

Postcataract Eyeglasses and Medicare

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Financial Disclosure

Carolyn Salvato is a director with BSM Consulting Group and acknowledges a financial interest in the subject matter of this presentation.

Kevin J. Corcoran is President of Corcoran Consulting Group and founder of Corcoran Compliance Connection and acknowledges a financial interest in the subject matter of this presentation.

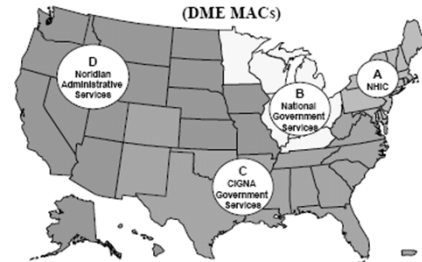


Topics of Discussion

- DME Refresher
- Compliance Review
 - Re-credentialing: Supplier Standards
 - Complaint Log
- Terminating Enrollment



Durable Medical Equipment Medicare Administrative Contractors (DME MACs)



Statutory Medicare Benefit for Eyeglasses, Contact Lenses

OBRA – 1990 states:

“...one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with insertion of an intraocular lens...”



Medicare Coverage Guidelines

- | | |
|------------------|--|
| • Covered | • Std frame, Rx lenses, Slaboff, Prism, Balance lenses, Wide segment, UV filtration ¹ |
| • Not Covered | • Low Vision Aids, Scratch Coat, Edge Treatments |
| • Rarely Covered | • Tint, Oversize, AR, High index |
| • Deluxe Items | • Frame Overage, Progressives |

¹UV is inherent in high index lenses, effective 1/1/05



Requirement for Physician Order

“For any DMEPOS item to be covered by Medicare, the supplier must have an order from the treating physician before dispensing the item to a beneficiary. Items dispensed without an order from the treating physician will be denied as not medically necessary by the DME MAC...”

Source: SSA §1834(a)(11)(B), SSA §1861(s)(2)(K), 42 CFR 410.38, MPIIM, Chapter 5, §5.1.1



Modifiers

- **KX** – Specific documentation to support medical necessity for the item is on file (e.g., physician’s order with rationale)
- Rarely applicable
 - Do not use with basic frame or lenses
- Examples:
 - Tint for retinitis pigmentosa
 - Oversize lenses for patient with large facial features
 - Executive bifocal for habituated patient
 - Polycarbonate for one eyed patient



Modifiers

- **EY** – Item not ordered by physician or other licensed provider
- Non-covered item(s)
- Use with modifier -GA and signed ABN
- Separate claim
- Further assurance that claim will be denied
- Effective for dates of service after 01/01/03

Source: CMS Transmittal 1368, November 2, 2007



Advance Beneficiary Notice of Noncoverage (ABN)

- Required form
- Mandated by HIPAA
- Notice that Medicare will probably deny reimbursement
- Document reason why item is not covered
- Give signed copy of ABN to patient
- (*recommended*) Collect full fee from patient

Source: CMS-R-131



Advance Beneficiary Notice of Noncoverage (ABN)

If Medicare doesn’t pay for _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the _____ below.

Item	Reason Medicare May Not Pay	Est. Cost
_____	_____	\$ _____



Modifiers

- **GA** – A signed ABN is on file
- Non-covered item(s)
 - Deluxe item(s)
 - Patient preference
 - Cosmetic
 - Not medically necessary
 - Not ordered by a physician



Deluxe Item Notice

Written notice:

"Having been informed that an extra charge is being made by ___ (ABC Eyewear) ___ for deluxe frames*, and that this extra charge is not covered by Medicare, and that standard frames are available for purchase from ___(ABC Eyewear)___ at no extra charge, I have chosen to purchase deluxe frames."

