



Durable Medical Equipment (DME) Upgrade Form

Member Name: _____

Member MedicareBlue PPO ID Number: _____

Provider/Supplier Name: _____

Provider/Supplier ID Number: _____

MedicareBlue PPO benefits include coverage for DME, prosthetics and supplies that meet Medicare coverage criteria. MedicareBlue PPO members may choose, at their own expense, to upgrade covered equipment to include additional features that are intended primarily for convenience or comfort, decorative items, or features beyond those required by the member’s medical condition. Any charges for upgraded or deluxe items are the sole responsibility of the member. Upgraded or deluxe items do not count toward any member out-of-pocket maximum, and the charges for upgraded or deluxe items are the member’s responsibility even after the out-of-pocket maximum has been met for covered services. Upgrades are not a covered benefit under MedicareBlue PPO.

COVERED ITEM. *The following item meets Medicare coverage criteria:*

Description of Item: _____

HCPCS Code: _____ Cost of Item: \$ _____

UPGRADE ITEM. *The item to which you wish to upgrade is:*

Description of Item: _____

HCPCS Code: _____ Cost to Upgrade Item: \$ _____

MedicareBlue PPO member is responsible for full cost to upgrade item.

By signing and dating this waiver, you are acknowledging that:

- You are aware of and agree that MedicareBlue PPO benefits include coverage only for equipment that is covered by Original Medicare.
- Charges for the ‘Covered’ item listed above are subject to MedicareBlue PPO copayments or coinsurance amounts, as described in the Evidence of Coverage. Copayments or coinsurance paid by MedicareBlue PPO members will count toward any applicable out-of-pocket maximum.
- MedicareBlue PPO members are financially responsible for deluxe or upgrade charges. Any deluxe or upgrade amount paid will not apply to an out-of-pocket maximum that may apply to covered benefits. Members who have already met their annual out-of-pocket maximum for covered benefits are liable for the full cost of any deluxe or upgrade amount charged.
- Deluxe or upgrade charges are not managed by MedicareBlue PPO, but calculated by the provider or supplier issuing the equipment. The upgrade charge is the difference between the providers/suppliers charge for the upgraded item and the fee schedule amount for the Covered (non-upgraded) item.

Provider Signature: _____ Date: _____

Member Signature: _____ Date: _____

PROVIDER: Fax a copy of this form to MedicareBlue PPO (651.662.9478) upon completion.
All pages must be completed fully and maintained in member medical record.