

## Does Medicare Cover Assistive Technology for Low Vision?

If you are trying to figure out whether Medicare will cover the magnifier, screen reader, or other low vision device you need, you have probably already gotten different answers from different people. One says yes. Another says no. The Medicare website gives you a half-answer. That back-and-forth is the most frustrating part, and it happens to thousands of people every day.

Here is the honest version. Medicare covers some assistive technology for low vision, but it does not cover most of the everyday devices people actually want. The good news is there are clear rules, appeal options, and supplemental funding sources that can close most of the gap once you know how the system works.

This guide walks through what Medicare assistive technology low vision coverage actually looks like in 2026, what it leaves out, how Medicare Advantage plans often fill the gaps, and what to do when a claim gets denied.

### What Medicare Covers for Low Vision

Original Medicare (Parts A and B) was not built around low vision needs. It was built around medical care and a narrow definition of durable medical equipment. That framing explains everything Medicare does and does not pay for in this category.

Medicare Part B covers durable medical equipment, or DME, when a doctor prescribes it for use in your home. To qualify, an item generally has to be reusable, primarily medical in nature, and not useful to someone without an illness or injury. A power wheelchair fits that test. A handheld magnifier from a drugstore usually does not.

There is also a separate prosthetic device category under Part B. This bucket picks up some low vision items, because Medicare treats certain devices that replace a missing or impaired body function the same way it treats an artificial limb.

Here is what can typically qualify under Original Medicare:

One pair of eyeglasses or contact lenses after cataract surgery with an intraocular lens implant. The most well-known exception.

Prosthetic eyes and the related fittings.

Certain medically prescribed magnification devices when documented as restoring lost function rather than providing convenience.

Eye exams to diagnose and treat medical conditions like glaucoma, diabetic retinopathy, and macular degeneration.

Treatment for eye disease, including covered injections and laser procedures.

The key rub with Medicare assistive technology low vision coverage is the line between medical necessity and convenience. Medicare looks at most magnifiers, electronic readers, and CCTV

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systems and classifies them as quality-of-life items. Even when your eye doctor signs a letter saying you need the device to read prescription bottles, the default Medicare answer is often no. The official rules for what counts as covered DME are published on the [Medicare durable medical equipment coverage page](#).

### What Medicare Does NOT Cover

This is the part that surprises people. Most of the [low vision tools that actually help](#) with reading, screens, and daily independence sit outside Original Medicare's rules.

Standard eyeglasses and contact lenses are not covered. The post-cataract-surgery exception is the only routine carve-out.

Most electronic magnifiers and CCTV systems are not covered. These devices, sometimes called video magnifiers, often range from several hundred to several thousand dollars. Medicare classifies them as convenience items.

Screen readers and computer software are not covered. Programs like JAWS and ZoomText fall outside Medicare's equipment definitions.

Low vision rehabilitation services are mostly excluded. Some related occupational therapy may be covered when ordered by a physician, but standalone low vision rehabilitation is generally not a Medicare benefit.

Wearable assistive devices like smart glasses and head worn magnifiers are typically not covered. These newer categories almost never meet Medicare's DME definition.

Why is the gap this wide? Medicare's equipment definitions were drafted decades ago and have not been updated to reflect modern low vision technology. Magnifiers were not standard medical devices in the 1960s when the rules were written, and the language has barely moved since. That is why Medicare coverage assistive technology rules feel out of step with what people with low vision actually need.

### Medicare Advantage Plans Often Cover More

Medicare Advantage (Part C) plans are sold by private insurers and have to cover everything Original Medicare covers, but they can add benefits on top. Vision is one of the most common categories where Advantage plans expand coverage.

Most Advantage plans bundle in routine eye exams, an annual or biennial frames-and-lenses allowance, and, in some cases, low vision aids. Benefits vary plan to plan, so the comparison work matters more than the brand name on the card.

When you are comparing plans, look specifically at:

The annual eyewear allowance and whether low vision devices count toward it.

Whether the plan has a specific low vision benefit or assistive technology rider.

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The provider network. A plan with strong vision benefits is only useful if a low vision specialist is in network.

Out-of-pocket maximums and prior authorization rules for higher-cost devices.

You can run side-by-side comparisons on the [official Medicare plan finder](#), which shows vision benefits for every plan in your area.

The Annual Enrollment Period runs October 15 through December 7. There is also a Medicare Advantage Open Enrollment Period from January 1 through March 31, which lets people already in an Advantage plan switch plans or return to Original Medicare. If your current plan is not covering the low vision devices you need, those windows are when you can change course.

### How to Appeal a Medicare Denial

A denied claim is not the end of the conversation. Medicare has a five-level appeal process, and the first level alone has a meaningful overturn rate when the documentation is strong.

Level one is Redetermination. You file with the same Medicare contractor that issued the denial, within 120 days. Most low vision device appeals get resolved here. First-level overturn rates run roughly 50 percent across all claim categories when the appeal includes a strong letter of medical necessity.

Level two is Reconsideration by a Qualified Independent Contractor, filed within 180 days of the level-one decision.

Level three is an Administrative Law Judge hearing, with a minimum dollar threshold (around \$190 in 2026 – check current figures).

Level four is review by the Medicare Appeals Council. Level five is review in federal district court.