*Adapt for progressive lenses and deluxe lens features



Deluxe Frame

Retail price of frame	\$200.00
Cost of standard frame* (V2020)	- 65.00
Deluxe frame charge (V2025)	\$135.00

* Usual and customary charge



Prescription

- Patient's name, address
- Patient's diagnosis (pseudophakia)
- Description of items (bifocal)
- Other required features (polycarbonate)
- Physician's original ink signature, date
 - Secure electronic signature is acceptable



Delivery Receipt

- Beneficiary's name
- Detailed description of item(s)
 - Brand names
 - Model numbers
 - Quantity
- Beneficiary's signature
- Date of delivery
- Maintain receipt for seven years

Source: Transmittal 61, Change Request 2903; January 2, 2004
Pub. 100-08 Medicare Program Integrity



Delivery Service

- Unique tracking slip
 - Individual package(s)
 - Unique identification number
 - Delivery address
- Supplier's shipping invoice



Date of Service

- Date received by patient
- Date of death
- Date of shipment
- Not date of order



HCPCS V-codes

- V20xx Frame
- V21xx SV lens
- V22xx Bifocal lens
- V23xx Trifocal lens
- V24xx Variable aspheric lens
- V25xx Contact lens
- V26xx Low vision aids
- V27xx Miscellaneous



Single Vision

OD -0.25 sph
OS -1.75 +2.75 x 95

V2100RT
V2104LT



Progressive Lens

Retail price of lenses	\$165.00
Standard charge* (V2303)	- 100.00
Deluxe lenses charge (V2781)	\$ 65.00

* Bifocal or trifocal, whichever the patient would have received if not getting progressives

Source: LCD for refractive lenses (all regions)



Wide Segment

OD -0.75 sph
OS -0.50 +0.75 x 85 Add: +2.50 Exec

V2200RT
V2203LT
V2219RT
V2219LT



Wide Segment

OD -0.75 sph
OS -0.50 +0.75 x 85 Add: +2.50 Exec

Allocate Charges

V2200RT	\$33.80	(Allowed amount)
V2203LT	\$35.20	(Allowed amount)
V2219RT	\$15.50	(Half of balance)
V2219LT	\$15.50	(Half of balance)
	\$100.00	(Retail)



Extra Features

Tints	(V274x)	rarely covered
Polycarbonate	(V2784)	rarely covered
Antireflective coat	(V2750)	rarely covered
Oversize	(V2780)	rarely covered
Scratch coat	(V2760)	not covered
Deluxe lens features	(V2702)	not covered



Claim Format

For Coordination of Benefit purposes, DMEPOS suppliers should use the modifier EY (no order for this item or service) on each line item on the claim ... submitted on or after May 23, 2008 to secure a Medicare denial.

Source: April 1, 2008, MedLearn Matters bulletin (MM5771)

Source: CMS Transmittal 1368, November 2, 2007



Claim Example – Ordered Items

17 EMDY, M.D.	17 a 17 b. 1234567890						
19							
21 XXX.XX							
24 a	24 b	24 c	24 d		24 e	24 f	24 g 24 k
05/01/xx	12		V2203 RT LT	Bifocal lens	1	\$xxxx	
05/01/xx	12		V2755 RT LT	UV Coating	1	\$xxxx	



Claim Example – Non-ordered Items

17 Fashion Optical	17 a 17 b. 9876543210						
19							
21 XXX.XX							
24 a	24 b	24 c	24 d		24 e	24 f	24 g 24 k
05/01/xx	12		V2745 EY GA RT LT	Lens tint	1	\$xxxx	
05/01/xx	12		V2750 EY GA RT LT	AR Coating	1	\$xxxx	
05/01/xx	12		V2760 EY GA RT LT	Scratch Coating	1	\$xxxx	



Common Billing Errors

- Wrong date of service
- Wrong place of service
- Wrong HCPCS code
- Wrong copayment
- Balance billing violations
- Failure to collect for non-covered items
- Failure to get forms signed
- Failure to get proof of delivery
- Misuse of modifiers



Supplier Standards

- 30 supplier standards
- Compliance and fair treatment
- Provide a copy to patient
- Post prominently in optical dispensary
- Effective December 11, 2000; revised in 2010

Source: CMS 855S Application



Re-credentialing: Supplier Standards

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.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.



Re-credentialing: Supplier Standards

16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
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.



Re-credentialing: Supplier Standards

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.



Terminating Enrollment

- Why practices are choosing to terminate...Risk vs. Revenue
 - Percentage of optical revenue attributable to Medicare reimbursement has declined.
 - A significant number of patient's require readers only post surgery.
 - Compliance is extremely difficult.
 - Staffing time dedicated to DME billing and maintenance not cost-effective.



Terminating Enrollment

- What to do if terminating enrollment...
 - Determine the financial impact if Medicare is no longer accepted.
 - Complete the CMS 855S form.
 - Offer a low cost option for post-cataract recipients.
 - Train staff / doctors how to answer questions regarding discontinuation of Medicare in optical.



