



## DMEPOS Accreditation



### What's Changed?

- Added language on how CMS is addressing DMEPOS fraud, waste, and abuse (page 2)
- Existing DMEPOS suppliers who change locations must be surveyed before being accredited (page 3)
- Updated the survey frequency (page 6)
- Added information for suppliers undergoing a change in majority ownership (page 7)

Substantive content changes are in dark red.

This fact sheet describes DMEPOS suppliers' accreditation requirements. It includes:

- Verifying your business meets the required DMEPOS quality standards
- Types of eligible professionals exempted from accreditation
- Updating your enrollment information
- Resources

This information applies to **all** DMEPOS suppliers submitting claims to DME Medicare Administrative Contractors (MACs) for Medicare patients' DMEPOS items and supplies.

### **Fraud, Waste & Abuse**

As part of CMS's longstanding and ongoing efforts to address DMEPOS fraud, waste, and abuse, accrediting organizations (AOs) need to make sure they're accrediting DMEPOS suppliers who are in compliance with the quality standards. We'll also perform additional oversight of the AOs, including but not limited to:

- Increasing the amount, specificity, and frequency of data that AOs must submit to us
- Expanding our ability to closely monitor and review AOs' operations
- Strengthening our ability to respond to poorly performing AOs
- Preventing DMEPOS AO conflicts of interest



## DMEPOS Quality Standards & Accreditation Requirements

National Provider Enrollment contractors (NPECs) ([east](#) and [west](#)) process Medicare enrollment applications for DMEPOS suppliers to make sure they meet all supplier standards and enrollment requirements.

Find your [NPEC](#).

To supply Medicare DMEPOS to your patients and obtain and maintain a supplier billing number, you must:

- Meet DMEPOS supplier standards.
  - Suppliers must comply with [all current supplier regulatory standards](#) to enroll in Medicare and keep your billing privileges through NPECs, who:
    - Validate that suppliers meet all supplier standards
    - Validate that suppliers are properly accredited for the products and services they identify on their enrollment application
    - Maintain a DMEPOS supplier enrollment central data repository
  - If a DMEPOS supplier violates any supplier standards, like not being appropriately licensed, NPECs may deny enrollment or revoke Medicare billing privileges
- Meet all [DMEPOS quality standards](#) and get accreditation from a CMS-approved independent national AO.
  - AO accreditation must indicate the specific products and services for which they're accrediting that supplier to get payment.
  - DMEPOS suppliers must notify their AO when a new DMEPOS location opens. All DMEPOS supplier locations, whether owned or subcontracted, must meet DMEPOS quality standards and get separately accredited to bill. **Starting January 1, 2026, all existing DMEPOS suppliers who have a new location must be surveyed before being accredited so we can confirm that the location meets the quality standards. We'll no longer allow the supplier to be operational for 3 months before the AOs conduct a site visit.**
  - DMEPOS suppliers must disclose all products and services when they enroll, including adding new product categories for which they're seeking accreditation. If you add a new product category after enrollment, notify the accrediting body so they can survey (if needed) and accredit the new product category.
- Enroll in Medicare or change your enrollment through [PECOS](#) or by completing the paper application [Medicare Enrollment Application for DMEPOS Suppliers \(CMS-855S\)](#). All practice locations must be separately enrolled. All DMEPOS suppliers must report any enrollment information changes to NPECs within 30 days of the change, including DMEPOS accreditation changes.

We deny your claims if you aren't accredited by a CMS-approved AO. We tell you on your remittance advice if you aren't properly accredited. [Contact a CMS-approved AO](#) to get accredited. If you believe this message is incorrect:

- Review your enrollment to make sure your accreditation information is current. Find your [NPEC](#) for help changing your enrollment record.
- If your record is correct, ask your AO to check their records.

See [CMS-855S](#) for a list of covered DMEPOS products and services.

For exempted products, supplies, and eligible professionals, see the table in the next section.

### Quality Standards

CMS-approved AOs use the [Quality Standards](#) to accredit suppliers. The NPECs and AOs are completely independent, so compliance with 1 entity doesn't guarantee compliance with the other.

## Exemptions

Section 154(b)(F) of the [Medicare Improvements for Patients and Providers Act of 2008](#) (MIPPA) exempts certain eligible professionals and other people from accreditation unless we determine the quality standards specifically apply to them.

MIPPA also allows us to exempt eligible professionals and other people from the DMEPOS quality standards based on their licensing, accreditation, or other applicable mandatory quality requirements. However, we don't currently use this statutory authority.

[Pharmacies](#) may also apply for an accreditation exemption by submitting an accreditation exemption attestation to the NPECs.



