



LOCAL HELP FOR PEOPLE WITH MEDICARE

Ask SHIP

Mary Phillips

Q: What is DME, is it part of Medicare?

A: DME stands for Durable Medical Equipment. It is one of your Medicare Part B services. This service helps you pay for medical equipment for home use. DME includes (but is not limited to) canes, crutches, walkers, commode chairs, blood glucose monitors and related supplies, wheelchairs, hospital beds, oxygen, ventilators, aspirators, artificial limbs, and braces for legs, arms and neck.

In order for Medicare to help pay for DME, it must :

- withstand repeated use;
- be reasonable and necessary;
- be used to serve a medical purpose;
- be appropriate for use in the home; and
- be ordered by a physician.

Medicare will pay 80% of the Medicare approved amount for DME. You will be responsible for the remaining 20%, and any excess charge. When purchasing DME, it is best to always check to see if your supplier accepts Medicare assignment. By accepting assignment, the supplier agrees to take the Medicare approved amount as the full payment amount.

You can usually save money by using a supplier that accepts assignment. For example, if you need a cane, the supplier may bill Medicare for \$50, but the Medicare approved amount is \$30. Medicare will pay \$24 (or 80% of the Medicare approved amount) and you will pay \$6 (or 20%).

However, if you choose a supplier that does not accept Medicare assignment, your cost share may be higher - as you will be responsible for the usual 20% plus the remaining billed amount or excess charge. In our example, you will pay \$26 instead of \$6. The \$26 includes the usual 20% plus the remaining billed amount of \$20.

To find a supplier in your community call 1-800 MEDICARE (1-800-633-4227), or visit

www.medicare.gov or www.NGC Medicare.com.

Q: My doctor wants me to have a bone density test, does Medicare cover this test?

A: Medicare covers bone mass measurements (bone density tests) to determine whether you are at risk for a fracture - broken bone. People are at risk for fractures because of osteoporosis.

Osteoporosis is a disease in which your bones become weak. In general, the lower your bone density, the higher your risk is for a fracture. Bone mass measurement test results will help you and your doctors choose the best way to keep your bones strong.

Medicare helps pay for this test once every 24 months (more often if medically necessary), for all people with Medicare who are at risk for osteoporosis. Your risk for osteoporosis increases if you . . .

- are age 50 or older
- are a woman
- have a family history of broken bones
- have a personal history of broken bones
- are White or Asian
- are small-boned

- have low body weight (less than about 127 pounds)
- smoke or drink a lot
- have a low-calcium diet.

Medicare pays 80% of the Medicare approved amount for this test. You pay 20% of the Medicare approved amount after the yearly Part B deductible.

Address your questions to:

Ask SHIP
714 West 53rd Street
Anderson, IN 46013
Or www.Medicare.in.gov
1-800-452-4800