



DMEPOS COMPETITIVE BIDDING PROGRAM REFERRAL AGENTS



The Hyperlink Table, at the end of this document, gives the complete URL for each hyperlink.

When a round of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (CBP) becomes effective in a competitive bidding area (CBA), beneficiaries with Original Medicare who obtain competitively bid items in the CBA must use a competitive bidding contract supplier in order for Medicare to pay, unless an exception applies. Referral agents who refer Medicare beneficiaries who live in a CBA to specific suppliers should be aware of which suppliers in the area are contract suppliers.

From January 1, 2021, thru December 31, 2023, the CBP will only be in effect for off-the-shelf (OTS) back and knee braces, so the guidance in this fact sheet only applies to these items during this time.

For purposes of the CBP, **referral agents** include such entities as Medicare-enrolled providers, physicians, treating practitioners, discharge planners, social workers, and pharmacists who refer beneficiaries for items and/or services in a CBA.

HELP MEDICARE TO HELP THE BENEFICIARY

Referral agents play a critical role in helping beneficiaries select DMEPOS suppliers that can meet the beneficiaries' needs and meet the requirements of the CBP. A beneficiary's **first** contact with the CBP may be at the point when he or she receives a prescription for a competitively bid item. If the beneficiary **resides in a CBA or is visiting a CBA** in which he or she **needs to obtain a competitively bid item**, he or she may need to be directed to a contract supplier.

NOTE: The CBP does not affect the beneficiary's choice of physician or treating practitioner.

For beneficiaries who do not reside in a CBA or are not visiting a CBA, a referral agent may continue to refer beneficiaries to any Medicare-enrolled DMEPOS supplier.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Where can I find a list of the new contract suppliers for Round 2021?

You can find Round 2021 contract suppliers using the Supplier Directory, which is available to beneficiaries at <https://www.medicare.gov/Supplier>.

What information does a referral agent need to know before prescribing a DMEPOS item for a Medicare beneficiary or referring the beneficiary to a DMEPOS supplier?

To direct a beneficiary appropriately, a referral agent first needs to determine if the Medicare beneficiary has Original Medicare or is enrolled in a Medicare Advantage Plan. If the beneficiary is enrolled in a Medicare Advantage Plan, he or she needs to use suppliers approved by that plan.

If the beneficiary has Original Medicare, then the referral agent needs to determine if the beneficiary resides in a CBA or is visiting a CBA in which he or she needs to obtain a competitively bid item. CBAs are defined by ZIP Codes. To determine if a beneficiary is in a CBA, go to <http://www.dmecompetitivebid.com>, select “Tools” at the top of the page, then select “Find a CBA” and enter the ZIP Code. The beneficiary’s permanent residence is the one on file with the Social Security Administration (SSA).

For more information on traveling beneficiaries, please refer to the [What factors should be considered when beneficiaries travel?](#) section.

- **If the beneficiary resides in a CBA** and is prescribed an OTS back or knee brace, the referral agent would next determine if the item is a competitively bid item. The associated Healthcare Common Procedure Code System (HCPCS) codes are available at <http://www.dmecompetitivebid.com>.
- **If the OTS back and knee braces falls into one of the *competitive bid product categories***, the referral agent should inform the beneficiary of this and assist the beneficiary in obtaining the item from a contract supplier.

The referral agent should let the beneficiary know about the Supplier Directory at <https://www.medicare.gov/Supplier>. Customer service representatives at 1-800-MEDICARE can also assist beneficiaries in finding a contract supplier.

WHERE ARE THE CBAS?

Table 1. CBAs by State

State	CBA Name
AL	Birmingham-Hoover
AR	Little Rock-North Little Rock-Conway (only Knee Braces)
AZ	Phoenix-Mesa-Scottsdale Tucson
CA	Bakersfield Fresno Los Angeles County Orange County Oxnard-Thousand Oaks-Ventura Riverside-San Bernardino-Ontario Sacramento-Roseville-Arden-Arcade San Diego-Carlsbad San Francisco-Oakland-Hayward San Jose-Sunnyvale-Santa Clara Stockton-Lodi Visalia-Porterville

Table 1. CBAs by State (cont.)

State	CBA Name
CO	Colorado Springs (removed from Round 2021) Denver-Aurora-Lakewood (only Knee Braces)
CT	Bridgeport-Stamford-Norwalk Hartford-West Hartford-East Hartford New Haven-Milford
DC	Washington
DE	Wilmington
FL	Cape Coral-Fort Myers (only Back Braces) Deltona-Daytona Beach-Ormond Beach (only Back Braces) Jacksonville Lakeland-Winter Haven (only Back Braces) Miami-Fort Lauderdale-West Palm Beach (removed from Round 2021) North Port-Sarasota-Bradenton (only Back Braces) Ocala (only Back Braces) Orlando-Kissimmee-Sanford (only Back Braces) Palm Bay-Melbourne-Titusville (only Back Braces) Tampa-St. Petersburg-Clearwater
GA	Atlanta-Sandy Springs-Roswell Augusta-Richmond County Catoosa, Dade and Walker Counties
HI	Honolulu (only Back Braces)
IA	Council Bluffs
ID	Boise City
IL	Aurora-Elgin-Joliet Chicago-Naperville-Arlington Heights East St. Louis Lake and McHenry Counties
IN	Dearborn, Franklin, Ohio and Union Counties Gary Indianapolis-Carmel-Anderson Jeffersonville-New Albany

Table 1. CBAs by State (cont.)

