How to Guide: Medicare

How to Apply

Automatic Enrollment

You'll automatically receive your Medicare card in the mail if you:

- Are receiving Social Security or Railroad Retirement benefits and turning 65, or
- Have a disability and have received Social Security Disability Insurance (SSDI) benefits for 24 months.

Manual Enrollment

If you are not automatically enrolled, you can:

1. Apply online at www.ssa.gov/medicare.
2. Visit or call your local Social Security Office.
3. Apply by phone at 1-800-772-1213 (TTY: 1-800-325-0778).

Enrollment Periods

- **Initial Enrollment Period (IEP):** Begins 3 months before your 65th birthday and ends 3 months after.
- **General Enrollment Period (GEP):** January 1 – March 31 each year (coverage begins July 1).
- **Special Enrollment Periods (SEP):** Available for individuals losing employer-based coverage or retiring.

Medicare includes several parts that cover different types of services:

- **Part A (Hospital Insurance)** – Covers inpatient hospital care, skilled nursing, hospice, and some home health services.
- **Part B (Medical Insurance)** – Covers outpatient care, physician services, preventive care, and Durable Medical Equipment (DME).
- **Part C (Medicare Advantage)** – Offers combined coverage through private health plans approved by Medicare.
- **Part D (Prescription Drug Coverage)** – Provides coverage for medications.

Information Needed

Before applying for Medicare or submitting a claim for assistive technology, gather the following documentation to ensure a smooth application process.

General Medicare Application

Have these documents ready when applying for Medicare benefits:

- **Proof of age** – Birth certificate, passport, or other government-issued identification
- **Social Security Number**
- **Proof of U.S. citizenship or lawful residency** – Naturalization certificate, green card, or similar document
- **Employment and insurance information** – Details of any group or employer coverage
- **Bank account information** – For automatic premium payment setup
- **Medical documentation** – Required if applying based on disability or long-term medical condition

For Durable Medical Equipment (DME) or Assistive Technology

If you are applying for Medicare coverage for assistive technology or Durable Medical Equipment, you will also need:

- A doctor's prescription or letter of medical necessity explaining why the device is required
- Medical documentation supporting the functional need and therapeutic benefit of the device
- A Medicare-enrolled supplier with a valid Medicare Supplier Number
- An evaluation report (if applicable) from a qualified professional
- A device estimate or quote from the supplier
- Your Medicare ID number and any secondary insurance information (such as Medicaid or Medigap coverage)

Helpful Tips

Medicare can be complex, especially when it comes to durable medical equipment (DME) and assistive technology. Use the following tips to ensure smooth access to coverage, accurate claims, and proper documentation.

Understanding Coverage

- Medicare Part A covers hospital stays, hospice, and limited home health services.
- Medicare Part B covers doctor visits, outpatient therapy, preventive care, and Durable Medical Equipment (DME) such as walkers, wheelchairs, and oxygen equipment.
- Equipment must be medically necessary, durable, and used in the home.
- Devices used primarily outside the home (like vehicle lifts) are not covered.

- Convenience, educational, or non-medical devices are excluded from coverage.
- Speech-generating devices (SGDs) can be covered under Part B when prescribed by a physician and evaluated by a Speech-Language Pathologist (SLP) with a detailed justification report.
- Hearing aids, routine hearing exams, and eyeglasses are not covered under Original Medicare, but some Medicare Advantage plans may offer partial coverage.

Assistive Technology Considerations

- Verify coverage before purchasing equipment—Medicare only covers items that meet DME criteria and are supplied by Medicare-approved vendors.
- Some high-cost equipment may require prior authorization; confirm with your supplier before ordering.
- All devices must meet the medical necessity and home-use requirements.
- Augmentative Communication Devices (ACDs) require a clinical evaluation from a qualified SLP, along with medical documentation and physician approval.

Costs and Coordination

- Medicare typically pays 80% of approved costs; beneficiaries are responsible for deductibles and 20% coinsurance.
- Medigap (Supplemental Insurance) or Medicaid can help pay remaining costs.
- Some equipment may be rented instead of purchased. Ownership depends on the device type and rental duration.
- Keep copies of all prescriptions, evaluations, invoices, and communication with Medicare or equipment suppliers.

Free Support and Resources

If you need help understanding coverage, filing claims, or appealing a denial:

- **State Health Insurance Assistance Program (SHIP):** Offers free, confidential, and personalized Medicare counseling.
- **Social Security Administration:** 1-800-772-1213 or www.ssa.gov/medicare
- **Medicare Hotline:** 1-800-MEDICARE (1-800-633-4227)
- **Official Website:** www.medicare.gov