



DMEPOS COMPETITIVE BIDDING PROGRAM

PHYSICIANS AND OTHER TREATING PRACTITIONERS, PHYSICAL THERAPISTS, AND OCCUPATIONAL THERAPISTS



The Hyperlink Table, at the end of this document, gives the complete URL for each hyperlink.

When a new round of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program becomes effective, beneficiaries with Original Medicare who live in or travel to a competitive bidding area (CBA) and are prescribed off-the-shelf (OTS) back braces or OTS knee braces must use a competitive bidding contract supplier, unless an exception applies. This fact sheet discusses two of these exceptions for:

1. Physicians and other treating practitioners (physician assistants, nurse practitioners, and clinical nurse specialists); and
2. Physical therapists and occupational therapists¹

From January 1, 2021, thru December 31, 2023, the CBP will only be in effect for OTS back and knee braces, so the guidance in this fact sheet only applies to these items during this time.

WHAT REQUIREMENTS MUST BE MET TO QUALIFY FOR THESE EXCEPTIONS?

Medicare physicians, physician assistants, nurse practitioners, and clinical nurse specialists who are enrolled as Medicare DMEPOS suppliers via Form CMS-855S have the option to furnish OTS back braces and OTS knee braces to **their own patients** without being a contract supplier if both of the following requirements are met:

- The OTS back brace or OTS knee brace must be furnished by the physician or other treating practitioner **to his or her own patient as part of his or her professional service.**
- The OTS back brace or OTS knee brace 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 other 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.

Physical therapists and occupational therapists in private practice who are enrolled as Medicare DMEPOS suppliers via Form CMS-855S have the option to furnish OTS back braces and OTS knee braces without being a competitive bidding contract supplier provided that the [items](#) are furnished **only to the therapist's own [patients](#) as part of the physical or occupational therapy service.**

¹ There is a similar exception for physicians and other treating practitioners that is addressed in a separate fact sheet.

WHAT PAYMENT RULES APPLY UNDER THESE EXCEPTIONS?

Medicare pays competitive bidding single payment amounts (SPA) for OTS back braces and OTS knee braces furnished under these exceptions, and assignment of the claim must be accepted in all cases. SPAs can be found on the Competitive Bidding Implementation Contractor (CBIC) website, <http://www.dmecompetitivebid.com>.

WHAT ARE THE RULES TO BILL FOR OTS BACK BRACES AND OTS KNEE BRACES FURNISHED UNDER THESE EXCEPTIONS?

To be paid for **OTS back braces** as a non-contract supplier, physicians and other treating practitioners should **use the modifier KV and physical therapists and occupational therapists should use the modifier J5** in combination with the following HCPCS codes: **L0450, L0455, L0457, L0467, L0469, L0621, L0623, L0625, L0628, L0641, L0642, L0643, L0648, L0649, L0650 and L0651.**

To be paid for **OTS knee braces** as a non-contract supplier, physicians and other treating practitioners should **use the modifier KV and physical therapists and occupational therapists should use the modifier J5** in combination with the following HCPCS codes: **L1812, L1830, L1833, L1836, L1850, L1851, and L1852.**

On the claim billed to the DME MAC, the OTS back brace or OTS knee brace line item must have the same date of service as the professional service office visit or physical or occupational therapy service billed to the Part A/Part B MAC.

Physicians and other treating practitioners and physical therapists and occupational therapists are advised to submit the office visit or therapy claim and the OTS back brace or OTS knee brace claim on the same day to ensure timely and accurate claims processing.

HOW DOES THE PHYSICIAN OR OTHER TREATING PRACTITIONER, OR PHYSICAL THERAPIST OR OCCUPATIONAL THERAPIST 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” will also indicate the specific round that applies to a ZIP Code.

RESOURCES

Table 1. DMEPOS CBP Resources

Resource	Website
DMEPOS Competitive Bidding Program	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid
Beneficiary-Related Information	Medicare.gov
Competitive Bidding Implementation Contractor	DMEcompetitivebid.com/cbic/cbic2021.nsf/DocsCat/Home

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Items	https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=df36642decbf75330a269962e73aeec5&term_occur=999&term_src=Title:42:Chapter:IV:Subchapter:B:Part:414:Subpart:F:414.404
Patients	https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=a7b754745b3208b7071ab7fb0db5c5cf&term_occur=999&term_src=Title:42:Chapter:IV:Subchapter:B:Part:414:Subpart:F:414.404

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