


Let's Learn Medicare!

Durable Medical Equipment (April 2007)

What is the Medicare Rights Center?

- ❖ MRC is the largest independent source of Medicare information and assistance in the U.S.
- ❖ Founded in 1989, MRC helps older adults and people with disabilities get high-quality, affordable health care.
- ❖ MRC has three main programs:
 - Education and training
 - Client services and enrollment (LINCS)
 - Policy and advocacy to protect, enhance and extend Medicare



What we will cover today

- ❖ When does Medicare pay for medical equipment?
- ❖ What types of medical equipment does Medicare cover?
- ❖ How much of the cost of medical equipment does Medicare pay for?
- ❖ How do you get medical equipment under Medicare?
- ❖ How do you appeal if Medicare won't pay for your equipment?



What you will learn

- ❖ What medical equipment Medicare pays for
- ❖ How to get medical equipment under Original Medicare or a private Medicare plan

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Things you should know

- ❖ Medicare pays for medical equipment if you are ill or injured and need it to get around your home.
- ❖ Talk to your doctor since he or she must order the equipment for you.
- ❖ To save money, get your medical equipment from a supplier who takes assignment.

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When does Medicare pay for medical equipment?

- ❖ You must have Medicare Part B;
- ❖ You must need equipment to treat an illness or injury or to function at your best; **and**
 1. Your doctor orders the equipment that is appropriate for use in your home and you get the equipment from a supplier who accepts Medicare; **or**
 2. The home health agency provides the equipment to you.

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What types of medical equipment does Medicare cover?

Medicare may pay for equipment that is:

- Durable, meaning it can be used over and over;
- Mainly used for a medical purpose;
- Generally used only if you are ill or injured; and
- Suitable for use in your home.

What qualifies as Durable Medical Equipment (DME)?

- ❖ DME includes items such as walkers, wheelchairs, power scooters, hospital beds, and portable oxygen equipment.
- ❖ Medicare also covers orthotics, prosthetics, and some medical supplies under this benefit.
- ❖ It **must** be equipment that is considered to be primarily "medical" in use and used in the home.

What does not qualify as DME?

- ❖ **Equipment that must be thrown away after use (not durable)**, such as incontinence pads, catheters, surgical face masks and leggings.
- ❖ **Equipment that is for "convenience" rather than "medical use."** This includes stairway elevators, grab bars, and bathtub and toilet seats.
- ❖ **Equipment that is not appropriate for home use**, like paraffin bath units and oscillating beds.

How do you get Medicare to cover your DME?

- ❖ Your doctor must order it for you.
 - Medicare may require a face-to-face examination by the medical professional, a Certificate of Medical Necessity (CMN) or a DME Information Form (DIF) for some items.
- ❖ You use a Medicare-enrolled supplier.
 - To save money, make sure the supplier also takes Medicare assignment.
- ❖ If you are in a private Medicare plan, like an HMO, make sure you follow its rules.
 - Call your plan to learn its rules for getting DME.
- ❖ DME benefits are administered through the DMERC or DME MAC that serves your region.

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What is a DMERC or a DME MAC?

- ❖ Private companies that Medicare pays to administer DME benefits for an entire region of the U.S.
 - DMERC: Durable Medical Equipment Regional Carrier
 - DME MAC: Durable Medical Equipment Medicare Administrative Contractor.

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How much does Medicare pay for durable medical equipment?

- ❖ Medicare pays **80 percent of its approved amount** for DME you get from a Medicare-participating supplier or supplied to you by a home health agency.
- ❖ You or your supplemental insurance pays the 20 percent coinsurance.
 - To save money, you should use a supplier who takes assignment.
 - If the supplier does not take assignment, you may have to pay more.
 - If the supplier is not enrolled in Medicare, it does not have to bill Medicare. You must pay up front. Medicare may reimburse you for 80 percent of its approved amount.

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Buy or Rent?

- ❖ Some equipment is immediately approved by Medicare for you to buy.
- ❖ You must rent other (usually more expensive) equipment for a certain period of time before buying.
- ❖ Medicare will pay 80 percent of its **approved amount** for rental or purchase, and you pay the rest.
 - To save money, always use a Medicare-enrolled supplier who takes assignment.
- ❖ A Medicare-enrolled supplier should know the rules and explain them to you.
- ❖ If you need help deciding whether to buy or rent your DME if you have the option, call your regional DMERC (or DME MAC).