State	CBA Name
KS	Kansas City-Overland Park-Ottawa Wichita
KY	Covington-Florence-Newport Louisville-Jefferson County
LA	Baton Rouge New Orleans-Metairie
MA	Boston-Cambridge-Quincy (only Knee Braces) Bristol County (only Knee Braces) Springfield Worcester (removed from Round 2021)
MD	Baltimore-Columbia-Towson Calvert, Charles and Prince George's Counties Silver Spring-Rockville-Bethesda
MI	Detroit-Warren-Dearborn Flint Grand Rapids-Wyoming
MN	Minneapolis-St. Paul-Bloomington
MO	Kansas City St. Louis
MS	Jackson (only Back Braces) South Haven-Olive Branch
NC	Asheville Charlotte-Concord-Gastonia Greensboro-High Point Raleigh
NE	Omaha
NH	Rockingham and Strafford Counties
NJ	Camden Elizabeth-Lakewood-New Brunswick Jersey City-Newark (only Back Braces)
NM	Albuquerque

Table 1. CBAs by State (cont.)

State	CBA Name
NV	Las Vegas-Henderson-Paradise
NY	Albany-Schenectady-Troy Bronx-Manhattan Buffalo-Cheektowaga-Niagara Falls Nassau, Kings, Queens and Richmond Counties Port Chester-White Plains-Yonkers (only Knee Braces) Poughkeepsie-Newburgh-Middletown Rochester Suffolk County (only Knee Braces) Syracuse
OH	Akron Cincinnati Cleveland-Elyria Columbus Dayton Toledo Youngstown-Warren-Boardman
OK	Oklahoma City Tulsa
OR	Portland-Hillsboro-Beaverton
PA	Allentown-Bethlehem-Easton Mercer County Philadelphia Pittsburgh Scranton-Wilkes-Barre-Hazleton
RI	Providence
SC	Aiken and Edgefield Counties Charleston-North Charleston Chester, Lancaster and York Counties Columbia Greenville-Anderson-Mauldin

Table 1. CBAs by State (cont.)

State	CBA Name
TN	Chattanooga (only Knee Braces) Knoxville Memphis Nashville-Davidson-Murfreesboro-Franklin
TX	Austin-Round Rock Beaumont-Port Arthur Dallas-Fort Worth-Arlington El Paso Houston-The Woodlands-Sugar Land McAllen-Edinburg-Mission San Antonio-New Braunfels
UT	Salt Lake City
VA	Arlington-Alexandria-Reston Richmond Virginia Beach-Norfolk-Newport News
WA	Seattle-Tacoma-Bellevue (only Knee Braces) Vancouver (only Knee Braces)
WI	Kenosha County Milwaukee-Waukesha-West Allis Pierce and St. Croix Counties
WV	Huntington

Can the referral agent prescribe a specific brand?

The CBP includes a beneficiary safeguard to ensure that beneficiaries have access to specific brands when needed to avoid an adverse medical outcome. This safeguard, which is sometimes called the Physician Authorization Process, allows a physician (including a podiatric physician) or treating practitioner (i.e., a physician assistant, clinical nurse specialist, or nurse practitioner) to prescribe a specific brand or mode of delivery to avoid an adverse medical outcome. The physician or treating practitioner must document in the beneficiary's medical record the reason why the specific brand is necessary to avoid an adverse medical outcome. This documentation should include all of the following:

- The product's brand name
- The features that this product has versus other brand name products
- An explanation of how these features are necessary to avoid an adverse medical outcome

If a physician or treating practitioner prescribes a particular brand for a beneficiary to avoid an adverse medical outcome, the contract supplier must, as a term of its contract, ensure that the beneficiary receives the needed item. The contract supplier has three options:

1. The contract supplier can furnish the specific brand as prescribed
2. The contract supplier can consult with the physician or treating practitioner to find another appropriate brand of item for the beneficiary and obtain a revised written prescription
3. The contract supplier can assist the beneficiary in locating a contract supplier that will furnish the particular brand of item prescribed by the physician or treating practitioner

If the contract supplier cannot furnish the specific brand and cannot obtain a revised prescription or locate another contract supplier that will furnish the needed item, the contract supplier **must** furnish the item as prescribed.

Can a contract supplier provide an item different from that specified in the written prescription received for the beneficiary?

A contract supplier is prohibited from submitting a claim to Medicare if it provides an item different than that specified in the written prescription. Any change in the prescription requires a revised written prescription. In addition, contract suppliers are required to accept assignment for items they furnish to Medicare beneficiaries.

What factors should be considered when beneficiaries travel?

If a beneficiary travels to a CBA, he or she must get any DMEPOS included in the CBP from a Medicare contract supplier for that CBA unless an exception applies. See the [Traveling Beneficiary](#) fact sheet for more information.

How is the Medicare payment amount determined when the beneficiary travels?

The Medicare payment amount is always based on the ZIP Code in which the beneficiary maintains a permanent residence.¹ For example:

- If a beneficiary maintains a permanent residence in a CBA and travels outside of the CBA, payment for a competitively bid item for the CBA in which the beneficiary maintains a permanent residence is the single payment amount for that item in the beneficiary’s CBA.
- When a beneficiary maintains a permanent residence in an area that is not in a CBA and travels to a CBA or non-CBA, the supplier that furnishes the item will be paid the fee schedule amount for the area where the beneficiary maintains a permanent residence.

RESOURCES

Table 1. DMEPOS CBP Resources

Resource	Website
DMEPOS Competitive Bidding Program	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid
Beneficiary-Related Information	Medicare.gov
Competitive Bidding Implementation Contractor	DMEcompetitivebid.com/cbic/cbic2021.nsf/DocsCat/Home

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Traveling Beneficiary	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/DME_Travel_Bene_Factsheet_ICN904484.pdf

¹ The permanent residence is the address on file with the SSA. It is the address to which the SSA mails checks and/or correspondence to the beneficiary.

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