



Medicare: Durable Medical Equipment (DME)

Categories : [Disability Related Services](#)

Durable medical equipment (DME) is reusable medical equipment such as walkers, wheelchairs, or hospital beds. Anyone who has Medicare Part B can get durable medical equipment under the following conditions:

- The equipment has been prescribed as medically necessary by your physician. Most items require a Certificate of Medical Necessity (CMN) filled out by a physician.
- It is durable (expected to last 3 years or longer).
- It must be primarily and customarily used for a medical purpose.
- It must generally not be useful to a person in the absence of illness or injury.
- It must be appropriate for use at home. A skilled nursing facility is not considered “home,” but a long term care facility can qualify as “home.”
- The durable medical equipment supplier must be certified by Medicare.

DME items covered:

(this is not a complete list)

- Oxygen and related equipment and supplies
- infusion pumps and supplies
- manual wheelchairs and power mobility devices
- walkers
- hospital beds
- seat lifts
- patient lifts
- commode chairs
- scooter and related accessories

Items NOT covered as DME:

(this is not a complete list)

- Insulin and syringes
- Bathtubs (Walk in)
- Wheelchair ramps
- Hearing aids
- Stair glides
- Wigs
- Surgical stockings
- Tub rails
- Diapers/Depends

For specific questions on items that are covered as DME under Medicare Part B call 800-MEDICARE (800-633-4227).

Choosing a Supplier

Suppliers of durable medical equipment must be enrolled in Medicare and have a Medicare Supplier number. Medicare will not pay a claim for equipment that is provided by a supplier that does not have a Medicare Supplier



number. To locate a supplier go to the medicare website (www.medicare.gov) and search the Medicare Supplier Directory or call 800-MEDICARE.

Ask potential suppliers if they are a participating supplier in the Medicare program before you get durable medical equipment. If the supplier is a participating supplier, they must accept assignment – Medicare approved fee for goods and services. If the supplier is enrolled in Medicare but isn't "participating," they have the option to accept assignment. If the supplier isn't enrolled in Medicare, Medicare won't pay your claim.

Payment

Generally, you pay 20% of the Medicare approved amount after you pay your Medicare Part B deductible for the year. Medicare pays the other 80%.

Medicare Resources

CHOICES counselors (see your local Agency on Aging)

Center for Medicare Advocacy – <http://www.medicareadvocacy.org/>

Medicare Rights Center – <http://www.medicarerights.org/>

Medicare website – <http://www.medicare.gov>

To Find Providers in Connecticut's Community Resources Database:

Search by service name: [Medicare Information/Counseling](#)

SOURCE: Medicare website

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