

Medical Equipment and Supplies

How to get insurance or medicaid to cover them.

by Lizzie Sordia



The right equipment can make all the difference.

Life with an Angel is challenging. Getting the proper medical equipment and supplies can help make daily life a little easier for both child and caretaker. Getting it funded by insurance or medicaid will help the family budget as many of these items can be very expensive.

1

SCRIPT FROM DR.

Get a script from your doctor stating the name of the product.

2

LETTER OF MEDICAL NECESSITY

From your Dr. or Therapist.

3

FIND A LOCAL DME PROVIDER

Durable Medical Equipment Provider



Incontinence Products

Can include: briefs, wipes, gloves and bed pads.



Wheelchairs

Check your insurance policy to find out how often they can be funded.



Activity Chair

For feeding or therapy. Also used in schools.

This is a process

It will take time to set appointments and follow up with phone calls.

Be aware of what is covered in your insurance policy. Call your provider and talk to them about your benefits. Let them know what you are looking for. They may provide you with a specific brand/manufacturer that they will approve. Medicaid may provide you with a case manager. They are a great source to use in this process.

Find a therapist that is familiar with the equipment acquisition process and the equipment needed. Don't be afraid to seek out an equipment clinic for this process.

List of Medical Equipment that could be funded by insurance or medicaid:

- Safe Enclosed Bed
- Incontinence Products
- Wheelchair
- Activity Chair
- Bath Chair
- Walkers
- Standers

- Car Seat/Harness
- Communication Device
- Orthotics

What to do if the request is denied. If an adverse decision is made and insurance denies your child's equipment don't panic right away, an appeal can be made. There will be a written denial that will provide a rationale as to why the reviewer did not find the equipment to be medically necessary. This will give the therapist insight as to what needs to be explained with more detail and will give an opportunity to convince the insurance to change their decision.

If a second denial is received there is an option to have a fair hearing and seek assistance from a disability advocate if you truly feel the decision is unwarranted.

Ask the evaluating therapist and do some investigating to be aware of alternative funding sources that could be available to assist in acquiring equipment that is non covered or denied. This could be charity groups, local rotary clubs, church organizations, ASF Family Fund, etc..

We wish you the very best on your journey!

LETTER OF MEDICAL NECESSITY

For the majority of insurance companies, a letter of medical necessity will have to be written and cosigned by the referring physician. This letter will describe to the insurance company what your child's medical condition is, what their symptoms are, and why they need that specific piece of equipment. This is oftentimes the most important piece of documentation that will determine whether your child's equipment is approved or denied.

- a. The letter of medical necessity should provide a good picture of your child and their medical and physical problems. Include their social history (who the child lives with, where they live, and its accessibility to the requested equipment). Specify the equipment and provide a medical justification of why that equipment is needed and what it can do for the child.
- b. All justifications should be tied to a medical need and explain how it will help improve function/posture/medical safety/etc..
- c. If your treating therapist is the one assisting in the equipment process, make sure they are aware that a letter will be needed and they are willing and able to provide it for you. If they are unable to please seek out an equipment clinic.