The most important document at every level is the letter of medical necessity from your eye doctor. A strong letter does five things: states the specific vision diagnosis with ICD-10 codes, documents the functional limitations, names the specific device, explains why that exact device is needed, and ties the device to a defined activity of daily living. Generic letters get denied. Specific letters get approved.

You do not have to do this alone. Every state has a [State Health Insurance Assistance Program \(SHIP\)](#) that provides free Medicare counseling and appeal help. The full process and timing rules live on the [official Medicare claims & appeals page](#).

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## Supplemental Coverage and Medigap

Medigap (Medicare Supplement Insurance) policies help cover the out-of-pocket costs Original Medicare leaves you with – your 20 percent coinsurance, copayments, and in some cases deductibles.

The important thing to understand: Medigap reduces your share on items Medicare already covers. It does not add coverage for items Medicare excludes. So Medigap helps with the 20 percent coinsurance on a covered post-cataract pair of glasses. It will not pay for an electronic magnifier that Medicare denied.

For most people who use low vision services regularly, Plan G and Plan N give the strongest out-of-pocket protection. Plan G covers nearly everything except the Part B deductible. Plan N is similar but with small office-visit copays.

If you are weighing Medigap against Medicare Advantage: Medigap pairs with Original Medicare with higher premiums but lower out-of-pocket costs and broader provider access. Medicare Advantage has lower premiums and extra benefits like vision, but with network restrictions and prior authorization.

## When Medicare Falls Short: Other Funding Sources

When Medicare does not pay, there are other paths. This is where most people find the help that finally gets them the device they need.

State Assistive Technology programs operate in every state, funded through the federal AT Act. They offer device demonstration, short-term loans, financial loan programs, and reduced-cost equipment. Our detailed guide to [state assistive technology programs](#) is coming soon.

Vocational Rehabilitation can be one of the largest sources of AT funding for people who are working or planning to return to work. State VR agencies often cover technology Medicare will not, when it supports an employment goal. Our upcoming guide to [vocational rehabilitation assistive technology funding](#) walks through eligibility and how to apply.

Nonprofit grants close more gaps than people realize. Lions Clubs International, the American Council of the Blind, and several disease-specific foundations offer device grants. We are also publishing a roundup of [free assistive technology programs](#).

Tax-advantaged accounts like FSAs and HSAs can pay for assistive technology with pre-tax dollars when prescribed. Our [assistive technology funding guide](#) covers eligible categories in the tax deductions section.

For the full picture, our [complete assistive technology funding guide](#) walks through every source, how to qualify, and how to stack programs together.

# Does Medicare Cover Assistive Technology for Low Vision?

## Frequently Asked Questions

### **Does Medicare pay for magnifying glasses?**

Original Medicare does not cover standard magnifying glasses in most cases. The exception is when a magnifier is prescribed as part of a documented medical treatment plan and meets the prosthetic device standard, which is rare. Medicare Advantage plans sometimes include magnifiers under a vision benefit.

### **Does Medicare cover CCTV magnifiers?**

Original Medicare almost never covers electronic magnifiers or CCTV systems. Medicare classifies them as convenience items rather than durable medical equipment. Some Advantage plans offer partial coverage, and state assistive technology programs are often the better path for these higher-cost devices.

### **Will Medicare pay for low vision rehabilitation?**

Low vision rehabilitation as a standalone service is generally not covered. Some related occupational therapy may be covered when a physician orders it for a covered condition and a Medicare-enrolled therapist delivers it. Coverage rules vary by region.

### **Can I appeal a Medicare denial for low vision equipment?**

Yes. You can appeal any denial through the five-level appeal process, starting with Redetermination. A strong letter of medical necessity from your eye doctor is the single biggest factor in winning an appeal. Free help is available through your state SHIP program.

### **Do Medicare Advantage plans cover assistive technology?**

Many Medicare Advantage plans cover assistive technology that Original Medicare does not, but coverage varies. Some plans include low vision aids under a vision benefit, while others have specific assistive technology riders. Compare plans during the Annual Enrollment Period (October 15 to December 7).

## **Take the Next Step**

Medicare coverage for low vision assistive technology is a maze, and the right answer depends on your diagnosis, your plan, and what device you need. You should not have to figure that out on your own.

NELVB helps people across New England navigate Medicare coverage decisions, evaluate the right assistive technology, and find funding when Medicare falls short. Whether you are appealing a denial, comparing Medicare Advantage plans, or just trying to figure out which device fits your vision and budget, we can help.

[Schedule your no-obligation consultation](#) and we will talk through your situation and the next steps.

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## **About This Document**

This white paper was created by New England Low Vision and Blindness. Portions of the content were generated using AI technology and reviewed for accuracy. However, the information is provided “as is” and is not intended as a substitute for professional advice or a comprehensive assessment.

## **About New England Low Vision and Blindness**

New England Low Vision and Blindness is a leading provider of assistive technology, training, and support for people who are blind or visually impaired. We serve individuals, schools, and organizations across the Northeast with personalized solutions that empower independence and improve quality of life. To learn more or schedule a no-obligation consultation, visit [NELowVision.com](http://NELowVision.com) or call 888-211-6933. You can also email us at [info@NELowVision.com](mailto:info@NELowVision.com).