

Durable Medical Equipment The Basics for California Advocates

What is Durable Medical Equipment?

DME describes the equipment and supports an individual needs to help with health issues. When figuring out if something is DME, there are three quick clues. First, it must be **durable**, meaning it has to be reusable. Second, it has to be **medical** in nature, meaning, it has to be prescribed by someone, generally a doctor. And third, it has to be some form of **equipment**, so it cannot be medication or services.

What kinds of items are generally considered DME?

Medicare and Medi-Cal pay for many, many items that are DME. The most easily recognizable ones are hospital beds, walkers, wheelchairs, home oxygen equipment, and scooters.

Note: Disposable items used in connection with DME—like diabetic test strips used with a glucose monitor—are considered DME.

Who covers DME—Medicare or Medi-Cal?

Both Medicare and Medi-Cal cover DME. For people who have both Medicare and Medi-Cal, Medi-Cal is always the payer of last resort, meaning that it will pay only if Medicare does not pay. Medicare covers a more limited range of DME than Medi-Cal does. Also, Medicare only covers DME when an individual needs it to function in the home. Medi-Cal coverage is broader and includes DME needed to function in the community, such as wheelchairs needed for outside use.

What Will Your Client Pay For DME?	
Client Insurance	How Much Client Pays
MEDICARE & MEDI-CAL	No payment due
MEDI-CAL/NO MEDICARE	No payment due
MEDICARE ADVANTAGE/NO MEDI-CAL	Co-pay set by plan
ORIGINAL MEDICARE/NO MEDI-CAL	20% of Medicare charge. If they have a MediGap plan, it may cover this amount.

Getting DME—What should your client do?

My client has fee-for-service “Original” Medicare, and she doesn’t qualify for Medi-cal.

Step 1. Contact a doctor.

Your client’s doctor must write a prescription for the DME. Her doctor must be enrolled in Medicare. The DME must be “medically necessary” and appropriate for use in the home.

Step 2. Find the right supplier.

For many categories of DME, beneficiaries must use competitive bidding contract suppliers. Here is the website to find Medicare contract suppliers for specific items: <https://www.medicare.gov/supplierdirectory/search.html>. If the item does not fall under competitive bidding, your client can use any Medicare-enrolled supplier. She can contact the supplier directly.

My client is in a Medicare Advantage plan, and she doesn’t qualify for Medi-Cal.

Step 1. Contact a doctor.

Like traditional Medicare, your client will need a prescription from her doctor. The Medicare Advantage plan may also require prior authorization for some DME.

Step 2. Find the right supplier.

She must use a supplier in the network of her Medicare Advantage plan. The plan should provide a list of the in-network suppliers she can contact to choose her DME.

My client does not have Medicare but has Medi-Cal.

Step 1. Contact a doctor.

Like Medicare, she will need to contact her doctor to prescribe the DME. The doctor should be enrolled in Medi-Cal. Medi-Cal has a general form for the doctor to complete and some specialized forms for certain items, all available here: <http://bit.ly/1ZhgsYr>. If she is in a Medi-Cal managed care plan, the managed care plan may have its own forms or might require prior authorization.

Step 2. Find the right supplier.

Next, she will purchase the DME from a Medi-Cal supplier. If she is in a Medi-Cal managed care plan, she must use a Medi-Cal supplier that is also in the managed care plan’s network. It is important to remember the Medi-Cal suppliers may be different companies than the Medicare suppliers.

My client has both Medicare and Medi-Cal.

Step 1. Contact a doctor.

If the DME is covered by Medicare, any Medicare-enrolled doctor can write the prescription. If the DME is only covered by Medi-Cal, the doctor should be enrolled in Medi-Cal. Doctors who do not want to enroll as full Medi-Cal providers can fill out a short form that allows them to prescribe for their patients who have Medi-Cal. Refer the doctor to the Medi-Cal website: http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/23enrollment_DHCS6219.pdf.

Note: Suppliers usually can tell your client whether a particular item of DME is likely to be covered by Medicare or Medi-Cal.

Step 2. Find the right supplier.

Follow the Medicare steps above for Medicare-covered DME and the Medi-Cal steps for DME only covered by Medi-Cal.

Troubleshooting: What are some of the challenges that might come up and how can I help?

Unfortunately, people commonly face complications in accessing DME, especially if they are dual eligible individuals. Here are a few common problems and how to help your client overcome them:

1. My client's DME needs a repair or replacement. The supplier is delaying.

First, make sure that the supplier understands the urgency of the situation. Then tell your client to file a complaint. Here's how:

If the DME was supplied under Medicare:

For DME supplied under Original Medicare, complain to 1-800 Medicare. If the supplier is a competitive bidding contractor, tell the customer service representative that you want your complaint to go to the Competitive Bidding Ombudsman.

If in a Medicare Advantage plan, contact the plan and say you want to file a grievance about the delay. You can also contact 1-800 Medicare.

If the DME was originally supplied under Medi-Cal:

If in a Medi-Cal plan, contact the plan and file a **grievance**. You can also complain to the Medi-Cal Managed Care Ombudsman by calling 1-888-452-8609. In addition, contact the Department of Managed Health Care Help Center at 1-888-466-2219.

2. My client has been denied her DME request. I want to help her with an appeal.

First, pay attention to deadlines. Read the notice your client received and be sure to file a timely notice of appeal. Talk to the prescriber. Your client's doctor may be able to supply the supporting information to justify the need for the DME. Then, seek help. Whether for Medicare, Medicare Advantage, or Medi-Cal, we recommend contacting an experienced legal advocate for help with DME appeals. Here are three Bay Area organizations that can help your client with the DME appeal process:

- » Bay Area Legal Aid: www.baylegal.org/locations-2/alameda-county. If you are outside the Bay Area, you can find legal resource at LawHelp.com: <http://lawhelpca.org/find-legal-help>.
- » Legal Assistance for Seniors: www.lashicap.org/hicap.
- » Disability Rights California: www.disabilityrightsca.org/about/index.htm.

The appeal routes for DME are the same for other service denials:

- » If your client is in Original Medicare, she will start with an appeal to the Medicare Administrative Contractor. Here is more information: <https://www.cms.gov/Medicare/Appeals-and-Grievances/OrgMedFFSAppeals/index.html>.
- » If your client is in a Medicare Advantage plan, she will start with an appeal of the organizational determination: <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/ORGDetermin.html>.
- » If your client is in Medi-Cal, she will start with an appeal with her Medi-Cal plan or with a State Fair Hearing. <http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx>.

This primer complements a Justice in Aging webinar, "Durable Medical Equipment: Why is it so confusing? And how do I help my clients?" The webinar is available at: <https://vimeo.com/158195461>. Justice in Aging thanks The San Francisco Foundation for its support in training aging service providers in Alameda County.