





Equipment and Assistive Technology: Insurance Coverage and Resources

Managing a neuromuscular disease often involves using specialized equipment and assistive technology to support independence and enhance everyday living. But navigating the insurance process to access these tools can be challenging.

This guide is designed to help patients understand different types of mobility equipment and assistive technology, including insurance considerations and requirements that must be met for insurance to approve claims. By understanding your options and knowing where to turn, you can secure the equipment you need to live your life to the fullest.

Common Types of Mobility Equipment

| Equipment | Coverage Renewal | Requirements/Resources |
|---|--|---|
|  Manual Wheelchairs | Every 5 years or change with medical condition | <ul style="list-style-type: none"> • Must have upper extremity strength to propel a manual wheelchair. • Must be unable to ambulate functionally. |
|  Power Wheelchairs | Every 5 years or change with medical condition | <ul style="list-style-type: none"> • Must exhibit nonfunctional ambulation. • Must be unable to propel a manual wheelchair. • Must have a clinical visit with a physician, documenting power wheelchair need. • Must complete mobility evaluation by physical or occupational therapist (PT/OT) who specializes in mobility, or physiatrist / Physical Medicine and Rehabilitation doctor (PM&R). • Must complete mobility evaluation by an Assistive Technology Professional (ATP) employed by a wheelchair provider. |

| Equipment | Coverage Renewal | Requirements/Resources |
|--|--------------------------|---|
|  Scooters | Every 5 years | <ul style="list-style-type: none"> • Must be unable to ambulate, must be able to use the tiller or lever to drive scooter. • Must be able to transfer onto scooter safely and maintain unsupported upright posture. |
|  Manual Hoyer Lift | Every 5 years | <ul style="list-style-type: none"> • Must be bed/ wheelchair confined, unable to transfer without mechanical device and non-ambulating. |
|  Power Hoyer Lift | Not Covered by Insurance | <ul style="list-style-type: none"> • See the resources section below or contact the MDA Resource Center by phone: 1-833-ASK-MDA1 (1-833-275-6321) or by email: ResourceCenter@mdausa.org for more information. |
|  Semi-Electric Hospital Bed | Every 5 years | <ul style="list-style-type: none"> • Must be bed or wheelchair confined and non-ambulatory. • Qualifications can also include medical need for elevation of the head at 30 degrees (breathing, swallowing, etc), positioning of bed to alleviate pain, requiring traction equipment that can only be attached to a hospital bed, and having a frequent need for change in body position or rapid change in body position. |
|  Fully Electric Hospital Bed | Not Covered by Insurance | <ul style="list-style-type: none"> • See the resources section below or contact the MDA Resource Center by phone: 1-833-ASK-MDA1 (1-833-275-6321) or by email: ResourceCenter@mdausa.org for more information. |
|  Pressure Alternating Mattresses | Every 5 years | <ul style="list-style-type: none"> • Must be completely immobile or have a pressure sore on trunk or pelvis. |

Medicare pays for most durable medical equipment (DME) on a rental basis. Medicare only buys inexpensive or routinely bought items, like canes, walkers, and blood sugar monitors, or complex rehabilitative power wheelchairs. For some more expensive equipment, like wheelchairs and hospital beds, Medicare pays to rent the item for 13 months of continuous use. Once the 13th month of rental ends, the supplier must transfer ownership of the equipment to you.

Assistive Technology

| Equipment | Coverage Renewal | Requirements/Resources |
|---|--|---|
| <p>Communication Devices</p> <p><i>(Speech generating devices, Text-to-Speech software, etc.)</i></p> | Every 5 years or change with medical condition | <ul style="list-style-type: none"> • Must have a clinic visit with physician providing documentation of the need for a communication device. • Must complete evaluation by a speech therapist. |
| <p>Feeding Devices</p> <p><i>(Dining systems, drinking systems, etc.)</i></p> | Insurance coverage on a case-by-case basis | <ul style="list-style-type: none"> • Must be deemed necessary and documented by a Nutritionist or Care Team provider. • The type of device, patient insurance plan, and degree of medical need will determine eligibility. |
| <p>Adaptive Computer Access</p> <p><i>(Eye or head tracking devices, sip and puff device, etc.)</i></p> | Insurance coverage on a case-by-case basis | <ul style="list-style-type: none"> • The type of device, patient insurance plan, and degree of medical need will determine eligibility. |
| <p>Breathing Devices / Respiratory Equipment</p> <p><i>(Ventilators, CPAP/ BiPAP Machines, PEP Device, etc.)</i></p> | Every 5 years or change with medical condition | <ul style="list-style-type: none"> • Must have a clinic visit with physician providing documentation of the need for a respiratory device. |
| <p>Bathroom Equipment</p> <p><i>(Shower chairs, tub transfer benches, commodes, etc.)</i></p> | Insurance coverage on a case-by-case basis | <ul style="list-style-type: none"> • Medicare does not cover anything that gets wet. • Medicaid funding is on a state-by-state basis. • Funding may be available via disease-specific organizations or other avenues. • See the resources section below or contact the MDA Resource Center by phone: 1-833-ASK-MDA1 (1-833-275-6321) or by email: ResourceCenter@mdausa.org for more information. |

