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Make sure medical equipment supplier accepts Medicare

Medicare beneficiaries often rent or buy medical equipment, known as “durable medical equipment” or DME. This can include walkers, wheelchairs, oxygen equipment, hospital beds, machines to help in rehabilitation after knee replacement surgery and the like. The cost of renting or buying such equipment falls under the Medicare Part B benefit. Unfortunately, not all suppliers of DME are registered Medicare suppliers or they may be “out of network” for some Advantage plans. In many cases there is no obligation for the supplier to specifically inform the beneficiary of the fact that the equipment will not be covered by Medicare. Elder Law Answers (www.elderlawanswers.com) recently reported on this issue.

In their article, “Medicare Beneficiaries: Make Sure That Your Equipment Supplier Works with Medicare” on December 13, 2011, Alfred J. Chiplin, Senior Policy Attorney at the Center for Medicare Advocacy, pointed out that many Medicare beneficiaries do not know that they are using a non-participating provider. There is a new program that has been launched in a few areas of the country that will help Medicare beneficiaries avoid being responsible for the full cost of DME rentals if the provider is not Medicare certified. The program is called “Medicare DMEPOS Competitive Bidding Program,” and it insures reimbursement to Medicare beneficiaries who deal with providers who have contracted with Medicare. Providers who have not contracted with Medicare are required to inform Medicare beneficiaries of this fact, and the beneficiary must sign a waiver form if they wish to continue to work with the provider. If the provider fails to provide the information regarding their Medicare contracts and the waiver form, the beneficiary is not liable for the charges. Mr. Chiplin stated that the program is effective where it is available, and Medicare is enhancing its fraud and sanctions activity.

Unfortunately, the DMEPOS program is not fully implemented as yet, and there is no coverage in this geographic area. Medicare beneficiaries should directly inquire of providers of DME equipment as to whether they work with Medicare before they incur charges that they do not expect. Most Medicare beneficiaries do not think to even ask this question, assuming that places that provide oxygen equipment and walkers would work with Medicare in most cases. If a beneficiary is caught unawares, they should try to submit the charges to Medicare directly and seek what reimbursement is possible.

Another related issue exists for those Medicare beneficiaries with Advantage plans. Sometimes seniors change Advantage plans, and do not realize that the new plan does not work with their current providers for DME, making the current provider “out of network.” This can result in unexpected charges that can quickly accumulate until it is discovered that the provider cannot use the new Medicare Advantage plan, even though they are a Medicare provider. It is important that the consumer (i.e. the Medicare beneficiary) be aware of this fact when changing Medicare plans.