Medicare Learning Network
MLN Matters®
CMS
Official Information Health Care Professionals Can Trust

MLN Matters® Number: SE0903 **Related Change Request (CR) #: N/A**

Related CR Release Date: N/A **Effective Date: March 1, 2009**

Related CR Transmittal #: N/A **Implementation Date: N/A**

Note: This article was updated on July 27, 2016, to add a link to **MM9371** that alerts suppliers that ViPs Medicare System edits are being developed to deny claims for codes (effective October 3, 2016) in certain DMEPOS product categories unless the supplier has been identified as accredited at the time the services were rendered and verified on their Medicare Enrollment Application Form-855S or is currently exempt from meeting accreditation requirements as described in CR9371. All other information is unchanged

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

Provider Types Affected

This article is intended for all suppliers that furnish Medicare Part B durable medical equipment (DME), prosthetic devices, prosthetic or orthotic items, and supplies to Medicare beneficiaries.

Provider Action Needed

STOP – Impact to You

DMEPOS suppliers enrolled with the National Supplier Clearinghouse (NSC) are required to obtain accreditation by **September 30, 2009.**

CAUTION – What You Need to Know if You Choose Not to Become Accredited

In order to obtain or retain your 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 in this article)

must comply with the Medicare program's supplier standards and quality standards and become accredited. These standards can be found in 42 CFR 424.57 or on page 36 & 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.

GO – What You Need to Do if You Choose Not to Become Accredited

For those DMEPOS suppliers who choose not to become accredited at this time, they will need to submit an amended CMS-855S application 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. Providers and suppliers can find the latest version of CMS 855S at **http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855s.pdf** on the Centers for Medicare & Medicaid Services (CMS) website.

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:

- Durable Medical Equipment (DME);
- Medical supplies;
- Home dialysis supplies and equipment;
- Therapeutic shoes;
- Parenteral and enteral nutrient, equipment and supplies;
- Blood products;

- Transfusion medicine;
- Prosthetic devices, and
- Prosthetics and orthotics.

Non-Covered Items include:

- 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 are published at **http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/DMEPOSAccreditationStandards.pdf** on the CMS website, are separated into two sections and have three appendices as follows:

- **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.

Accreditation Deadline for DMEPOS Suppliers

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

Who Needs Accreditation?

The September 30, 2009, accreditation deadline applies to all suppliers of durable medical equipment, 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 applies to pharmacies, pedorthists, mastectomy fitters, orthopedic fitters/technicians and athletic trainers.

Who is Exempt?

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.

Additionally 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

All Medicare Part B enrolled DMEPOS providers and suppliers are required to obtain accreditation by **September 30, 2009**.

*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.*

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, they must submit an amended CMS 855S to prevent revocation and subsequent exclusion from the Medicare program.**

Accreditation Frequently Asked Questions (FAQs)

1. **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.

2. **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.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html** on the CMS website.

3. **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.

4. **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.

5. **Is information transferred between the accreditor and NSC?**

   Transfer of information between these two entities concerning their findings does occur.

6. **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. We are not changing reenrollment dates and timeframes to match survey timeframes.

Additional Information

If you have questions, please contact your Medicare contractor at their toll-free number which may be found at **http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html** on the CMS website. There is additional information on the accreditation process at **http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html** on the CMS website.

Document History

Date	Description
July 27, 2016	The article was revised to add a link to **MM9371** that alert suppliers that ViPs Medicare System edits are being developed to deny claims for codes (effective October 3, 2016) in certain DMEPOS product categories unless the supplier has been identified as accredited at the time the services were rendered and verified on their Medicare Enrollment Application Form-855S or is currently exempt from meeting accreditation requirements as described in CR9371.
January 25, 2013	This article was updated to reflect current Web addresses.
May 20, 2009	This article was revised to provide important information for suppliers who choose not to become accredited.
March 19, 2009	Initial article released