**DID YOUR DOCTOR SAY YOU NEED SPECIFIC MEDICAL EQUIPMENT?**

But, someone else told you . . . 

- The equipment is not covered by Medicaid or Medicare;
- Medicaid said to bill Medicare;
- You have other insurance;
- You are “dual eligible”;
- The equipment is not covered because you own something similar;
- You can get by without it.

**IF THIS IS THE CASE, OR IF YOU WERE TOLD**

**SOMETHING SIMILAR, YOU SHOULD KNOW A FEW THINGS:**

1. **Does Medicare and/or Medicaid need to tell me that I won't receive the equipment my doctor told me that I need?**
   - **YES.** Medicare and Medicaid are required by federal and state law to provide you with written notice that your request for coverage was denied.
   - In many cases the vendor will receive the notice or be told over the telephone that you were denied coverage. This is a violation of your rights.

2. **Does Medicare and/or Medicaid need to tell me why I won't receive the Medical equipment?**
   - **YES.** Medicare and Medicaid must specifically tell you why you were denied the equipment in the notice that it sends.

3. **I've been told by Medicare or Medicaid that I can't get the equipment my doctor said that I need, is there something I can do about it?**
   - **YES.** Even if you were denied specific medical equipment by either Medicare or Medicaid you have the right to appeal.
   - Both Medicare and Medicaid have an appeals process that allows you to challenge the decision that was made to not cover the cost of the equipment that you need.
   - A description of, and information about, the appeals process is required to be provided to you at the time you receive notice that the equipment will not be covered.
4. I would like to appeal but I don’t know how. Is there someone that can help me?

➢ **YES.** The vendor that you are dealing with to provide you with the equipment can help you during the appeals process. In many cases your vendor has appealed previous coverage denials so its staff should have knowledge about the appeals process. Also, you may need your doctor’s help to write a letter that explains why you need the equipment.

➢ Also, you can contact The Rhode Island Disability Law Center. We provide free legal assistance to individuals with a disability on disability related matters. If you are having difficulty with Medicare or Medicaid concerning a denial of coverage for a particular piece of medical equipment, that your doctor said that you need, contact us and we will look into the possibility of representing you.

5. If I don't want help appealing, can I do it myself?

➢ **YES.** You can appeal a denial of coverage by yourself.

6. I’ve decided that I would like to appeal by myself: how do I begin an appeal?

➢ The appeals process begins at the time you receive notice from Medicaid or Medicare.

➢ The notice that is given by Medicaid or Medicare is very important and will be needed during the appeals process.

➢ Medicaid is a state run program that is called Medical Assistance in Rhode Island and managed by the Department of Human Services.

➢ Medicare, on the other hand, is a federal program that involves a separate and distinct appeals process from Medicaid.

➢ Please contact the Rhode Island Disability Law Center for more information about the Medicaid or Medicare appeals process or for assistance appealing your coverage denial.

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1 In some cases, The Rhode Island Disability Law Center may charge clients for filing fees and other costs associated with legal representation.