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FACT SHEET
KNOWLEDGE • RESOURCES • TRAINING

PRINT-FRIENDLY VERSION

DMEPOS ACCREDITATION

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

UPDATES

Note: No substantive content updates.

INTRODUCTION

This fact sheet describes the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers accreditation requirements. This includes the accreditation process, types of exempted eligible professionals, types of eligible professionals, quality standards, and resources.

QUALITY STANDARDS AND ACCREDITATION REQUIREMENT

To supply Medicare DMEPOS to Medicare patients, suppliers must:

- Meet DMEPOS supplier standards and CMS quality standards
- Get accreditation from a CMS-approved independent national Accreditation Organization (AO)
- Enroll in Medicare using the paper application Form CMS-855S or PECOS

DMEPOS suppliers (unless exempted as described below) **must** meet the Accreditation Requirement and comply with the DMEPOS Quality Standards to get or keep Medicare billing privileges.

- For more information and resources, refer to the DMEPOS Quality Standards educational tool.
- For the list of covered DMEPOS products and services, review **Section 3.D.** of Form CMS-855S.
- For exempted products, supplies, and eligible professionals, see Table 1.

Supplier Standards and Quality Standards

Suppliers **must** comply with the current Supplier Standards at 42 CFR 424.57(c), to get and keep Medicare billing privileges through the National Supplier Clearinghouse (NSC).

CMS-approved AOs use the Quality Standards guidelines to accredit suppliers. The NSC and the AOs are completely independent. Compliance with one entity does not guarantee compliance with the other.

Exemptions

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) exempts certain eligible professionals and "other persons" from the accreditation requirement, unless CMS determines the quality standards are specifically designed to apply to them.

MIPPA also allows CMS to exempt such eligible professionals and other persons from the DMEPOS Quality Standards based on their licensing, accreditation, or other applicable mandatory quality requirements. However, CMS does not currently use this statutory authority.

Additionally, pharmacies may apply for an AO accreditation exemption from the NSC.

Table 1. Exempted Products, Supplies, and Professionals

Exempted Categories	Exempted Products, Supplies, or Professionals
Products and Supplies	• DME drugs (inhalation drugs and DME pump-infused drugs) • Home Health Agencies' medical supplies • Other Part B drugs, like immunosuppressive and antiemetic drugs
Eligible Professionals	• Certified Nurse-Midwife • Certified Registered Nurse Anesthetist • Clinical Nurse Specialist • Clinical Psychologist • Clinical Social Worker • Nurse Practitioner • Nutrition Professional • Occupational Therapist • Physical Therapist • Physician • Physician Assistant • Qualified Audiologist • Qualified Speech-Language Pathologist • Registered Dietitian
"Other Persons"	• Optician • Orthotist • Prosthetist

ACCREDITATION PROCESS

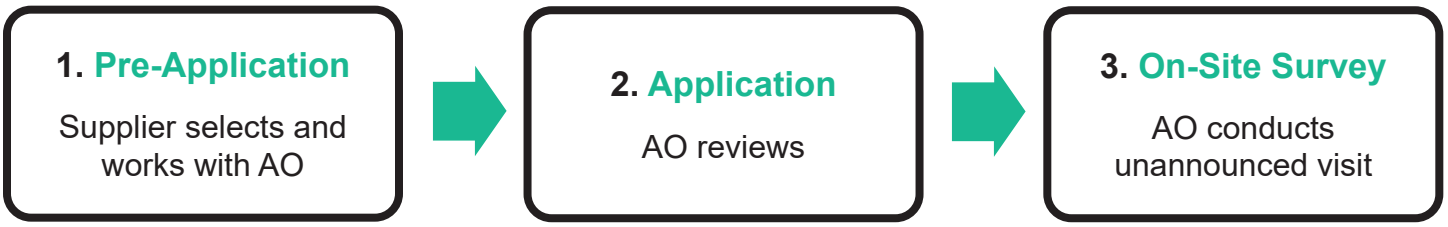
Except for the exempted suppliers listed in Table 1, you must have DMEPOS supplier accredited status before submitting your Medicare enrollment application.

The NSC processes enrollment applications and verifies information. The NSC will not process any enrollment application unless the applicant is accredited or exempt. CMS-approved AOs accredit DMEPOS suppliers as compliant with Medicare Part B DMEPOS Quality Standards.

AOs

For accreditation information, contact an AO directly. CMS keeps an up-to-date list of approved AOs with contact information.

The accreditation process has three stages:



1. Pre-Application Process

- You contact the AOs and get information about each organization's accreditation process.
- You review the information and apply to the AO of your choice.
- Your AO helps you determine what required changes will ensure you meet the accreditation standards (for example, modifying existing services and practices, developing appropriate policies and procedures, developing an implementation plan and timeline, and training employees).
- You apply for accreditation after you process the changes or during implementation.

2. Application Process

- You submit a completed application to the AO with all required supporting documentation.
- The AO reviews the application and documentation (for example, verifies organizational chart and licensure). The average review period is 4 to 6 months.

3. On-Site Survey

- The AO conducts an unannounced on-site survey.
- The AO determines your accreditation based on the data submitted and the on-site survey results.
- AOs report accreditation information to the NSC.
- You may also report accrediting information to the NSC on your enrollment application.

Remember: AOs conduct unannounced on-site surveys at least every 3 years.

Accreditation Timeline

If your on-site survey results show no deficiency requiring correction, the accreditation process may take up to 9 months after you submit your completed AO application.

Merger, Acquisition, or Sale

Accreditation cannot automatically transfer after merger, acquisition, or sale. You must notify CMS, the NSC, and the AO when a merger, acquisition, or sale happens.

KEY TAKEAWAYS

- To offer patients DMEPOS, suppliers must 1) meet program and quality standards, 2) get AO-approved accreditation, and 3) enroll in Medicare.
- The accreditation may take up to 9 months and consists of three stages.

RESOURCES

- DME Center
- DME MACs Contact Information
- DMEPOS Competitive Bidding
- DMEPOS Information for Pharmacies
- DMEPOS Quality Standards
- DMEPOS Supplier Enrollment
- DMEPOS Supplier Standards
- HHS Office of Inspector General
- National Supplier Clearinghouse (NSC)
- Physician Self-Referral Law (Stark Law) Considerations for DMEPOS Suppliers