



DMEPOS Competitive Bidding Program: Non-Contract Suppliers

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 for Medicare to pay, 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.

What's a Non-Contract Supplier?

A non-contract supplier is a supplier who isn't contracted by CMS to provide items included in the CBP. The [Competitive Bidding Implementation Contractor](#) (CBIC) lists products in the CBP, and references CBAs by ZIP Codes and product categories by HCPCS codes.

What Exceptions Apply to Non-Contract Suppliers?

We won't pay non-contract suppliers providing competitively bid DMEPOS items to patients with Original Medicare in a CBA, unless 1 of these exceptions apply:

- **Physicians and Other Treating Practitioners** – Physicians and other treating practitioners who are enrolled Medicare DMEPOS suppliers may provide competitively bid OTS back and knee braces in a CBA to their own patients without being a contract supplier. [Physicians & Other Treating Practitioners, Physical Therapists & Occupational Therapists](#) has more information.
- **Hospitals** – Hospitals may provide competitively bid OTS back and knee braces in a CBA to their own patients without being a contract supplier. [Hospitals That Aren't Contract Suppliers](#) has more information.
- **Medicare Secondary Payer** – We may make a secondary payment to a non-contract supplier with a valid Provider Transaction Access Number (PTAN) for a competitively bid OTS back or knee brace in a CBA if a patient who lives in the CBA uses that supplier under their primary insurance policy. This policy doesn't take the place of any Medicare secondary payer payment laws, regulations, or policies. We calculate payment according to Medicare secondary payer requirements.
- **Repairs and Replacements** – Any Medicare-enrolled supplier may repair patient-owned items and replace necessary parts. Labor for equipment repairs isn't subject to competitive bidding and follows Medicare's general payment rules. If patients in a CBA replace, rather than repair, their competitively bid OTS back or knee braces, they must get them from contract suppliers. [Repairs & Replacements of Off-the-Shelf Back & Knee Braces](#) has more information.

What's a Patient's Liability for Services Provided by Non-Contract Suppliers?

A patient isn't financially liable to a non-contract supplier for a competitively bid item (for example, an OTS back or knee brace) in a CBA unless an exception applies. However, if the patient signs an advance beneficiary notice (ABN) stating that Medicare won't pay because the item is from a non-contract supplier, they accept financial responsibility. Get ABN forms at [Beneficiary Notices Initiative \(BNI\)](#).

Resources

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

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