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For Durable Medical Equipment (DME) Suppliers and Inventors

This is a free self-help guide to attempt to gain [Medicare](#) coverage for your DME item. For Medicare reimbursement your item must:

1. be cleared by the Food and Drug Administration ([FDA](#)) for marketing in the United States,
2. fall within a Medicare benefit category,
3. meet the [requirements](#) for a DME item, and
4. be reasonable and [necessary](#) to diagnose or treat an illness or injury or repair the function of a deformed body member.

If your item meets these requirements it may already have been described by a specific [HCPCS](#) code: part of the Healthcare Common Procedure Coding System. You may request the Medicare contractor [PDAC](#) review your device through its code **verification** review [process](#). If a code exists, PDAC may add it to its list of products described by that code. Your item will be covered under the relevant LCD and the Medicare payment amount will apply.

If no code exists, PDAC may assign to it a miscellaneous code (A.K.A. Not otherwise specified/generic/unlisted). You may use this code to bill the DMEMACs. However, unless your device is covered, your supplier's DMEMAC may deny payment.

For a new item, you should search one of the [DMEMAC](#) websites for a relevant local coverage decision ([LCD](#)) and associated Policy Article that addresses the category of devices which includes yours. Typically, the [intended use statement](#) of your item must conform to [indications and limitations of coverage statement](#) in the LCD.

You may attempt to secure a HCPCS code and Medicare coverage concomitantly.

The [HCPCS](#) code **application** website is called [MEARiS](#): Medicare Electronic Application Request Information System™. With your application for a code, CMS will determine whether your item falls within a Medicare benefit category.

You may request one of the DMEMACs to cover your device concomitantly with your code application. If you found a relevant LCD you will ask the DME policy people to [reconsider](#) the LCD and add your device to it. The LCD may specify the types of patients and conditions for which your device is medically useful. If no LCD governs your device, you may request the DMEMAC create a [new](#) LCD.

If the DMEMAC refuses to cover your device, your suppliers may appeal denied claims. On the other hand, you may prefer to sell your device directly to patients on the retail market. Medicare would not be involved.

Benefit category rules vary between commercial insurance companies and Medicare. Some items may be a benefit of commercial plans but not a benefit of Medicare. Examples include certain nebulizers and disposable insulin pumps. Typically, medical necessity requirements are the same or very similar.

Disclaimers. This document does not constitute legal advice. Medicare regulations change from time to time, which could make some parts of this document obsolete.

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