Terminating Enrollment

IMPORTANT: If you opt out you are forfeiting your NPI number with the DME and must re-enroll as new provider if you decide to participate in the future!



Summary

- Know the law – be clear about the benefit
- Use a detailed Rx order form
- Use an ABN for non-covered items
- Use a deluxe item notice
- Watch coding and modifiers
- Segregate claims for covered, non-covered items
- Get a signed delivery receipt
- Get a signature on the supplier standards



Questions...

Contact Information
Carolyn Salvato

(800) 832-0609

or

csalvato@bsmconsulting.com



More help...

For additional assistance or confidential consultation,
please contact Corcoran at:

(800) 399-6565

or

www.CorcoranCCG.com

www.CorcoranC3.com



FORMS

Medicare Signature on File / Assignment of Benefits

_____ Beneficiary Name <i>(print)</i>	_____ Medicare Number
<p>1. MEDICARE: I request that payment of authorized Medicare benefits be made on my behalf to [DISPENSARY NAME], for services furnished me by [DISPENSARY NAME]. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance is indicated in Item 9 of the CMS-1500 form or elsewhere on other approved claim forms, my signature authorizes releasing the information to the insurer or agency shown. [DISPENSARY NAME] accepts the charge determination of the Medicare carrier as the full charge, and I am responsible only for the deductible, coinsurance and noncovered services. Coinsurance and deductible are based upon the charge determination of the Medicare Carrier.</p>	
<p>2. MEDIGAP: I understand that if a MediGap policy or other health insurance is indicated in Item 9 of the HCFA 1500 form or elsewhere on other approved claim forms, my signature authorizes release of the information to the insurer or agency shown. I request that payment of authorized secondary insurance benefits be made on my behalf to [DISPENSARY NAME], if possible or otherwise to me.</p>	
_____ Beneficiary Signature or Authorized Party	_____ Date

Fill in the name of the optical dispensary where [DISPENSARY] is indicated. Note that additional sections regarding private insurance coverage and financial agreements may be added to this form but the language in sections 1 and 2 may not be altered.

Sample Rx Form

Practice Name Address Phone, FAX, e-mail

Name _____ Date _____

Address _____

		Sphere	Cylinder	Axis	Prism	Base
Distance	OD					
	OS					
Add	OD		Special Instructions:			
	OS					

Medically necessary items with rationale

- | | |
|---|---|
| <input type="checkbox"/> Frame
<input type="checkbox"/> Single vision lens(es)
<input type="checkbox"/> Bifocal lens(es)
<input type="checkbox"/> Trifocal lens(es)
<input type="checkbox"/> Wide segment
<input type="checkbox"/> Balance lens
<input type="checkbox"/> UV filtration
<input type="checkbox"/> Slab off
<input type="checkbox"/> Polycarbonate lens(es)
<input type="checkbox"/> Tint
<input type="checkbox"/> Prism
<input type="checkbox"/> Oversize lens(es) | <input type="checkbox"/> No frame, missing frame
<input type="checkbox"/> Frame too old, not reusable
<input type="checkbox"/> New Rx requiring new lens(es)
<input type="checkbox"/> Multifocal lens(es) required for accommodation
<input type="checkbox"/> Patient adapted to wide segment lenses, continue same
<input type="checkbox"/> No requisite power for one lens
<input type="checkbox"/> UV filtration justified following cataract surgery
<input type="checkbox"/> Large imbalance between eyes requires prism or slaboff
<input type="checkbox"/> One-eyed patient requires added lens protection
<input type="checkbox"/> History of retinitis pigmentosa requires tinted lens(es)
<input type="checkbox"/> Tropia requiring correction
<input type="checkbox"/> Large facial features require oversize frame |
|---|---|
- _____

Diagnoses

- Aphakia (379.31)
 Congenital aphakia (743.35)
 Pseudophakia (V43.1) Surgery Date(s) OD _____ OS _____

Models (specify brand)

- Frame _____
 Lenses _____

Doctor's Signature _____ **Date Signed** _____

Valid until _____

Note that you should *not* include any patient preference or cosmetic features on this Rx. Include only medically necessary items and features.

Sample ABN Form With Check-Boxes For Optical

Print your name, address and telephone number here. Logo is optional.

Patient Name: _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items checked or listed in the box below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the items listed or checked in the box below.

