



DMEPOS Competitive Bidding Program: Referral Agents

All DMEPOS Competitive Bidding Program (CBP) Round 2021 Contracts for off-the-shelf (OTS) back braces and for OTS knee braces expired on December 31, 2023. As of January 1, 2024, there's a temporary gap period for the DMEPOS CBP. Visit [DMEPOS Competitive Bidding](#) for more information.



Under the Medicare DMEPOS Competitive Bidding Program (CBP), patients with Original Medicare who get competitively bid items in designated competitive bidding areas (CBAs) must get them from a competitive bidding contract supplier, unless an exception applies.

The CBP was in effect only for off-the-shelf (OTS) back and knee braces from January 1, 2021, through December 31, 2023.

Referral agents who refer Medicare patients living in a CBA to specific suppliers should know which suppliers in the area are contract suppliers. Referral agents include Medicare-enrolled providers, physicians, treating practitioners, discharge planners, social workers, and pharmacists who refer patients for items or services in a CBA.

Help Medicare Help the Patient

Referral agents play an important role in helping patients select DMEPOS suppliers who can meet their needs while also meeting CBP requirements. A patient's first contact with the CBP may be when they get a prescription for a competitively bid item. If the patient lives in a CBA or is visiting a CBA where they need a competitively bid item, they may need to be referred to a contract supplier.

Note: The CBP doesn't affect the patient's choice of physician or treating practitioner.

For patients who don't live in a CBA or aren't visiting a CBA, a referral agent may refer them to any Medicare-enrolled DMEPOS supplier.

FAQs

Where is the list of contract suppliers?

Find contract suppliers in the [Supplier Directory](#).

What information does a referral agent need before prescribing a DMEPOS item or referring a Medicare patient to a DMEPOS supplier?

First determine if the Medicare patient has Original Medicare or is enrolled in a Medicare Advantage plan. If the patient is enrolled in a Medicare Advantage plan, they must use suppliers approved by that plan.

If the patient has Original Medicare, then the referral agent must determine if the patient lives in a CBA or is visiting a CBA where they need to get a competitively bid item. CBAs are defined by ZIP Codes. Find CBA supplier information at [DMEPOS Competitive Bidding Program](#).

The patient's permanent residence is the address on file with the Social Security Administration (SSA). It's the address SSA uses to mail correspondence to the patient.

For more information on traveling patients, see the [What factors should be considered when patients travel?](#) FAQ.

If the patient lives 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. Find applicable HCPCS codes at [DMEPOS Competitive Bidding](#).

If the OTS back or knee brace falls into 1 of the competitive bidding product categories, the referral agent should tell the patient and help them get the item from a contract supplier.

The referral agent should tell the patient about the [Supplier Directory](#). Customer service representatives at 1-800-MEDICARE can also help patients find a contract supplier.

Where are the CBAs?

CBAs by State

State	CBA Name	State	CBA Name
AL	Birmingham-Hoover	CT	Bridgeport-Stamford-Norwalk
AR	Little Rock-North Little Rock-Conway (only knee braces)		Hartford-West Hartford-East Hartford New Haven-Milford
AZ	Phoenix-Mesa-Scottsdale Tucson	DC	Washington
CA	Bakersfield	DE	Wilmington
	Fresno	FL	Cape Coral-Fort Myers (only back braces)
	Los Angeles County		Deltona-Daytona Beach-Ormond Beach (only back braces)
	Orange County		Jacksonville
	Oxnard-Thousand Oaks-Ventura		Lakeland-Winter Haven (only back braces)
	Riverside-San Bernardino-Ontario		Miami-Fort Lauderdale-West Palm Beach (removed from Round 2021)
	Sacramento-Roseville-Arden-Arcade		North Port-Sarasota-Bradenton (only back braces)
	San Diego-Carlsbad		Ocala (only back braces)
	San Francisco-Oakland-Hayward		Orlando-Kissimmee-Sanford (only back braces)
	San Jose-Sunnyvale-Santa Clara		Palm Bay-Melbourne-Titusville (only back braces)
Stockton-Lodi	Tampa-St. Petersburg-Clearwater		
Visalia-Porterville			
CO	Colorado Springs (removed from Round 2021)		
	Denver-Aurora-Lakewood (only knee braces)		

CBAs by State (cont.)

