

What is durable medical equipment (DME)?

Durable medical equipment (DME) is equipment that helps you complete your daily activities. In most cases, DME is covered by Medicare Part B if it is prescribed by your doctor. If you are an inpatient in a hospital or skilled nursing facility (SNF), DME is covered by Part A.

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 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 equipment does Medicare not cover?

There are certain kinds of equipment and supplies that Medicare does not cover. These include:

- 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: air conditioners, incontinence pads, surgical facemasks, 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.

Additional Resources

To schedule an appointment with a Medicare Specialist:

Call

866-448-0160 or email
medicare@connexioninsurance.com

How can I get my DME covered?

Your doctor must sign an order, prescription, or certificate after a face-to-face office visit. In this document, your doctor must state that the required office visit occurred, that you need the requested DME to help a medical condition or injury, and that the equipment is for home use. Your face-to-face office visit must take place no more than six months before the prescription is written. You then must take the prescription to the right kind of supplier.

*Note that there is a different process 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**, the type of supplier you use depends on where you live and the kind of equipment you need.

- **If you live in a competitive bidding area**, Original Medicare only covers DME from a select group of suppliers, known as contract suppliers. Competitive bidding is a program designed to lower DME costs and improve DME quality in certain parts of the country. Call 1-800-MEDICARE to find out if you live in a competitive bidding area and need to use a contract supplier
- **If you do not live in a competitive bidding area, or the item you need is not part of the program**, you should get your DME from a Medicare-approved supplier that takes assignment. Taking assignment means that the provider accepts Medicare's approved amount for health care services as full payment.
- **In all regions of the United States, if you order your diabetes supplies through mail order**, you must use a contract supplier.

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, or use a preferred brand. People with Medicare Advantage are not affected by competitive bidding. Contact your plan to learn more about its DME rules.

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