



## DMEPOS Accreditation



## What's Changed?

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- Added regulatory supplier language detailing standards
- Added regulatory language explaining enrollment requirements

You'll find substantive content updates in dark red font.

## Introduction

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This fact sheet describes Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers' accreditation requirements. This includes verifying your business meets **the required DMEPOS quality standards**, types of eligible professionals exempted from accreditation, updating your enrollment information, and resources. **This information applies to all DMEPOS suppliers submitting claims to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for Medicare patients' DMEPOS items and supplies.**

## DMEPOS Quality Standards & Accreditation Requirements

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

- Meet DMEPOS supplier standards.
  - Suppliers must comply with **all 42 CFR Section 424.57(c) current supplier regulatory standards to enroll in Medicare and keep their billing privileges through the [National Supplier Clearinghouse](#) (NSC)**. The NSC is the DMEPOS enrollment contractor. They validate suppliers meet all supplier standards, validate the supplier is properly accredited for the products and services they note on their enrollment application, and maintain a DMEPOS supplier enrollment central data information repository.
  - If a DMEPOS supplier violates any supplier standards, such as not being appropriately licensed, the NSC may deny enrollment or revoke your current Medicare billing privileges.
- Meet all CMS quality standards and get accreditation from a CMS-approved independent national Accreditation Organization (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 Medicare.
  - DMEPOS suppliers must disclose all products and services when they enroll, including adding new product lines for which they're seeking accreditation. If you add a new product line after enrollment, you're responsible for notifying the accrediting body so they can re-survey you and accredit the new product line.
- Enroll in Medicare using the paper application [Medicare Enrollment Application for DMEPOS Suppliers \(Form CMS-855S\)](#) or the Provider Enrollment, Chain, and Ownership System ([PECOS](#)).
  - All DMEPOS suppliers must report any enrollment information changes to the NSC within 30 days of the change. This includes DMEPOS accreditation changes.

Get additional quality standards information and resources in the [DMEPOS Quality Standards](#) educational tool.

See CMS-855S, Section 3.D, for a list of covered DMEPOS products and services.

For exempted products, supplies, and eligible professionals, see the table below.

### Quality Standards

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

### Exemptions

The [Medicare Improvements for Patients and Providers Act of 2008 \(MIPPA\)](#) exempts certain eligible professionals and other persons from accreditation, unless CMS determines the quality standards specifically apply to them. Get more information on exempted providers in [MLN Matters® Article MM9904](#).

MIPPA also allows us to exempt such eligible professionals and other persons 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 NSC AO accreditation exemption.

## Exempted Products, Supplies, & Professionals

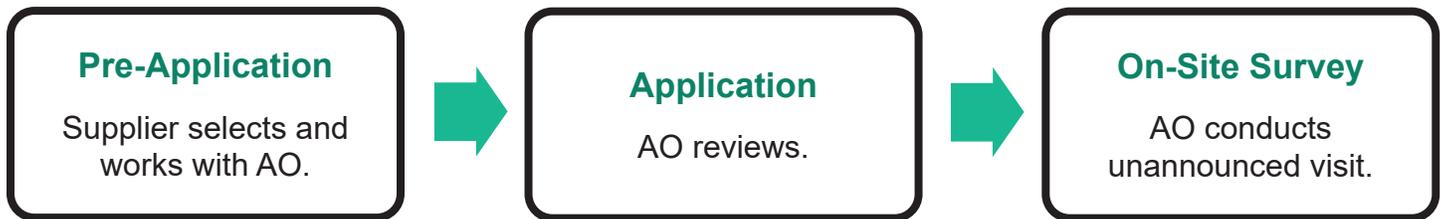
Exempted Categories	Exempted Products, Supplies, or Professionals
<b>Products and Supplies</b>	<ul style="list-style-type: none"> <li>• DME drugs (inhalation drugs and DME pump-infused drugs)</li> <li>• Home Health Agencies' medical supplies</li> <li>• Other Part B drugs, like immunosuppressive and antiemetic drugs</li> </ul>
<b>Eligible Professionals</b>	<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>• Nutrition 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>
<b>Other Persons</b>	<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. Get more information on accreditation in [MLN Matters Article MM9371](#).

The NSC processes enrollment applications and verifies information. The NSC won't process any enrollment application unless the applicant is accredited or exempt. CMS-approved AOs accredit DMEPOS suppliers as compliant with Medicare Part B DMEPOS Quality Standards.

The accreditation process has 3 stages:



### AOs

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

### Pre-Application Process

- You contact the AOs and get information about each organization's accreditation process.
- You 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).
- You apply for accreditation after you make the changes or during their implementation.

### Application Process

- You submit a completed application to the AO with all required supporting documentation.
- AO reviews your application and documentation (for example, verifies organizational chart and licensure). The average review period is 4–6 months.

### On-Site Survey

- AO conducts an unannounced on-site survey.
- AO determines accreditation based on your submitted data and on-site survey results.
- AOs report accreditation information to the NSC.
- You may also report accrediting information to the NSC on your enrollment application.

**Remember:** AOs conduct unannounced on-site surveys at least every 3 years.

## Merger, Acquisition, or Sale

Accreditation can't automatically transfer after merger, acquisition, or sale. You **must** notify CMS, the NSC, and the AO when a merger, acquisition, or sale happens.

## Resources

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- [DME Center](#)
- [DME MAC Contact Information](#)
- [DMEPOS Competitive Bidding](#)
- [DMEPOS Supplier Enrollment](#)
- [DMEPOS Supplier Standards](#)
- [HHS Office of Inspector General](#)
- [Physician Self-Referral Law \(Stark Law\) Considerations for DMEPOS Suppliers](#)

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