

Disclosure of Financial Interest

DMR has no financial relationship with your referring physician. You as the patient, have the right to obtain the items or services for which you were referred to DMR by your physician from any supplier of your choice. DMR is a **Medicare Part B** non-participating provider.

HCFA MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This list is an abbreviated version of the application certification standards, that every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R pt 424, sec 424.57 (c) and are effective on December 11, 2000.

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries, that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit HCFA, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier's location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.

14. A supplier must maintain add replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish HCFA any information required by the Medicare statute and implementing regulations.

On-Call Policy

DMR has a 24 hour / 7 days a week automated attendant. This is a computerized system, which answers our phone that gives you options so that you may properly route yourself to the appropriate person or extensions. When you need a call returned after hours or during holidays, you must leave a message on ext. 888 or ext. 889 for Spanish. The person on call will be automatically paged immediately. Your call should be returned within 10 minutes, if not please call again.

In case of an emergency call 911

Beneficiary notice that they may either rent or purchase inexpensive DME routinely purchased, and the purchase option of capped rental of DME.

Capped rental items (rent or purchase)

- Not routinely purchased,
- Not service intensive,
- Not customized, or
- Not oxygen or oxygen-related.

Examples of capped rental items include, but are not limited to, the following:

- Wheelchair base,
- Hospital beds,
- External infusion pumps,
- CPAP devices, and
- Power Pressure Reducing System (i.e. air fluidized bed).

Capped rental payments are made for a period of up to 15 months. Thereafter, the item must continue to be provided without charge (other than for maintenance and service) until medical necessity ends or Medicare coverage ceases. Medical necessity is presumed to continue unless there is a break in need for at least 60 consecutive days.

After a capped rental items has been rented for three months, the amount of payment is reduced by 25 percent for the subsequent months of rental. This reduced allowance is the most that can be allowed for rentals for the remainder of the 15 months. The exception to this would be the allowance for parenteral pumps, which is not reduced.

After the beneficiary has rented the item for nine consecutive months, Medicare requires the supplier provide the beneficiary with the option of converting their rental agreement to a purchase agreement. If the patient chooses to purchase the item, then Medicare will continue to make rental payments for three additional months, and the beneficiary then owns the equipment.

If the patient chooses to rent the item, then Medicare will continue to make rental payments for an additional five months for a total of 15 rental payments. After a total of 15 rental payments, even though the supplier still owns the item, the item must remain with the patient for as long as medically necessary.

*** Refer to form (A)**

Inexpensive or other routinely purchased DME HCPCS codes

Inexpensive or other routinely purchased DME (rent or purchase) Inexpensive DME is defined as equipment whose purchase price does not exceed \$150. Routinely purchased DME is defined as equipment acquired by purchase at least 75 percent of the time. Equipment in this category can be purchased or rented, however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount. Examples include: canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, seat lift mechanisms, pneumatic compressors (lymphedema pumps), portable nebulizers, bed side rails, and traction equipment.

**** Refer to form (B)**

* Form (A)

Capped rental items (rent or purchase)											
E0145	E0196	E0266	E0452	E0608	E0940	E1085	E1130	E1210	E1250	E1820	K0101
E0146	E0202	E0277	E0459	E0630	E0941	E1086	E1140	E1211	E1260	E1825	K0193
E0165	E0235	E0290	E0462	E0635	E0946	E1087	E1150	E1212	E1270	E1830	K0194
E0166	E0236	E0291	E0480	E0744	E0958	E1088	E1160	E1213	E1280	K0001	K0195
E0180	E0250	E0292	E0550	E0745	E0968	E1089	E1170	E1221	E1285	K0002	K0269
E0181	E0251	E0293	E0565	E0749	E1031	E1090	E1171	E1222	E1290	K0003	K0270
E0182	E0255	E0294	E0570	E0781	E1050	E1091	E1172	E1223	E1295	K0004	K0284
E0186	E0256	E0295	E0585	E0791	E1060	E1092	E1180	E1224	E1800	K0006	K0413
E0187	E0260	E0296	E0600	E0910	E1070	E1093	E1190	E1225	E1805	K0010	K0414
E0193	E0261	E0297	E0601	E0920	E1083	E1100	E1195	E1228	E1810	K0011	
E0194	E0265	E0305	E0606	E0930	E1084	E1110	E1200	E1240	E1815	K0012	

* Form (B)

Capped rental items (rent or purchase)										
A4254	E0155	E0225	E0660	E0950	E0994	K0020	K0049	K0078	K0108	K0267
A4611	E0156	E0230	E0665	E0951	E0996	K0021	K0050	K0079	K0114	K0268
A4612	E0157	E0237	E0666	E0952	E0996	K0022	K0051	K0080	K0115	K0452
A4613	E0158	E0238	E0667	E0953	E0997	K0023	K0052	K0081	K0116	K0417
A4618	E0159	E0239	E0668	E0954	E0998	K0024	K0053	K0082	K0118	L3964
A4627	E0160	E0249	E0669	E0959	E0999	K0025	K0054	K0083	K0168	L3965
A4628	E0161	E0271	E0671	E0961	E1000	K0026	K0055	K0084	K0169	L3966
A4630	E0162	E0272	E0672	E0962	E1001	K0027	K0056	K0085	K0170	L3968
A4631	E0163	E0275	E0673	E0963	E1065	K0028	K0057	K0086	K0171	L3969
A4635	E0164	E0276	E0690	E0964	E1066	K0029	K0058	K0087	K0172	L3970
A4636	E0167	E0280	E0720	E0965	E1069	K0030	K0059	K0088	K0173	L3972
A4637	E0175	E0310	E0730	E0966	E1226	K0031	K0060	K0089	K0174	L3974

A4640	E0176	E0325	E0731	E0967	E1227	K0032	K0061	K0090	K0175	YY005
E0100	E0177	E0326	E0747	E0969	E1230	K0033	K0062	K0091	K0177	ZZ006
E0105	E0178	E0370	E0748	E0970	E1296	K0034	K0063	K0092	K0178	
E0110	E0179	E0560	E0776	E0971	E1297	K0035	K0064	K0093	K0179	
E0111	E0184	E0605	E0840	E0972	E1298	K0036	K0065	K0094	K0180	
E0112	E0185	E0607	E0850	E0973	E1310	K0037	K0066	K0095	K0181	
E0113	E0191	E0609	E0860	E0974	E1372	K0038	K0067	K0096	K0182	
E0114	E0192	E0610	E0870	E0975	E1375	K0039	K0068	K0097	K0183	
E0116	E0197	E0615	E0880	E0976	E1700	K0040	K0069	K0098	K0184	
E0130	E0198	E0621	E0890	E0977	K0005	K0041	K0070	K0099	K0185	
E0135	E0199	E0627	E0900	E0978	K0009	K0042	K0071	K0100	K0186	
E0141	E0200	E0628	E0942	E0979	K0014	K0043	K0072	K0102	K0187	
E0142	E0205	E0629	E0943	E0980	K0015	K0044	K0073	K0103	K0188	
E0143	E0010	E0650	E0944	E0990	K0016	K0045	K0074	K0104	K0189	
E0147	E0215	E0651	E0945	E0991	K0017	K0046	K0075	K0105	K0190	
E0153	E0217	E0652	E0947	E0992	K0018	K0047	K0076	K0106	K0191	
E0154	E0220	E0655	E0948	E0993	K0019	K0048	K0077	K0107	K0192	

dmrcorp.com

CORPORATE 800 851-0312 • 305 666-9911 • FAX 305 666-9911