Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Supplier Accreditation Requirements – JA0903

Note: MLN Matters® article SE0909 was revised to provide important information for suppliers who choose not to become accredited.

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Contractors Affected	DME Medicare Administrative Contractors
Provider Types Affected	All suppliers that furnish Medicare Part B DMEPOS items and supplies to Medicare beneficiaries

- DMEPOS suppliers enrolled with the National Supplier Clearinghouse (NSC) are required to obtain accreditation by September 30, 2009.
- In order to obtain or retain Medicare Part B billing privileges, all DMEPOS suppliers (except for exempted professionals and other persons as specified by the Secretary of the Department of Health and Human Services as noted below) must comply with the Medicare program's supplier standards and quality standards and become accredited. These standards can be found in 42 Code of Federal Regulations (CFR) 424.57 or on page 36 and 37 of the CMS 855S.
- A DMEPOS supplier's Medicare Part B billing privileges will be revoked on or after October 1, 2009, if the DMEPOS supplier fails to obtain accreditation, unless the DMEPOS supplier submits a voluntary termination to the NSC by September 30, 2009.

Provider Needs to Know...

Accreditation Deadline

- The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) set a deadline for all DMEPOS suppliers to be accredited by September 30, 2009.

Those Needing Accreditation

- The September 30, 2009, deadline applies to all suppliers of DME, medical supplies, home dialysis supplies and equipment, therapeutic shoes, parenteral/enteral nutrition, transfusion medicine and prosthetic devices, prosthetics and orthotics that are enrolled with the NSC. The accreditation deadline also as applies to pharmacies, pedorthists, mastectomy fitters, orthopedic fitters/technicians and athletic trainers

Exemptions from Accreditation

- The eligible professionals that are exempt from the September 30, 2009, accreditation deadline include the following practitioners:
  - Physicians (as defined in Section 1861(r) of the Act);
  - Physician Assistants;
  - Nurse Practitioners;
  - Physical Therapists;
  - Occupational Therapists;
  - Speech-Language Pathologists;
  - Clinical Nurse Specialists;
  - Certified Registered Nurse Anesthetists;
  - Certified Nurse-Midwives;
  - Clinical Social Workers;
  - Clinical Psychologists;
  - Registered Dietitians; and
  - Nutritional professionals.
- MIPPA allows the Secretary to specify "other persons" that are exempt from meeting the September 30, 2009, accreditation deadline unless the Secretary determines that the quality standards are specifically designed to apply to such other persons.
- At this time, these "other persons" are only defined as the following practitioners:
  - Orthotists,
  - Prosthetists,
  - Opticians, and
  - Audiologists.

Key Points to Remember

- All Medicare Part B enrolled DMEPOS providers and suppliers are required to obtain accreditation by September 30, 2009.
- A DMEPOS supplier's Medicare Part B billing privileges will be revoked on or after October 1, 2009, if the DMEPOS supplier fails to obtain accreditation, or a voluntary termination has not been received by the NSC by September 30, 2009.
- If a supplier chooses not to become accredited at this time, they must submit an amended CMS 855S which reflects their voluntary termination. This will prevent the supplier from being revoked and subsequently barred from the Medicare program, as cited in 42 CFR Section 424.535(c).
- For pharmacies that choose not to become accredited but wish to remain a DMEPOS supplier in order to continue to bill Medicare for drugs and biologicals only, an amended CMS 855S will have to be completed.
- In addition to updating their application, the supplier must ensure that they have checked the appropriate boxes in Section 2 (C) to reflect which drugs and biologicals they will provide to beneficiaries.

DMEPOS suppliers who submitted a completed application to an accrediting organization on or before January 31, 2009, ***will have their accreditation decision*** *(either full accreditation or denied accreditation) on or before the September 30, 2009, deadline.*

DMEPOS suppliers submitting applications to an accrediting organization after January 31, 2009, ***may or may not have their accreditation decision*** *by the September 30, 2009, deadline.*