State	CBA Name
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
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)

State	CBA Name
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
NV	Las Vegas-Henderson-Paradise

CBA by State (cont.)

State	CBA Name	State	CBA Name
NY	Albany-Schenectady-Troy	SC	Aiken and Edgefield Counties
	Bronx-Manhattan		Charleston-North Charleston
	Buffalo-Cheektowaga-Niagara Falls	TN	Chester, Lancaster and York Counties
	Nassau, Kings, Queens and Richmond Counties		Columbia
	Port Chester-White Plains-Yonkers (only knee braces)		Greenville-Anderson-Mauldin
	Poughkeepsie-Newburgh-Middletown	TX	Chattanooga (only knee braces)
	Rochester		Knoxville
	Suffolk County (only knee braces)		Memphis
Syracuse	Nashville-Davidson-Murfreesboro-Franklin	UT	Austin-Round Rock
OH	Akron		Beaumont-Port Arthur
	Cincinnati		Dallas-Fort Worth-Arlington
	Cleveland-Elyria		El Paso
	Columbus		Houston-The Woodlands-Sugar Land
	Dayton		McAllen-Edinburg-Mission
	Toledo	San Antonio-New Braunfels	
Youngstown-Warren-Boardman	Salt Lake City	VA	Arlington-Alexandria-Reston
OK	Oklahoma City		Richmond
	Tulsa		Virginia Beach-Norfolk-Newport News
OR	Portland-Hillsboro-Beaverton	WA	Seattle-Tacoma-Bellevue (only knee braces)
PA	Allentown-Bethlehem-Easton		Vancouver (only knee braces)
	Mercer County	WI	Kenosha County
	Philadelphia		Milwaukee-Waukesha-West Allis
	Pittsburgh		Pierce and St. Croix Counties
Scranton-Wilkes-Barre-Hazleton	WV	Huntington	
RI		Providence	

Can the referral agent prescribe a specific brand?

The CBP includes a patient safeguard to ensure that patients have access to specific brands when needed to avoid an adverse medical outcome. This safeguard, sometimes called the Physician Authorization Process, allows a physician (including a podiatrist) or treating practitioner (for example, 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 patient's medical record why the specific brand is necessary by including:

- The product's brand name
- The product's features compared with those of other brand name products
- An explanation of why these features are needed to avoid an adverse medical outcome

If a physician or treating practitioner prescribes a particular brand for a patient to avoid an adverse medical outcome, the contract supplier must ensure the patient gets the needed item. The contract supplier can:

- Provide the specific brand as prescribed
- Consult with the physician or treating practitioner to find another appropriate brand of item for the patient and get a revised written prescription
- Help the patient find a contract supplier who will provide the brand of item prescribed

Can a contract supplier provide an item that's different from what's specified in the written prescription?

A contract supplier can't submit a claim if they provide an item that's different from what's specified in the written prescription. Any change in the prescription requires a revised written prescription. Also, contract suppliers must accept assignment for items they provide to Medicare patients.

What factors should be considered when patients travel?

If a patient travels to a CBA, they must get any DMEPOS included in the CBP from a Medicare contract supplier for that CBA unless an exception applies. [Traveling Patients](#) has more information.

How does Medicare determine the payment amount when the patient travels?

Medicare CBP payment amount is always based on the ZIP Code where the patient has their permanent residence. For example:

- If a patient has a permanent residence in a CBA and travels outside that CBA, we pay for a competitively bid item for the CBA where the patient permanently lives based on the single payment amount for that item
- If a patient has a permanent residence in an area that isn't in a CBA and travels to a CBA or non-CBA, we pay the supplier who provides the item the fee schedule amount for the patient's permanent residence area

Resources

- [Competitive Bidding Implementation Contractor](#)
- [DMEPOS Competitive Bidding Program](#)

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