. They are identified on www.medicare.gov with a blue M icon. Visit www.medicare.gov/supplier or call 1-800-Medicare to get a list of approved participating suppliers in your region. If you have a Medicare Advantage Plan, you must follow your plan's rules to get your DME covered, which typically include using in-network suppliers. Contact your plan to find out its rules before you order your DME. The SHIP program provides individualized counseling and education about suppliers who do and do not participate in Medicare and who do or do not accept assignment, including how that will affect your out-of-pocket costs.

Finally, Medicare has rules preventing DME companies from making unsolicited contact with you to sell their products. If you think a DME supplier is making unsolicited contact with you, report it to your Senior Medicare Patrol (SMP) program. To locate your SMP, call 877-808-2468 or visit www.smpresource.org.

Take Action Point:

- 1) Visit your doctor to obtain a prescription that certifies your need for DME.
- 2) Contact Medicare or your Medicare Advantage Plan to find out the rules and costs for getting DME.
- 3) If you have Original Medicare, call 1-800-Medicare or go online to www.medicare.gov/supplier to find a list of suppliers who provide your equipment. If you have a Medicare Advantage Plan, call your plan to ask for a list of in-network DME suppliers in your area.
- 4) If you want one-on-one assistance and counseling regarding Medicare coverage of DME, contact your SHIP program.
- 5) If you suspect a DME supplier of making unsolicited contact with you (or other potential DME fraud), report it to your SMP.

Local SHIP Contact Information

SHIP toll-free:

SHIP email:

SHIP website:

To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org.

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