

Review Quiz Answers

Special Topics Course *Medicare Coverage of DME*

1) Which of the following is **not** a requirement for Medicare to cover your Durable Medical Equipment (DME)?

d. The DME you need must be appropriate for use outside of your home.

2) According to Medicare coverage rules, incontinence pads and disposable catheters are examples of DME.

True or **False**

Answer: False. Durable Medical Equipment (DME) is medical equipment that:

- Can withstand repeated use;
- Primarily serves a medical purpose;
- Is generally not useful to you in the absence of illness or injury;
- Is appropriate for use in your home; and
- Is expected to last for three years or more.

As its name implies, the equipment must be durable, meaning that it could normally be used by successive patients. Disposable medical supplies, such as incontinence pads and catheters, are not considered to be DME based on Medicare rules, as they generally cannot be re-used or used by successive patients.

3) Which of the following is **not** an example of DME, according to Medicare rules?

a. Elastic compression stockings

- 4) Medicare Part A can cover DME and disposable (i.e., non-durable) supplies you use while you are a hospital inpatient.

True or False

Answer: True. Medicare Part A, the hospital/inpatient insurance part of Medicare, can cover DME provided to an individual during a Part-A covered inpatient hospital stay. Part A can also cover disposable medical supplies, such as catheters, gauze, and intravenous supplies while you are a hospital inpatient or a skilled nursing facility inpatient.

If you are an outpatient—i.e., you have not been formally admitted into the hospital by a hospital doctor—the DME you need may be covered under Medicare Part B, the medical/outpatient insurance part of Medicare. While disposable supplies do not fall under Medicare’s definition of DME, certain disposable supplies may be covered under Part B if you qualify for Medicare-covered home health care. See Level 2 Course 2: Medicare Part B (Medical Insurance) for more information on Part B coverage of home health care.

- 5) The DME Competitive Bidding Program affects all people with Medicare.

True or **False**

Answer: False. If you get your Medicare benefits through a Medicare Advantage plan, as opposed to Original Medicare, the Competitive Bidding Program does not apply to you. You should check with your plan directly to learn more about your plan’s benefits, costs, and rules.

The DME Competitive Bidding Program affects individuals who:

- Have Original Medicare;
- Live in an area affected by the Competitive Bidding Program; and
- Need a type of DME affected by the Competitive Bidding Program.

If any of the three conditions do not apply to you, you are not affected by the Competitive Bidding Program. If you have Original Medicare and the Competitive Bidding Program does not apply to you (i.e., you do not live in an area affected by the program or the DME you need does not fall under a DME category affected by the program), then you do not need to get your DME from a Medicare contract supplier. However, you must still get your DME from a Medicare-certified supplier in order for Medicare to cover the DME you need.

- 6) Janessa has Original Medicare Parts A and B, along with a Medigap plan. She is currently renting an external infusion pump and pays monthly rental fees to her DME supplier for her pump. Janessa needs to get her pump repaired due to a mechanical malfunction that occurred fairly recently.

In order for Janessa to get her infusion pump repaired, she will need to get her doctor to write her an order for the repairs.

True or **False**

Answer: False. Janessa does not need her doctor to write her a new order or prescription for her repairs. She can simply ask her DME supplier to repair the damaged pump. Janessa should not have to pay her DME supplier anything for her pump repairs, as long as the repairs are considered to be medically necessary. If Janessa experiences issues with her DME supplier, she should contact 800-MEDICARE.

Note that Janessa would likely need to get a new order or prescription from her doctor if she needed to get her pump replaced.

- 7) Which of the following statements regarding Original Medicare coverage of DME replacements is not true?
- a. **Medicare considers a DME's lifetime to range anywhere from 1-7 years, beginning with the date you began using the DME.**
- 8) Which of the following regarding Medicare Advantage coverage of DME is not true?
- b. **Medicare Advantage plans always charge plan members a 20 percent coinsurance for DME covered by the plan.**

- 9) A few weeks ago, a hurricane damaged Peter's manual wheelchair beyond repair. Prior to the hurricane, Peter owned his wheelchair. Since Medicare had covered Peter's wheelchair in the past, Medicare will most likely pay to replace Peter's wheelchair.

True or False

Answer: True. Medicare will most likely replace Peter's wheelchair, since it had been damaged beyond repair due to the hurricane. Medicare will generally pay to replace DME that you rent or own at any time if it is lost, stolen, or damaged beyond repair in an accident or a natural disaster. While Medicare should pay for replacement of Peter's DME, Peter may need to provide proof of the damage done to his DME. Peter will also need to get his doctor or other health care provider to write a new order or prescription for Medicare to cover his manual wheelchair replacement. Note that while Medicare can pay to replace Peter's manual wheelchair, Medicare will not pay for an upgrade to an electric wheelchair or motorized scooter.