

How Medicare Covers Most Commonly Used Durable Medical Equipment*

Anyone who has Medicare Part B can qualify for medically necessary durable medical equipment when a doctor or treating practitioner (such as a nurse practitioner, physician assistant, or clinical nurse specialist) prescribes it for use at home.

Listed below are some of the most commonly used durable medical equipment items with an explanation of what Medicare covers and what your cost share will be. If you have a Medicare supplement (Medigap) policy, it may help cover some of the costs listed below. This list does not include all covered DME. If you have questions about whether Medicare covers a particular item, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Advantage Plans (like an HMO or PPO) must cover the same items and services as the Original Medicare Plan. Your costs will depend on which plan you choose, and may be higher or lower than the Original Medicare Plan. If you are in a Medicare Advantage Plan and you need durable medical equipment, call your plan to find out if the equipment is covered and how much you will have to pay.

Medicare only covers durable medical equipment if it is provided by a supplier enrolled in the Medicare Program. This means that the supplier has been approved by Medicare and has a Medicare supplier number. If your medical provider has contacted a DME supplier on your behalf, check whether the supplier is enrolled in the Medicare program and accepts assignment before you accept delivery of the equipment. To find a supplier that is enrolled in the Medicare Program, visit www.medicare.gov on the web. Under "Search Tools," select "Find Suppliers of Medical Equipment in Your Area."

Assignment

Assignment is an agreement between a) the person with Medicare, b) Medicare, and c) doctors or other health care providers who agree to accept the Medicare-approved amount as full payment.

Suppliers who agree to accept assignment on all claims for durable medical equipment are called "participating suppliers." **If a durable medical equipment supplier doesn't accept assignment, there is no limit to what they can charge you.** In addition, you may have to pay the entire bill (Medicare's share as well as your coinsurance and any deductible) at the time your durable medical equipment is delivered. The supplier will send the bill to Medicare for you, but you will have to wait for Medicare to reimburse you later for its share of the covered charge.

If your supplier has not been approved by Medicare and does not have a Medicare supplier number, Medicare won't pay your claim.

*** You must have a Certificate of Medical Necessity before Medicare will cover equipment identified with a * below.**

Common Durable Medical Equipment

Medicare Covers:	What You Must Pay:
<ul style="list-style-type: none"> • Air fluidized beds • Blood glucose monitors • Bone growth (or osteogenesis) stimulators* • Canes (except white canes for the blind) • Commode chairs • Crutches • Home oxygen equipment and supplies* • Hospital beds • Infusion pumps and some medicines used in them • Lymphedema pumps/pneumatic compression devices* • Nebulizers and some medicines used in them (if reasonable and necessary) • Patient lifts* • Scooters • Suction pumps • Traction equipment • Transcutaneous electronic nerve stimulators (TENS) * • Ventilators or respiratory assist devices • Walkers • Wheelchairs (manual and power) 	<p>After you have paid your Medicare Part B deductible for the year you will pay 20% of the Medicare-approved amount. Medicare will pay the remaining 80%. The Medicare-approved amount is the lower of the actual charge for the item or the fee Medicare sets for the item. However, the amount you pay could vary because Medicare pays for different kinds of durable medical equipment in different ways. These amounts may be different if the supplier does not accept assignment. Your DME supplier will be able to give you information about whether they accept assignment and how much Medicare will cover.</p> <p>You may have a choice to either rent or buy the equipment.</p>

Prosthetic/Orthotic Items	
Medicare Covers:	What You Must Pay:
<ul style="list-style-type: none"> • Arm, leg, back, and neck braces • Artificial limbs and eyes • Breast prostheses (including a surgical brassiere) after a mastectomy • Ostomy supplies for people who have had a colostomy, ileostomy, or urinary ostomy. Medicare covers the amount of supplies your doctor says you need based on your condition • Prosthetic devices needed to replace an internal body part or function • Therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease <p>The doctor who treats your diabetes must certify your need for therapeutic shoes or inserts. A podiatrist or other qualified doctor must prescribe the shoes and inserts. A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist must fit and provide the shoes. Medicare helps pay for one pair of therapeutic shoes and inserts per calendar year. Shoe modifications may be substituted for inserts.</p>	<p>After you have paid your Medicare Part B deductible for the year you will pay 20% of the Medicare-approved amount. Medicare will pay the remaining 80%. These amounts may be different if the supplier does not accept assignment. Your DME supplier will be able to give you information about whether they accept assignment and how much Medicare will cover.</p>

Corrective Lenses	
Medicare Covers:	What You Must Pay:
<ul style="list-style-type: none"> • Prosthetic Lenses — Cataract glasses — Conventional glasses and contact lenses after surgery with an intraocular lens — Intraocular lenses <p>An ophthalmologist or an optometrist must prescribe these items.</p> <p>Important: Only standard frames are covered. Eyeglasses and cataract lenses are covered even if you had the surgery before you had Medicare. Payment may be made for lenses for both eyes even if cataract surgery involved only one eye.</p>	<p>After you have paid your Medicare Part B deductible for the year you will pay 20% of the Medicare-approved amount. Medicare will pay the remaining 80%. You are covered for one pair of eyeglasses or contact lenses after each cataract surgery with an intraocular lens. Costs may be different if the supplier doesn't accept assignment. If you want to upgrade the frames you pay any additional cost.</p>

For more information about how Medicare works, visit [The Eldercare Team](#). Search for the information you need in the Medicare Department.