Table. Exempted Products, Supplies &amp; Professionals

Exempted Categories	Exempted Products, Supplies & Professionals
Products and Supplies	<ul style="list-style-type: none"> <li>DME drugs (inhalation drugs and DME pump-infused drugs)</li> <li>Home health agencies' medical supplies</li> <li>Other Medicare Part B drugs, like immunosuppressive and antiemetic drugs</li> </ul>
Eligible Professionals	<ul style="list-style-type: none"> <li>Certified nurse-midwife</li> <li>Certified registered nurse anesthetist</li> <li>Clinical nurse specialist</li> <li>Clinical psychologist</li> <li>Clinical social worker</li> <li>Nurse practitioner</li> <li>Nutritional professional</li> <li>Occupational therapist</li> <li>Physical therapist</li> <li>Physician</li> <li>Physician assistant</li> <li>Qualified audiologist</li> <li>Qualified speech-language pathologist</li> <li>Registered dietitian</li> </ul>
Other Persons	<ul style="list-style-type: none"> <li>Optician</li> <li>Orthotist</li> <li>Prosthetist</li> </ul>

## Accreditation Process

Except for exempted suppliers listed in the table, you must have DMEPOS supplier-accredited status **before** submitting your Medicare enrollment application.

The NPECs process enrollment applications and verify information but won't process any enrollment application unless the applicant is accredited or exempt. CMS-approved AOs accredit DMEPOS suppliers as compliant with Part B DMEPOS quality standards.

### AOs

For accreditation information, contact an AO directly. We keep a [current list of approved AOs with contact information](#).

The accreditation process has 3 stages:

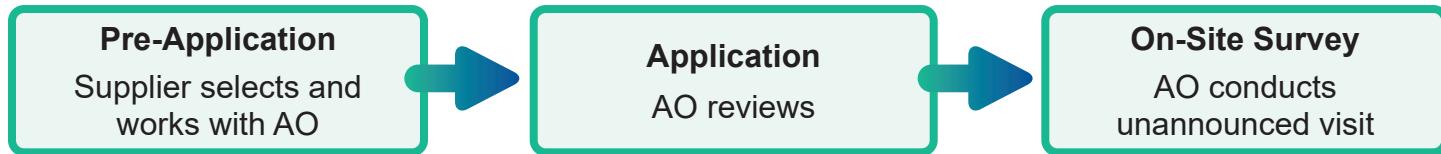


Figure. Accreditation Process

## Pre-Application

1. Contact the AOs and get information about each organization's accreditation process.
2. Review the information and apply to the AO of your choice. Your AO helps determine what required changes will ensure you meet accreditation standards (for example, modifying existing services and practices, developing appropriate policies and procedures, developing an implementation plan and timeline, and training employees).
3. Apply for accreditation after you make the changes or during their implementation.

## Application

1. Submit a completed application to the AO with all required supporting documentation.
2. The AO reviews your application and documentation (for example, verifies organizational chart and licensure).

## On-Site Survey

1. The AO conducts an unannounced on-site survey.
2. The AO determines accreditation based on your submitted data and on-site survey results.
3. AOs report accreditation information to the NPECs. You may also report accreditation information to your NPEC on your enrollment application.

**Note:** Starting January 1, 2026, AOs will resurvey and reaccredit all accredited DMEPOS suppliers at least once every 12 months—previously it was every 3 years. A DMEPOS supplier's annual resurvey and reaccreditation cycle won't start until the expiration of the supplier's current 3-year reaccreditation cycle, if issued before the final rule effective date, January 1, 2026.

## Merger, Acquisition, or Sale

Accreditation doesn't automatically transfer after a merger, acquisition, or sale. You **must** notify us, your NPEC, and your AO when a merger, acquisition, or sale happens.

Keep your enrollment information current. To avoid having your Medicare billing privileges revoked, report any change within 30 days. Changes include, but aren't limited to:

- Change in ownership
- Adverse legal action
- Change in practice location

## Change in Majority Ownership

We don't convey Medicare billing privileges to a new owner if there's a change in majority ownership of a DMEPOS supplier by sale within 36 months after either:

- The effective date of the DMEPOS supplier's initial Medicare enrollment
- The supplier's most recent change in majority ownership

The prospective owner of the DMEPOS supplier must both:

- Enroll in Medicare as a new DMEPOS supplier
- Undergo a survey by, and get new accreditation from, a CMS-approved DMEPOS AO

We don't require you to enroll as a new supplier if 1 of these exceptions applies:

- The DMEPOS supplier's parent company is undergoing an internal corporate restructuring
- The existing DMEPOS supplier's owners are changing the DMEPOS supplier's current business structure and the owners remain the same
- An individual owner of the DMEPOS supplier dies

## Resources

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- [2026 DMEPOS Accreditation Requirements Final Rule](#)
- [DMEPOS](#)
- [DMEPOS Competitive Bidding](#)
- [DMEPOS Supplier Standards](#)
- [Enroll as a DMEPOS Supplier](#)
- [HHS Office of Inspector General](#)
- [MAC Websites](#)
- [Physician Self-Referral](#)
- [Provision Summary](#)

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