Frequently Asked Questions

- Do the accrediting organizations have enough capacity to get everyone who applies at least 9 months before September 30, 2009 accredited by the deadline? Yes. The AO's have increased surveyor staffing anticipating the additional workload. A DMEPOS supplier should choose an AO based upon their deemed status, policies, procedures and the philosophy of the organization. CMS encourages suppliers to ask the AO's questions, such as, how long it takes to become accredited from application to accreditation decision. The time to become accredited can take up to 9 months for some organizations.
- Who are the approved DMEPOS accrediting organizations? In November 2006, CMS approved (deemed) 10 national accreditation organizations that will accredit providers and suppliers of DMEPOS as meeting new quality standards under Medicare Part B. Most of the accreditation organizations are authorized to accredit all major supplier types, and most will be able to accredit both national and local suppliers, as well as mail order companies. A list of the CMS-approved deemed accreditation organizations and information about the types of suppliers each accrediting organization is approved to accredit and how to contact a deemed accrediting organization is posted at *http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DeemedAccreditationOrganizations.pdf* on the CMS website.

- Is accreditation transferable upon merger, acquisition or sale of a supplier? Accreditation cannot be transferred upon merger, acquisition or sale of a supplier. As specified in 42 CFR 424.57 (c) (3), CMS, the NSC and the accrediting organization must be notified when a new DMEPOS location is opened.
- If I have just recently received a survey by an accreditor, will I be subject to a site visit by a representative of the National Supplier Clearinghouse (NSC)? These actions are independent of one another. The accreditor checks quality standards. The NSC site visit concerns enforcing supplier standards. In many cases, a new supplier will receive a site survey by the AO and a site visit by the NSC.
- Is information transferred between the accreditor and NSC? Transfer of information between these two entities concerning their findings does occur.
- Will the accreditation survey efforts be coordinated with reenrollment efforts? Not at the present time. A supplier must meet both the NSC supplier standards and the accreditation requirements on a continuous basis. Reenrollment dates and timeframes are not being changed to match survey timeframes.

Background

- Section 302 of the Medicare Modernization Act of 2003 (MMA) added a new paragraph 1834(a)(20) to the Social Security Act (the Act) that required the Secretary to establish and implement quality standards for suppliers of DMEPOS.
- All suppliers that furnish such items or services set out at subparagraph 1834(a)(20)(D) as the Secretary determines appropriate must comply with the quality standards in order to receive Medicare Part B payments and to obtain or retain their provider or supplier billing privileges.

Covered Items and Services

Pursuant to subparagraph 1834(a)(20)(D) of the Act, the covered items and services are defined in Section 1834 (a) (13), Section 1834 (h) (4) and Section 1842 (s) (2) of the Act. The covered items and services include:

- DME;
- Medical supplies;
- Home dialysis supplies and equipment;
- Therapeutic shoes;
- Parenteral and enteral nutrient, equipment and supplies;
- Blood products;
- Transfusion medicine; and
- Prosthetic devices, and
- Prosthetics, and orthotics.

Non-Covered Items

- Medical supplies furnished by Home Health Agencies;
- Drugs used with DME (inhalation drugs and drugs infused with a DME pump);
- Implantable items and;
- Other Part B drugs:
  - Immunosuppressive drugs and
  - Anti-emetic drugs.

DMEPOS Quality Standards

The quality standards published at http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DMEPOSAccreditationStandards.pdf on the CMS website are separated into two sections and have three appendices.

- Section I includes the business standards that apply to all suppliers and focus on standards for administration, financial management, human resource management, consumer services, performance management, product safety, and information management.
- Section II contains service standards, including intake, delivery and setup, training and instruction of the beneficiary and/or their caregiver and follow-up service.
- Appendix A addresses respiratory equipment, supplies, and services.
- Appendix B addresses manual wheelchairs and power mobility devices, including complex rehabilitation and assistive technology.
- Appendix C addresses custom fabricated and custom fitted orthoses, prosthetic devices, external breast prostheses, therapeutic shoes and inserts and their accessories and supplies, and custom-made somatic, ocular and facial prostheses.

Operational Impact	N/A

Reference Materials	The related MLN Matters® article can be found at *http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0903.pdf* on the CMS website. There is additional information on the accreditation process at *http://www.cms.hhs.gov/MedicareProviderSupEnroll/03_DeemedAccreditationOrganizations.asp#TopOfPage* on the CMS website. Providers and suppliers can find the latest version of CMS 855S at *http://www.cms.hhs.gov/cmsforms/downloads/cms855s.pdf* on the CMS website.