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The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program

Physicians and Other Treating Practitioners Who Are Enrolled Medicare DMEPOS Suppliers

Under the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (the Program), beneficiaries with Original Medicare who obtain competitive bidding items in competitive bidding areas (CBAs) are required to obtain these items from a contract supplier, unless an exception applies. This fact sheet discusses one of these exceptions, which allows physicians or treating practitioners who are enrolled Medicare DMEPOS suppliers to furnish certain competitively bid items to their own patients without submitting a bid and being selected as a contract supplier.[1]

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.



[1] There is a similar exception for hospitals that is addressed in a separate fact sheet.

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, folding manual wheelchairs, or external infusion pumps[2] **to their own patients** without submitting a bid or being awarded a competitive bid contract if both of the following requirements are met:

- ◆ The walkers, folding manual wheelchairs, or external infusion pumps 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**
- ◆ The walkers, folding manual wheelchairs, or external infusion pumps must be billed to a Durable Medical Equipment 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.

What payment rules apply under this exception?

Medicare pays the single payment amount established by the Program for walkers, folding manual wheelchairs, and external infusion pumps furnished under this exception, and the physician or treating practitioner must accept assignment. Single payment amounts can be found on the Competitive Bidding Implementation Contractor (CBIC) website, <http://www.dmecompetitivebid.com>.

What are the rules to bill for walkers, folding manual wheelchairs, and external infusion pumps furnished under this exception?

To be paid for **walkers** as a non-contract supplier, physicians or treating practitioners should **use the modifier KV** in combination with the following **Healthcare Common Procedure Coding System (HCPCS) codes: E0130, E0135, E0140, E0141, E0143, E0147[3], E0148, E0149, E0154, E0155, E0156, E0157, E0158, and E0159.**

To be paid for **folding manual wheelchairs** as a non-contract supplier, physicians or treating practitioners should **use the modifier KV** in combination with the following **HCPCS codes: K0001, K0002, K0003, K0004, K0006, K0007, E1037, E1038, E1039, E0705, E0950, E0951, E0958, E0959, E0961, E0971, E0973, E0974, E0978, E0985, E0990, E1015, E1020, E1028, E1225, E1226, E2201, E2202, E2203, E2204, E2206, E2207, E2208, E2209, E2211, E2213, E2228, K0040, K0053, K0056, K0065, K0073, K0077, K0105, and K0195.**

To be paid for **external infusion pumps** as a non-contract supplier, physicians or treating practitioners should **use the modifier KV** in combination with the following **HCPCS codes: A4221, A4222, E0776, E0779, E0780, E0781, E0784, E0791, K0552, K0601, K0602, K0603, K0604, and K0605.**

On the claim billed to the DME MAC, the walker, folding manual wheelchair, or external infusion pump line item must have the same date of service as the professional service office visit billed to the Part A/Part B MAC.

[2] External infusion pumps and supplies are included in the DMEPOS Competitive Bidding Program through December 31, 2016, in certain [areas](#) only.

[3] This HCPCS code is only included in the DMEPOS Competitive Bidding Program in certain [areas](#) only.

Physicians and treating practitioners are advised to submit the office visit claim and the walker, folding manual wheelchair, or external infusion pump claim on the same day to ensure timely and accurate claims processing.

How does the physician or treating practitioner determine if an area is in a CBA?

CBAs are defined by ZIP Codes. To determine if a ZIP Code is in a CBA, enter it in the “FIND A CBA” tool on the tool bar at the top of the page at <http://www.dmecompetitivebid.com>.

The “FIND A CBA” tool will also indicate the specific round that applies to a ZIP Code.

Additional Information

For more information about the DMEPOS Competitive Bidding Program, visit <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid> on the CMS website.

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



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