The Basics of DMEPOS Accreditation

To furnish Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), suppliers must meet DMEPOS Quality Standards established by the Centers for Medicare & Medicaid Services (CMS) and be accredited by a CMS-approved independent national Accreditation Organization (AO).

This fact sheet provides information on the accreditation requirement (including the types of exempted providers), the accreditation process, and resources for more information. In this publication, “you” refers to DMEPOS suppliers.

Please Note

The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).
Overview of the Quality Standards and Accreditation Requirement

All DMEPOS suppliers (unless exempted as described below) must comply with the DMEPOS Quality Standards to enroll in or maintain Medicare billing privileges and become accredited.

The accreditation requirement applies to suppliers of the products and services shown in section 3D of CMS Form-855S available at http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855s.pdf on the CMS website.

This does not include:

- Drugs used with DME (inhalation drugs and drugs infused with a DME pump);
- Medical supplies furnished by Home Health Agencies; and
- Other Part B drugs, such as immunosuppressive drugs and anti-emetic drugs.

Providers Exempted from the Accreditation Requirement

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) exempts certain eligible professionals and other persons (listed below) from the accreditation requirement, unless CMS determines that the quality standards are specifically designed to apply to such professionals and other persons.

Exempted eligible professionals include:

- Certified Nurse-Midwife;
- Certified Registered Nurse Anesthetist;
- Clinical Nurse Specialist;
- Clinical Psychologist;
- Clinical Social Worker;
- Nurse Practitioner;
- Nutrition Professional;
- Occupational Therapist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Qualified Speech-Language Pathologist; and
- Registered Dietitian.
MIPPA also exempts “other persons” from the accreditation requirement unless CMS determines that the quality standards are specifically designed to apply to such “other persons.” At this time, such “other persons” are limited to the following types of practitioners:

- Audiologist;
- Optician;
- Orthotist; and
- Prosthetist.

MIPPA allows CMS 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, CMS does not currently exercise this statutory authority.

### Accreditation Process

DMEPOS suppliers (except for those exempted eligible professionals and “other persons” listed above) must be accredited prior to submitting a Medicare enrollment application Form CMS-855S to the National Supplier Clearinghouse (NSC).

As the entity that processes enrollment applications and verifies information, the NSC will not process any enrollment application unless the applicant has been accredited or is exempt.

There are 10 AOs approved to accredit DMEPOS suppliers using CMS’ DMEPOS Quality Standards.

The accreditation process includes a pre-application, application review, and on-site survey. The accreditation process may take up to 9 months when you submit a complete accreditation application to an AO and have no deficiencies to correct following an on-site survey.

### AOs

You can find a list of AOs at [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/DeemedAccreditationOrganizationsCMB.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/DeemedAccreditationOrganizationsCMB.pdf) on the CMS website.
1. Pre-Application

The pre-application consists of the following:

- You contact the AOs and get information about each organization’s accreditation process.
- You review the information and choose which organization to apply to.
- The AO helps you determine what required changes will ensure you meet the 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 the changes are in place or during implementation.

2. Application

The application review consists of the following:

- You submit a completed application to the AO with all required supporting documentation.
- The AO reviews the application and documentation (for example, verifies organizational chart and licensure). The average review period is 3 to 6 months.

3. On-Site Survey

- The AO conducts an unannounced on-site survey.

The AO determines your accreditation based on the data you submitted and the on-site survey results. AOs also conduct unannounced on-site surveys at least every 3 years.

Accreditation cannot be automatically transferred upon merger, acquisition, or sale. You must notify CMS, the NSC, and the AO when a merger, acquisition, or sale occurs.
Resources

For more information about DMEPOS, the DMEPOS Quality Standards, and accreditation, refer to the resources listed in the table below.

DMEPOS Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website and Description</th>
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| **CMS Resources**               | **DME Center** http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html  

**DMEPOS Accreditation** http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/DMEPOSAccreditation.html on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device. 


**DMEPOS Competitive Bidding** http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid 

**DMEPOS Supplier Enrollment** http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll  

**DMEPOS Supplier Standards** http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/DMEPOSSupplierStandards.html |
## DMEPOS Resources (cont.)

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<th>Resource</th>
<th>Website and Description</th>
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| **DME Medicare Administrative Contractors (DME MACs)** | **Jurisdiction A:** NHIC, Corp.  
http://www.medicarenhic.com/dme  
**Jurisdiction B:** National Government Services (NGS)  
http://www.ngsmedicare.com  
**Jurisdiction C:** CGS Administrators, LLC  
http://www.cgsmedicare.com/jc  
**Jurisdiction D:** Noridian Healthcare Solutions  
https://med.noridianmedicare.com/web/jddme |
| **National Supplier Clearinghouse (NSC)** | http://www.palmettogba.com/nsc |
| **Physician Self-Referral Law (Stark Law) Considerations for DMEPOS Suppliers** | **Title 42 “Code of Federal Regulations” (CFR) 411.355**  
**Physician Self-Referral**  
http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral  
“Physician Self-Referral Law” Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training Video  
Click the image below to play the video: |

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