

Medicare's Coverage of Durable Medical Equipment

Medicare Part B covers durable medical equipment (DME), which is equipment that helps you complete your daily activities. It is important to know Medicare's coverage rules for DME and how to access the equipment you need.

What kind of DME does Medicare cover?

Medicare usually covers DME if the equipment:

- Is durable, meaning it is able to withstand repeated use
- Serves a medical purpose
- Is appropriate for use in the home, although you can also use it outside the home
- And, is likely to last for three years or more



Examples: wheelchairs, walkers, hospital beds, power scooters, portable oxygen equipment, orthotics, prosthetics, certain diabetes supplies

What kind of DME does Medicare *not* cover?

There are certain kinds of equipment and supplies that Medicare does not cover, such as:

- Equipment mainly intended to help you outside of the home
- Most items intended only to make things more convenient or comfortable
- Items that get thrown away after use or that are not used with equipment
- Modifications to your home
- Equipment that is not suitable for use in the home

Examples: incontinence pads, surgical facemasks, air conditioners, wheelchair ramps, medical equipment from a hospital or skilled nursing facility like an oscillating bed, a wheelchair or scooter that is only intended for use outside the home

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

How can I get DME covered?

Your doctor must sign an order, prescription, or certificate. In this document, your doctor must state that:



- You need the requested DME to help a medical condition or injury
- The equipment is for home use
- And, if applicable, a face-to-face visit occurred.
 - Your face-to-face visit, when required, must take place no more than six months before the prescription is written.
 - Your provider should know if Medicare requires a face-to-face visit for the item you need.

You then must take the prescription to the right kind of supplier.

Note: The process is different if you need coverage for a manual or power wheelchair or scooter.

What kind of supplier should I go to?

If you have **Original Medicare**, you should get your DME from a Medicare-approved supplier that takes assignment.

- You can call 1-800-MEDICARE for a list of these suppliers in your area.
- Be aware that many suppliers are Medicare-approved but do not take assignment. These suppliers may charge you more than Medicare's approved amount for the cost of services.
- Avoid suppliers who have not signed up to bill Medicare for DME. Medicare will not pay for services you receive from them, which means you are responsible for the entire cost.



If you have a **Medicare Advantage Plan**, you must follow the plan's rules for getting DME.

- Your plan may require that you receive approval from the plan before getting your DME, use a supplier in the plan's network of suppliers, or use a preferred brand of DME.
- Contact your plan to learn more about its DME coverage rules.