Types of Insurance

Children's Health Insurance Program (CHIP) - low-cost health insurance program for children and families (and sometimes pregnant women) who earn too much to qualify for Medicaid but not enough to purchase private insurance.

Medicare - A federal government health insurance program that gives health care coverage to those over 65 years of age, or under 65 who receive Social Security Disability Insurance (SSDI) for 24 months due to disability, or due to amyotrophic lateral sclerosis (ALS).

Medicaid - policies issued in association with the Federal/State entitlement program created by Title XIX of the Social Security Act of 1965 that pays for medical assistance for certain individuals and families with low incomes and resources.

Private Insurance - A type of coverage provided by for-profit and non-profit insurance companies that individuals can purchase to protect against financial loss due to medical expenses or other risks. It typically involves paying premiums in exchange for coverage, with the scope and terms varying based on the policy and insurer.

Department of Veteran Affairs (VA) - provides a comprehensive healthcare system rather than traditional insurance. Eligible veterans can receive care through VA facilities, and many of the services are either free or come with minimal costs depending on the veteran's eligibility and income. However, veterans can also have private health insurance or use other programs like Medicare alongside VA benefits.

Alternative Payors - Organizations or individuals who can make payments on behalf of an individual. See the resources section below or contact the [MDA Resource Center](#) by phone: 1-833-ASK-MDA1 (1-833-275-6321) or by email: ResourceCenter@mdausa.org for more information.

Considerations for Insurance Eligibility

- Insurance companies typically require equipment to be deemed medically necessary for coverage. This means the equipment must be essential for treating or managing a medical condition.
- Providing medical justification (written documentation from a licensed certified medical professional) can support a patient's insurance claim.
- Coverage for medical equipment can vary significantly depending on the insurance provider and the specific policy.
- If you have Medicare, you may hear the term Local Coverage Determination (LCD). LCD guides coverage decisions at the regional level under Medicare and ensures that services and devices are covered only when they meet certain standards of medical necessity.

Considerations in Coverage Limitation

- Some insurance plans, including Medicare, require medical equipment to be purchased from an accredited supplier or contracted provider to be eligible for coverage. Ensure that you are working with a supplier approved by your insurance plan.
- If your coverage is denied, you will be notified by the insurance company. You can contact your care team and equipment provider to begin the appeals process.
- Use MDA's [Access to Coverage: Insurance Workshop](#) to help you navigate the appeals process.

Glossary (list some common terms individuals will hear/see during the process of obtaining equipment)

ATP

Assistive Technology Provider

LCMP

Licensed Certified Medical Professional

DME

Durable Medical Equipment

OT

Occupational Therapist

HMO

Health Maintenance Organization

PT

Physical Therapist

LCD

Local Coverage Determination

SLP

Speech Language Pathologist

Resources

- [Access to Coverage: Insurance | Muscular Dystrophy Association](#)
- [Assistive Technology Center List by State](#)
- [Equipment Assistance | Muscular Dystrophy Association](#)
- [Glossary of Insurance Terms](#)
- [Help Hope Live: Medical Fundraising for Bills and Expenses](#)
- [MDA's Equipment Appeal Letter](#)
- [MDA's Virtual Learning Series: Equipment and Assistive Technology](#)
- [NMD United: Alex Landis Empowerment Fund \(ALEF\)](#)
- [State Vocational Rehabilitation Agencies](#)
- [UnitedHealthcare Children's Foundation](#)
- [Medicare Durable Medical Equipment Coverage Information](#)
- [VA Durable Medical Equipment Coverage Information](#)

Be sure to contact the MDA Resource Center at 833-ASK-MDA1 (275-6321) or ResourceCenter@mdausa.org for additional support and assistance.

Acknowledgments

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Disclaimer

This resource is meant to inform and educate the community. The information presented is not intended to replace discussions with medical, financial, or equipment specialists, and it should not be considered financial, medical, or legal advice. Please consult with your healthcare provider, equipment specialist, or insurance representative for information specific to you.