

Assistive Technology Through Medicare

What is Assistive Technology?

Assistive technology (AT) is any device that helps you do everyday tasks more easily or helps you keep doing things you need to do. These devices can be tools, software, or other types of equipment.

Durable Medical Equipment (DME) is one kind of Assistive Technology.

What is Durable Medical Equipment?

Durable Medical Equipment (DME) is any item used for a medical reason. You must:

- Need the DME for more than 1 year.
- Be sick, hurt, or have a disability that is helped by the DME.
- Need help doing things because of your disability.
- Be able to use the DME at home.

Medicare will often pay for the cost of DME. But it will not always cover the cost of AT.

Will Medicare pay for my AT?

Medicare pays for some AT, but only if you need it for a medical reason. It depends on your Medicare plan.

Medicare Part B may pay for up to 80% of the cost of your AT.

- Your AT device must be **Durable Medical Equipment**.
- Your AT device must be **medically necessary**. That means you need the AT to live or help you do something you can't do because of your disability.

Medicare Advantage covers the same devices as Medicare Part B.

- Medicare Advantage may also pay for some AT devices that helps you with daily life, not just for medical treatment.
- This means Medicare Advantage may cover some AT that Medicare Part B does not.

How can I get Assistive Technology from Medicare?

If you are on Medicare and need an AT device, follow these steps:

1. Talk to your doctor.

- You may need help from your doctor to choose the right AT device.
- Ask your doctor to write a **Letter of Medical Necessity**. The letter explains why you need the AT device.

2. Find a vendor.

- A vendor is a company that provides AT devices.
- Contact Medicare or your Medicare Advantage plan to find a vendor that Medicare has approved.

3. Work with the vendor.

- Give the vendor your Letter of Medical Necessity.
- The vendor can help you pick the right AT device based on what your doctor says you need.
- The vendor will fill out an **authorization form**. It will send both the doctor's letter and the form to Medicare.

4. Medicare will decide whether to pay for the AT device.

- If Medicare agrees to pay for the AT device, they will tell the vendor. The vendor will order the AT device.
- If Medicare does not agree, you will get a **letter explaining why**.

Can I appeal a denial from Medicare?

Yes. If Medicare does not agree to pay for your AT device, you can ask them to look at their decision again. This is called an appeal.

If Medicare does not agree to pay, they will send you a letter. The letter should say why they won't pay. The letter will also tell you how to appeal. You can call your Medicare or Medicare Advantage provider if the letter does not tell you how to appeal. There are **deadlines** to ask for an appeal, so read the letter carefully.

You can ask the AT vendor for help with the appeal. You can also talk to your doctor. They might give you more medical information to share with Medicare that explains why you need the AT.