



News Flash - Did you know that your local Medicare contractor (carrier, fiscal intermediary, or Medicare Administrative Contractor (MAC)) is a valuable source of news and information regarding Medicare business in your specific practice location? Through their electronic mailing lists, your local contractor can quickly provide you with information pertinent to your geographic area, such as local coverage determinations, local provider education activities, etc. If you have not done so already, you should go to your local contractor website and sign up for their listserv or e-mailing list. Many contractors have links on their home page to take you to their registration page to subscribe to their listserv. If you do not see a link on the homepage, just search their site for "listserv" or "e-mail list" to find the registration page. If you do not know the Web address of your contractor's homepage, it is available at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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

Provider Types Affected

All providers and suppliers that furnish Medicare Part B durable medical equipment (DME), prosthetic devices, prosthetic or orthotic items, and medical supplies to Medicare beneficiaries

Provider Action Needed



STOP – Impact to You

DMEPOS (durable medical equipment, prosthetics, orthotics and supplies) providers and suppliers enrolled in the Medicare Part B program are required to obtain accreditation by **September 30, 2009**.

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CAUTION – What You Need to Know

In order to retain or obtain a Medicare Part B billing number, all DMEPOS providers and 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. A DMEPOS supplier's Medicare Part B billing privileges will be revoked on **October 1, 2009**, if the DMEPOS supplier fails to obtain accreditation by September 30, 2009.



GO – What You Need to Do

DMEPOS providers and suppliers that have not yet done so should contact an accreditation organization (AO) right away to obtain information about the accreditation process and submit an accreditation application to the AO of their choosing. Suppliers can find a list of the deemed accrediting organizations at <http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DeemedAccreditationOrganizations.pdf> on the 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 receive or retain a provider or supplier number.

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;

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- Transfusion medicine; and
- Prosthetic devices, 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
 - Anti-emetic drugs.

DMEPOS Quality Standards

The quality standards, published at <http://www.cms.hhs.gov/medicareprovidersupenroll> 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) required all DMEPOS suppliers to meet quality standards for Medicare accreditation by September 30, 2009.

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Who Needs Accreditation?

The September 30, 2009, accreditation deadline applies to all Medicare Part B enrolled providers and 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. The accreditation deadline also applies to pharmacies, pedorthists, mastectomy fitters, orthopedic fitters/technicians and athletic trainers.

As of March 1, 2008, new DMEPOS providers and suppliers submitting an enrollment application to the National Supplier Clearinghouse (NSC), except those eligible professionals and other persons mentioned below, must be accredited prior to submitting the application. The NSC shall reject the enrollment application unless the DMEPOS supplier demonstrates an approved accreditation.

Who is Exempt?

MIPPA stated that certain eligible professionals and other persons do not have to be accredited by September 30, 2009, unless the Secretary determines that the quality standards are specifically designed to apply to such professionals and persons. In addition, those providers that were accredited prior to the enactment of MIPPA (July 15, 2008) will not have to undergo a re-accreditation process.

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);
- Physical Therapists;
- Occupational Therapists;
- Qualified Speech-Language Pathologists;
- Physician Assistants;
- Nurse Practitioners;
- Clinical Nurse Specialists;
- Certified Registered Nurse Anesthetists;
- Certified Nurse-Midwives;
- Clinical Social Workers;
- Clinical Psychologists;
- Registered Dietitians; and
- Nutritional professionals.

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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.

Accreditation Process

The accreditation process takes an average of 6-7 months but may take up to 9 months to complete for a Medicare enrolled or new DMEPOS supplier that submits a complete application to an accrediting organization (AO) and has no deficiencies to correct post onsite-survey.

Pre-application Process

- A DMEPOS supplier that wishes to become accredited should contact the AOs and obtain information about each organization’s accreditation process.
- The supplier should review the information and choose the organization to which it will apply.
- The AO will assist the supplier to determine what changes will be required to meet the accreditation standards (e.g., modify existing services, practices, developing appropriate policies and procedures, develop an implementation plan, timeline, and training employees).
- The supplier should apply for accreditation after the changes are in place or during implementation.

Application Review and On-site Survey

- The supplier submits a completed application to the AO with all the supporting documentation.
- The AO reviews the application and documentation (verify licensures, organizational chart, etc.).
- The on-site surveys are conducted minimally every 3 years and are unannounced.
- The AO will determine whether to accredit the supplier based on the submitted data and the results of the on-site survey.

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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.

It takes an average of 6-7 months but could take as long as 9 months for a DMEPOS supplier to complete the accreditation process. Accordingly, DMEPOS suppliers should contact an accreditation organization right away to obtain information about the accreditation process and submit an application.

A DMEPOS supplier's Medicare Part B billing privileges will be revoked on **October 1, 2009**, if the DMEPOS supplier fails to obtain accreditation by September 30, 2009.

Note: The current delay in the DMEPOS Competitive Bidding Program has no impact on the September 30, 2009, accreditation deadline.

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

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organization is approved to accredit and how to contact a deemed accrediting organization is posted at <http://www.cms.hhs.gov/medicareprovidersupenroll> 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. The NSC needs to know if a supplier is accredited prior to issuing an enrollment number, thus they will need to verify the accreditation status.

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.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> 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.

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