DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

The Basics of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Accreditation

To furnish Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), suppliers must meet DMEPOS Quality Standards established by the Centers for Medicare & Medicaid Services (CMS) and be accredited by a CMS-approved independent national Accreditation Organization (AO). This fact sheet provides information on the accreditation requirement, including the types of exempted providers and the process for becoming accredited, and provides resources for more information.

Please note:

The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Overview of the Quality Standards and Accreditation Requirement

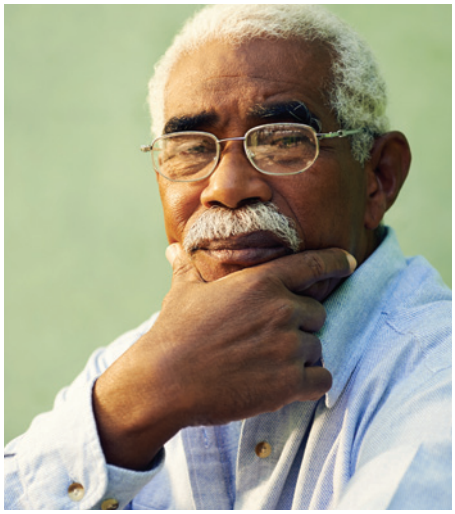
DMEPOS Quality Standards

For more information, refer to the DMEPOS Quality Standards at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DMEPOS_Qual_Stand_Booklet_ICN905709.pdf on the CMS website.

CMS established and implemented DMEPOS Quality Standards for DMEPOS suppliers under the Medicare Modernization Act of 2003 (MMA). To enroll or maintain Medicare billing privileges, all DMEPOS suppliers (unless exempted as described) must comply with the DMEPOS Quality Standards to become accredited.

The accreditation requirement applies to suppliers of the following items and services:

- Blood products;
- Durable Medical Equipment (DME);
- Electromyogram devices;
- Home dialysis supplies and equipment;
- Medical supplies;
- Parenteral and enteral nutrients, equipment, and supplies;
- Prosthetic devices, prosthetics, and orthotics;
- Salivation devices;
- Therapeutic shoes; and
- Transfusion medicine.



The items and services in the above list do not include:

- Drugs used with DME (inhalation drugs and drugs infused with a DME pump);
- Medical supplies furnished by Home Health Agencies; and
- Other Part B drugs, such as immunosuppressive drugs and anti-emetic drugs.

Providers Exempted from the Accreditation Requirement

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) exempts certain eligible professionals and other persons (listed below) from the accreditation requirement, unless CMS determines that the quality standards are specifically designed to apply to such professionals and other persons. In addition, providers accredited prior to the enactment of MIPPA, on July 15, 2008, do not have to undergo a re-accreditation process.

An exempted eligible professional includes the following types of practitioners:

- 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 Speech-Language Pathologist; and
- Registered Dietitian.

Additionally, MIPPA exempts "other persons" from the accreditation requirement, unless CMS determines that the quality standards are specifically designed to apply to such "other persons." At this time, such "other persons" are limited to the following types of practitioners:

- Audiologist;
- Optician;
- Orthotist; and
- Prosthetist.

MIPPA 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 exercise this statutory authority.

Accreditation Process

DMEPOS suppliers, except for those exempted eligible professionals and other persons listed above, must be accredited prior to submitting a Medicare enrollment application Form CMS-855S to the National Supplier Clearinghouse (NSC).

As the entity that processes enrollment applications and verifies information provided, the NSC will not approve any DMEPOS supplier's enrollment application if the enrollment package does not contain an approved accreditation upon receipt or in response to a development request. The NSC rejects such enrollment applications, unless the DMEPOS supplier provides supporting documentation of its approved accreditation.

There are 10 accreditation organizations (AOs) deemed to accredit DMEPOS suppliers using CMS' DMEPOS Quality Standards.

The accreditation process includes a pre-application, application review, and on-site survey. The accreditation process may take up to 9 months for a supplier that submits a complete accreditation application to an AO and has no deficiencies to correct following an on-site survey.

AOs

For more information, refer to the list of AOs at http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/DeemedAccreditationOrganizationsCMB.pdf on the CMS website.

Accreditation Process

Pre-Application

The **pre-application** consists of the following:

- The supplier contacts the AOs and gets information about each organization's accreditation process.
- The supplier reviews the information and chooses the organization to which it will apply.
- The AO helps the supplier determine what changes are required to meet the accreditation standards (for example, modifying existing services and practices, developing appropriate policies and procedures, developing an implementation plan and timeline, training employees).
- The supplier applies for accreditation after the changes are in place or during implementation.

Application

The **application review** consists of the following:

- The supplier submits 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 3 to 6 months.

On-Site Survey

The **on-site survey** consists of the following:

- The AO conducts an **unannounced** on-site survey.

The AO determines whether to accredit your organization based on the data it submitted and the on-site survey results. AOs also conduct unannounced on-site surveys at least every 3 years.

Accreditation cannot be transferred upon merger, acquisition, or sale. You must notify CMS, the NSC, and the AO when a merger, acquisition, or sale occurs.

Resources

For more information about DMEPOS, the DMEPOS Quality Standards, and accreditation, refer to the resources listed in the table below.

DMEPOS Resources

Resource	Website and Description
CMS Resources	**DME Center** http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html **DMEPOS Accreditation** http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/DMEPOSAccreditation.html on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device. "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DMEPOS_Qual_Stand_Booklet_ICN905709.pdf on the CMS website. "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Information for Pharmacies" fact sheet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DMEPOS_Pharm_FactSheet_ICN905711.pdf on the CMS website. **DMEPOS Competitive Bidding** http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid **DMEPOS Supplier Enrollment** http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll **DMEPOS Supplier Standards** http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/DMEPOSSupplierStandards.html
Department of Health & Human Services (HHS) Office of Inspector General (OIG)	https://oig.hhs.gov

DMEPOS Resources (cont.)

Resource	Website and Description
DME Medicare Administrative Contractors (DME MACs)	**Jurisdiction A:** NHIC, Corp. http://www.medicarenhic.com/dme **Jurisdiction B:** National Government Services (NGS) http://www.ngsmedicare.com **Jurisdiction C:** CGS Administrators, LLC http://www.cgsmedicare.com/jc **Jurisdiction D:** Noridian Healthcare Solutions https://www.noridianmedicare.com/dme
Medicare Learning Network® (MLN) Guided Pathways (GPs)	The MLN GPs help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about DMEPOS, refer to the "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies" section in the "MLN Guided Pathways: Provider Specific Medicare Resources" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other GPs, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
National Supplier Clearinghouse (NSC)	http://www.palmettogba.com/nsc
Physician Self-Referral Law (Stark Law) Considerations for DMEPOS Suppliers	**Title 42 "Code of Federal Regulations" (CFR) 411.355** http://www.gpo.gov/fdsys/pkg/CFR-2013-title42-vol2/pdf/CFR-2013-title42-vol2-sec411-355.pdf **Physician Self-Referral** http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral **"Physician Self-Referral Law" Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training Video** Click the image below to play the video: 

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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