Listed or Checked Items Only:	<input type="checkbox"/> V2750 Anti-reflective coating <input type="checkbox"/> V2744 Photochromic tint <input type="checkbox"/> V2745 Other tints <input type="checkbox"/> V2755 UV coating <input type="checkbox"/> Other _____	<input type="checkbox"/> V2781 Progressive lens <input type="checkbox"/> V2760 Scratch coat <input type="checkbox"/> V2780 Oversize lens <input type="checkbox"/> V2702 Deluxe lens features	<input type="checkbox"/> V2020 Frame <input type="checkbox"/> V2025 Deluxe frame <input type="checkbox"/> V2784 Polycarbonate
Reason(s) Medicare May Not Pay:	<input type="checkbox"/> Your anti-reflective coating is considered cosmetic <input type="checkbox"/> Your tint is cosmetic <input type="checkbox"/> Scratch coat is for personal convenience <input type="checkbox"/> UV is not covered for polycarbonate lenses <input type="checkbox"/> Your featherweight lenses are cosmetic <input type="checkbox"/> Medicare law restricts your benefits for postsurgical glasses to not more than 1 pair following each surgery. We believe you have used your benefits <input type="checkbox"/> Other _____		
Estimated Cost:	<input type="checkbox"/> Deluxe features are not covered by Medicare <input type="checkbox"/> Your oversize lenses are cosmetic <input type="checkbox"/> Progressive power lenses are a deluxe feature <input type="checkbox"/> Item(s) not ordered by the doctor		

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.

• Choose an option below about whether to receive the checked items listed in the first box above. **Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

Options: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1. I want the _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/> OPTION 2. I want the _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
<input type="checkbox"/> OPTION 3. I don't want the _____ listed above. I understand with this choice I am not responsible for payment , and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____	Date: _____
-------------------------	--------------------

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Sample Delivery Receipt

Practice Name Address Phone, FAX, e-mail

Name _____ Date _____

Address _____

		Sphere	Cylinder	Axis	Prism	Base
Distance	OD					
	OS					
Add	OD		Special Instructions:			
	OS					

Eyeglasses, including the following features:

- Frame (brand and identifying information) _____
- Single vision lens(es)
- Bifocal lens(es)
- Trifocal lens(es)
- Polycarbonate lens(es)
- Progressive lens(es)
- Wide segment
- Balance lens
- UV filtration
- Slab off
- Prism
- Oversize lens(es)
- Tint (specify) _____
- Anti-reflective coating
- Scratch coating
- Deluxe lens features (specify) _____

- Other _____

I acknowledge receipt of the eyeglasses described above.

Delivery Date _____ **Patient's Signature** _____

Note that this form is not required. A patient signature and date on any document that itemizes the elements of the eyeglasses is acceptable.

*DME Supplier, Inc.
17 Main Street
Anywhere, SC 29999*

MEDICARE BENEFICIARY COMPLAINT LOG

Date of receipt of complaint: _____

Patient's name: _____

Patient's address: _____

_____ State _____ Zip code _____

Patient's telephone number: _____

Patient's Medicare or Health Insurance Claim Number: _____

Description of complaint: _____

Action taken to resolve the complaint: _____

Signature of representative

Date

Sample ABN Form for Non-Medicare Optical

Print your name, address and telephone number here. Logo is optional.

Patient Name: _____

Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items or services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the items or services below.

Items or Services	Reason Medicare May Not Pay:	Estimated Cost:
Eyeglasses following cataract surgery	Medicare will not pay for these eyeglasses because we are unable to file a claim with Medicare. We are not currently a Medicare provider in our optical dispensary. Medicare will not pay us or reimburse you for the glasses.	

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions you may have after you finish reading.
- Choose an option below about whether to receive the _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS:	Check only one box. We cannot choose a box for you.
<input type="checkbox"/> OPTION 1.	I want the items or services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/> OPTION 2.	I want the items or services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment, and I cannot appeal if Medicare is not billed.
<input type="checkbox"/> OPTION 3.	I don't want the items or services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227 / TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

Signature: _____	Date: _____
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MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards 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. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
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. This standard requires that the location is accessible to the public and staffed during posted hours of business, with visible signage. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
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, answering service or cell phone during posted business hours 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 contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
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 and 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 CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
Implementation Date - October 1, 2009
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation date- May 4, 2009*
27. A supplier must obtain oxygen from a state- licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.