



The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)  
**Competitive Bidding Program**  
*Physicians and Other Treating Practitioners*  
*Who Are Enrolled Medicare DMEPOS Suppliers Fact Sheet*



Under the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program, beneficiaries with Original Medicare who obtain competitive bidding items in designated competitive bidding areas (CBAs) are required to obtain these items from a contract supplier, unless an exception applies. For the first phase of competitive bidding, which is effective **January 1, 2011**, one of these exceptions allows physicians and other treating practitioners who are enrolled Medicare DMEPOS suppliers to furnish competitively bid walkers in a CBA to their own patients without submitting a bid and being selected as a contract supplier.<sup>1</sup>

### Who can be considered under this exception?

Medicare physicians and treating practitioners who have also enrolled as Medicare DMEPOS suppliers via the Form CMS-855S enrollment form can be considered under this exception. This includes physicians, including podiatric physicians; nurse practitioners; physician assistants; and clinical nurse specialists.

### What requirements must be met to qualify for this exception?

Medicare physicians and treating practitioners who have also enrolled as Medicare DMEPOS suppliers via Form CMS-855S have the option to furnish competitively bid walkers **to their own patients** without submitting a bid or being awarded a competitive bid contract if the following requirements are met:

- The walker must be furnished by the physician or treating practitioner DMEPOS supplier **to his or her own patients as part of his or her professional service**; and
- The walker must be billed to a DME Medicare Administrative Contractor (DME MAC) using the DMEPOS billing number that is assigned to the physician, the treating practitioner (if possible), or the group practice to which the physician or treating practitioner has reassigned the right to receive Medicare payment.

This exception does not affect the applicability of the physician self-referral (Stark law) provisions in section 1877 of the Social Security Act. All provisions of the physician self-referral law remain fully in effect.

<sup>1</sup> There is a similar exception for hospitals that is addressed in a separate fact sheet.

## What payment rules apply under this exception?

Medicare pays the single payment amount established by the competitive bidding program for walkers furnished under this exception, and the physician or treating practitioner must accept assignment. Single payment amounts can be found at <http://www.dmecompetitivebid.com/SPA> on the Internet.

## What are the rules to bill for walkers furnished under this exception?

To be paid for walkers as a non-contract supplier, physicians and treating practitioners should **use the modifier “KV”** in combination with the following **Healthcare Common Procedure Coding System (HCPCS) codes: A4636, A4637, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0154, E0155, E0156, E0157, E0158, and E0159**. On the claim billed to the DME MAC, the walker line item must have the same date of service as the professional service office visit billed to the Part A/Part B MAC. Physicians and treating practitioners are advised to submit the office visit claim and the walker claim on the same day to ensure timely and accurate claims processing.



## How does the physician or treating practitioner determine if a Medicare beneficiary permanently resides in a CBA?

This information can be determined by comparing the beneficiary's ZIP code to the list of ZIP codes for the CBAs, which can be found at <http://www.dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home> on the Internet.

## Additional Information



For more information about the DMEPOS Competitive Bidding Program, including a list of the first nine CBAs and items included in the program, visit <http://www.cms.gov/DMEPOSCompetitiveBid> on the Centers for Medicare & Medicaid Services (CMS) dedicated website.

Beneficiary-related information can be found at <http://www.medicare.gov> on the Internet.

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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September 2010 ICN 900926