



News Flash – The Centers for Medicare & Medicaid Services (CMS) has announced the contract suppliers for the Round 1 Rebid of the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program. The list of contract suppliers is now available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/index.html> on the CMS website.

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Expansion of Durable Medical Equipment (DME) Supplier Standards

Note: This article was updated on July 31, 2012, to reflect current Web addresses. All other information remains the same.

Provider Types Affected

Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) submitting claims to Medicare DME Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries are impacted by this Special Edition (SE) 1032.

Provider Action Needed

This article alerts suppliers that the Centers for Medicare & Medicaid Services (CMS) expanded the enrollment standards that DMEPOS suppliers must meet in order to establish and/or maintain billing privileges in the Medicare Program. CMS issued these revisions to ensure that only legitimate DMEPOS suppliers participate in the Medicare program and are providing DMEPOS items to Medicare beneficiaries. Be certain your billing staffs are aware of these changes.

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Background

On August 27, 2010 CMS published a final rule titled, *Medicare Program; Establishing Additional Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Enrollment Safeguards* (CMS-6036-F) in the Federal Register. This final rule, effective September 27, 2010, may be reviewed at <http://www.gpo.gov/fdsys/pkg/FR-2010-08-27/pdf/2010-21354.pdf> on the Internet. This final rule clarifies, expands, and adds to the existing enrollment requirements that DMEPOS suppliers must meet to establish and maintain billing privileges in the Medicare program.

Key Points of SE1032

The *Medicare Program; Establishing Additional Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Enrollment Safeguards* rule does the following:

- Requires DMEPOS suppliers to obtain oxygen from a State-licensed oxygen supplier (applicable only to those suppliers in States that require oxygen licensure (Section 424.57(c)(27));
- Requires DMEPOS suppliers to maintain ordering and referring documentation consistent with the provisions found in Section 424.516(f) (§424.57(c)(28)). (DMEPOS supplier will be required to maintain written order from a physician or eligible professional.);
- Prohibits DMEPOS suppliers from sharing a practice location with certain other Medicare providers and suppliers (Section 424.57(c)(29));
- Requires DMEPOS suppliers to remain open to the public for at least 30 hours a week, except physician, licensed non-physician practitioners furnishing services to his or her own patient(s) as part of his or her professional service, or a DMEPOS supplier working with custom made orthotics and prosthetics (Section 424.57(c)(30)); and
- Requires DMEPOS suppliers to notify the National Supplier Clearinghouse (NSC) of an adverse legal action, change of location, or change of ownership (including authorized and delegated officials) within 30 days. Failure to notify the NSC of these changes will result in overpayments from the date of the reportable event (Section 424.57(e));
- Revises supplier standard 1 (Section 424.57(c)(1)) requiring suppliers meet all state licensure and regulatory requirements. If a State requires licensure to furnish certain items or services, a DMEPOS supplier must be licensed to provide the item or service, and must employ the licensed professional on a full-time or part time basis unless the State permits contracting for licensed

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- services. A supplier may contract with an individual or other entity to provide licensed services unless State law expressly prohibits such an arrangement.
- Revises supplier standard 7 (Section 424.57(c)(7)) to ensure that the DMEPOS supplier maintains a physical facility on an appropriate site. The appropriate site must meet the following:
 - Except for State-licensed orthotic and prosthetic personnel providing custom fabricated orthotics or prosthetics in private practice, maintain a practice location that is at least 200 square feet;
 - Is in a location that is accessible to the public, Medicare beneficiaries, CMS, the NSC and its agents. The location must not be in a gated community or other area where access is restricted;
 - Is accessible and staffed during posted hours of operation;
 - Maintains a permanent visible sign in plain view and posts hours of operation; and
 - Is in a location that contains space for storing businesses records, including the supplier's delivery, maintenance and beneficiary communication records.
 - Revises supplier standard 9 (Section 424.57(c)(9)) to limit the use of cell phones, beeper numbers, and pagers as a primary business telephone number. In addition, the exclusive use of answering machines and answering services as the primary telephone number by a DMEPOS supplier during posted business hours is prohibited.

Additional Information

Remember, your Medicare contractor is available to assist you in providing services to Medicare beneficiaries and in being reimbursed in a timely manner for those services. Whenever you have questions, contact your contractor at their toll free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

If you have questions related to enrollment or accrediting standards issues, please contact the NSC at (866) 238-9652 from 9 a.m. until 5 p.m. EST to reach a customer service representative.

Medicare's surety bond requirements are summarized in detail in article MM6392 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6392.pdf> on the CMS website.

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More information regarding accreditation can be found at the provider/supplier accreditation page located at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website.

For more information explaining the revised requirements for pharmacies as a result of Section 3109 (a) of the Patient Protection and Affordable Care Act you may review MM7021 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7021.pdf> on the CMS website.

Also, extensive information, including a number of Frequently Asked Questions with answers, is available on the NSC website at <http://www.palmettogba.com/nsc> on the Internet.

News Flash - It's a Busy Time of Year. Make each office visit an opportunity to talk with your patients about the importance of getting the seasonal flu vaccination and a one-time pneumococcal vaccination. Remember, Medicare pays for these vaccinations for all beneficiaries with no co-pay or deductible. The seasonal flu and invasive pneumococcal disease kill thousands of people in the United States each year, most of them 65 years of age or older. The Centers for Disease Control and Prevention (CDC) also recommends that health care workers and caregivers be vaccinated against the seasonal flu. Protect your patients. Protect your family. Protect yourself. **Get Your Flu Vaccine - Not the Flu.** Remember – Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza vaccine and its administration, as well as related educational resources for health care professionals and their staff, please visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Flu_Products.pdf and <http://www.cms.gov/Medicare/Prevention/Immunizations/index.html> on the Centers for Medicare & Medicaid Services (CMS) website.

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