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How long can I rent my DME?

- ❖ If you started renting equipment **after January 1, 2006**, Medicare will help pay a monthly rental fee for the item (not including for oxygen equipment), for up to 13 months. After 13 months, you will **automatically** own the equipment.
 - For equipment you started renting before January 1, 2006, old coverage rules apply.
- ❖ Oxygen equipment has different rules.

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How long can I rent my oxygen equipment?

- ❖ If you started renting **after** January 1, 2006:
 - Medicare will help pay a monthly rental fee for up to 36 months (3 years). After that time, you will automatically own it.
- ❖ If you started renting **before** January 1, 2006:
 - Medicare will continue to help pay a rental fee for the equipment through December 2008, at which point you will automatically own it.

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Repair and maintenance:

While you rent

- ❖ As long as Medicare is paying a monthly rental fee, supply and maintenance is included in the monthly rate. Suppliers cannot charge you a separate fee.
- ❖ If you began renting the equipment **before January 1, 2006** and chose not to buy, the supplier will still be responsible for repairs and maintenance. You will be charged a copay for maintenance and rental every six months.

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Repair and maintenance:

Once you own

- ❖ Medicare will pay nothing for "routine" maintenance and servicing of the equipment.
- ❖ Medicare will pay 80 percent of the Medicare-approved amount for "non-routine" maintenance and repairs. You will pay 20 percent.
- ❖ For oxygen equipment, Medicare will cover 80 percent of
 - non-routine maintenance
 - delivery and refill of oxygen for portable and gaseous systems
 - general maintenance every 6 months for oxygen generating portable equipment that does not need to be refilled.

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Equipment Replacement

- ❖ Medicare will replace the item once it has been used for its "useful lifetime," which can be no less than 5 years.
 - Generally, Medicare will not replace an item before its useful lifetime is up, but will **repair** an item up to the cost of replacement.
 - There are some exceptions to this rule.
- ❖ Equipment can be replaced at any time if it is lost or stolen, or if it suffers **irreparable damage** due to a specific incident or a natural disaster (like a flood or fire).

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Special Features

- ❖ Medicare does not pay for special features or upgrades unless they are medically necessary and your doctor orders them for you.
- ❖ You can pay for them yourself if your doctor does not order them.

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What are your rights to get DME under Medicare?

- ❖ If your doctor thinks you need it, you should be able to get durable medical equipment under Medicare.
- ❖ If Medicare denies payment, appeal the denial.
 - Keep in mind that there is some equipment that Medicare never covers.
- ❖ If you are in a private health plan, like an HMO, follow its rules to get DME you need.
 - If your plan denies the DME, file an appeal with the plan.

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How much do I pay if Original Medicare denies payment?

- ❖ This depends on whether or not you signed an Advanced Beneficiary Notice (ABN).
 - **If you signed an ABN**, then the supplier can charge you the full cost of the item and is not limited to Medicare's approved amount—even if the supplier takes assignment.
 - **If you did not sign an ABN**, and you could not be expected to know that Medicare would not cover the item, then you should not have to pay.
- ❖ **Remember, you always have the right to appeal.**

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How do I start the appeals process?

- ❖ Original Medicare:
 - Medicare Summary Notice
- ❖ Medicare private health plan:
 - Explanation of Benefits Notice

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What if you need medical equipment that Medicare does not cover?

- ❖ There might be places in your area that can give you low-cost or free medical equipment.
- ❖ If your income and assets are low, you might qualify for Medicaid.

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Things to remember

- ❖ Talk with your doctor if you think you need medical equipment.
- ❖ If you are in a private health plan, like an HMO or PPO, follow the plan's rules.
- ❖ If Medicare refuses to cover your DME, you can appeal.

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Where to go for more information and help

- ❖ Local State Health Insurance Assistance Program (SHIP)
- ❖ Durable Medical Equipment Regional Carrier (DMERC) or Durable Medical Equipment Medicare Administrative Contractor (DME MAC) by calling 800-MEDICARE
- ❖ Eldercare Locator at 1-800-677-1116
- ❖ 1-800-MEDICARE (1-800-633-4227)
 - www.medicare.gov
- ❖ Medicare Rights Center
 - www.medicarights.org

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