

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Medicare Beneficiaries Impacted by an Emergency or Disaster

This guidance is for Medicare beneficiaries and suppliers who need additional information and assistance during an emergency or disaster.

Fee-for-Service Medicare Beneficiaries

When durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) are lost, destroyed, irreparably damaged, or otherwise rendered unusable due to circumstances relating to a declared emergency, Medicare will pay for the replacement DMEPOS that a Medicare beneficiary owns or purchased. Examples include home oxygen equipment, continuous positive airway pressure (CPAP) devices and supplies, hospital beds, diabetes testing supplies, wheelchairs, canes, walkers, artificial limbs, braces, and enteral nutrients and supplies.

CMS can exercise allowable flexibilities and issue waivers (when authorized) as necessary to accommodate the needs of those impacted by an emergency or disaster. CMS provides information and resources for Emergency Response and Recovery, including the granting of specific [waivers and flexibilities](#) of certain Medicare requirements under Section 1135 of the Social Security Act, when applicable.

Regardless of whether a waiver has been granted, the replacement of an item must be furnished by a Medicare-enrolled supplier. Beneficiaries who are in a Competitive Bidding Area (CBA) must use a contract supplier if they need a DMEPOS Competitive Bidding item. Beneficiaries who are unable to reach or unsure of their supplier, or are unsure of the items subject to the DMEPOS Competitive Bidding Program, can contact 1-800-MEDICARE (1-800-633-4227) for assistance.

Note: DMEPOS Competitive Bidding contract suppliers may subcontract with Medicare-enrolled non-contract suppliers consistent with existing program regulations. For contract suppliers impacted by an emergency or disaster for which section 1135 waivers have been authorized, then under section 1135 waiver authority, CMS may temporarily extend the 10 business day deadline to provide notification of any subcontracting arrangement. If applicable, CMS will notify contract suppliers directly via listserv when a temporary extension is provided. All other competitive bidding program requirements remain in force.

DMEPOS Competitive Bidding contract suppliers requiring assistance should call the Competitive Bidding Implementation Contractor (CBIC) customer service center toll-free at 877-577-5331. The CBIC customer service center is available between 9 a.m. and 5:30 p.m. prevailing Eastern Time, Monday through Friday.

Additional information about DMEPOS in emergency situations is available in Section I of the two “Medicare FFS – Emergency Q&As” on the CMS’ website:

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities.html>

All DME Medicare Administrative Contractors (MACs) have standard policies in place to process emergency or disaster claims according to CMS regulations in the Medicare

Claims Processing Manual: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c38.pdf>

All Medicare-enrolled DMEPOS suppliers can contact their DME MAC for assistance and guidance.

Medicare Advantage Plan or other Medicare Health Plan Beneficiaries

Medicare beneficiaries enrolled in a Medicare Advantage or other Medicare Health Plans should contact their plan directly to find out how it replaces DMEPOS damaged or lost in an emergency or disaster. Beneficiaries who do not have their plan's contact information can contact 1-800-MEDICARE (1-800-633-4227) for assistance.