DMEPOS/Home Medical Equipment Self-Readiness Checklist

Note: This is a guideline. Additional information may be required, including State-specific requirements (as applicable).

Standard(S)	Item	Comment(s)	Present
Patient-Centered Care (DMEPOS CC)			
CC.1	Patient Rights Statement	Includes the elements of the standard. There is a policy statement of how/when the statement is provided to patients.	☐
CC.2	Documentation of Prescriber Notification	If the organization cannot or will not provide the prescribed equipment, there is documentation that the organization has notified the prescribing practitioner within 5 calendar days.	☐
CC.3	Complaint Documentation	Documentation of all complaints received, patient/caregiver notification of receipt, copies of investigations & responses to patient/caregiver are maintained and adhere to required timeframes. Documentation includes: name, address telephone number and health insurance claim number of the beneficiary; summary of complaint; date received; name of person receiving complaint; summary of actions taken to resolve. The organization should define what is considered a complaint and the complaint process. A complaint is a statement that a situation is unsatisfactory or unacceptable.	☐
CC.4	Incident Documentation	Documentation of all reports of incidents, injuries or infections is maintained, as well as the investigation, and adhere to the required timeframes. The organization should define incident and the investigation process. An incident includes an adverse event or near miss for both patients and staff. This may include potential or actual harm, injuries or infections associated with the medical equipment.	☐
Product Specific Services (DMEPOS SS)			
SS.1	Prescriber Order	Documentation of the physician's order and communication with the physician including confirmation of the order, recommended changes or refinements, additional evaluation or clarification of the required elements of the prescriber order. For example: mode of delivery, dosage, frequency, etc.	☐
SS.2	Patient Record	Information about the patient's condition that may affect the provision of DME. For example: history/physical, hospital discharge summary, allergies, etc.	☐
SS.3	Patient Record	Documentation requirements per the CMS National and Local Coverage Determination. For example: prescription, face-to-face, lab test, etc. Local Coverage Final LCDs by Contractor Report Results	☐
SS.4	Timely Delivery	Organization has documentation of delivery and set-up as agreed upon by the patient/prescriber. Staff delivering have evidence of competency for the applicable equipment.	☐
SS.5	Proof of Delivery	Organization has documentation that all equipment/supplies were provided to operate the equipment; and that adjustments were completed to operate equipment.	☐
SS.6	Repair Period	During a repair period, organization has documentation that loaner equipment was provided to patient. The loaner equipment is of equal value to the patient's equipment being repaired.	☐

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SS.7	Equipment as Ordered	Organization has documentation that the equipment delivered is consistent with the prescriber's order and identified patient needs/risks/limitations. Example: A walker is ordered for the patient, but the patient does not have enough hand/grip strength to hold the walker.	☐
SS.8	Patient Instruction	Organization has documentation that the patient received written and verbal instruction for the equipment including all required elements.	☐
SS.9	Verify Receipt	Organization has documentation that the equipment was received by the patient/caregiver. Example: Delivery Ticket signed/dated by patient/caregiver	☐
SS.10	Safety Assessment	Organization has documentation that the patient can use equipment safely in their environment. Example: home safety assessment	
SS.11	Patient Training/Mail Delivery	Organization has documentation that patient received written and verbal instruction when receiving equipment via mail. Example: Shipment Tracking Documentation and documentation of patient instruction/education via phone or telecommunications.	☐
SS.12	Patient Training	Patient training and instruction materials correspond with manufacturer instructions. Training and instruction materials are specific to patient needs and learning preferences. Example: Organization has written instructions in Spanish for patients speaking Spanish; patient prefers documentation on paper vs electronic; etc.	☐
SS.13	Follow-up Services	The organization provides follow-up visits to perform equipment maintenance and evaluation of equipment and/or patient as recommended per manufacturer guidelines, patient/prescriber recommendations, and organization policy. Follow-up visits are documented. Example: Organization policy and manufacturer guidelines require oxygen concentrator maintenance annually.	☐
Product Safety (DMEPOS PS)			
PS.1	Safety Program	Documented program that promotes the safe use of equipment, and minimizes safety risks, infections and hazards for staff and patients. Can be more than one policy/procedure. For example: equipment maintenance, equipment storage (clean/dirty/patient ready), tank storage, equipment cleaning, handwashing, transporting/securing equipment, repair/quarantine equipment, fire extinguishers, no smoking signs, first aid kit, safety data sheets (SDS), etc.	☐
PS.2	Equipment Maintenance	Document/policy/procedure to identify, monitor, and report equipment failure, repair and preventive maintenance. Example: how and when equipment is tested; testing is documented; equipment used for testing is maintained/calibrated per manufacturer's guidelines; if equipment doesn't pass testing, it's placed in repair area; process for responding to a recall; how to track serialized equipment and lot numbers; reporting to FDA, as applicable; etc.	☐
PS.3	Verifies/Authenticates Equipment	Organization documents that equipment is verified and authenticated prior to delivering to patient. Example: Organization takes equipment out of box, tests and ensures function before delivering to patient. Organization verifies equipment labeling per FDA guidelines.	☐
PS.4	Serial Number	Organization documents make, model and serial number for equipment. Or any other identifier of custom or non-custom equipment.	☐
Infection Prevention and Control (DMEPOS IC)			
IC.1	Infection Prevention & Control Policy and Procedure	Policy addresses the following required elements: use of & access to personal protective equipment (when to use mask, gloves, goggles, etc. and includes fit test for N95 mask, as applicable); hand hygiene; respiratory hygiene/cough etiquette; handle/clean/disinfect equipment	☐

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		(includes storage and transportation of equipment); and patient/caregiver infection prevention training. Refer to CDC guidelines, Standard Precautions for all Healthcare Settings.	
IC.2	Staff Training	There is documentation that staff received training that addressed the following required elements: infection control and prevention practices (hand hygiene, cough etiquette, cleaning equipment, etc.); patient/caregiver infection control as applicable to staff job description. Staff training should also include bloodborne pathogens (Hep B) and airborne pathogens (TB) and applicable communicable diseases (flu, COVID, etc.)	☐
IC.3	TB Control Plan	There is a documented TB control plan that is compliant with state regulations and/or CDC guidelines. The TB plan should include initial on-hire testing/screening and annual screening at minimum. Documentation is required for staff testing/screening.	☐
Emergency Management (DMEPOS EM)			
EM.1	Emergency Management Plan	There is a documented emergency management plan that describes how the organization will respond to emergencies and disasters. It includes arrangements with other providers if the organization is unable to service its patients. If the organization facility is not accessible, how will you service patients?	☐
EM.2	Emergency Management Plan	The documented plan includes the following required elements: how plan will be implemented; how services will be provided to patients; how staff safety will be maintained; how patients will be transitioned to other organizations if needed.	☐
EM.3	Staff Responsibilities	Staff understand and can verbally communicate their responsibilities in an emergency. For example: Who do they call in the event of an emergency? Where do they go if the facility is not accessible? Do they have access to the EM Plan? Who do they go to for questions regarding the plan?	☐
EM.4	Patient Instruction	The organization provides written information to the patient/caregiver regarding actions to take in the event of an emergency/disaster, as required by state law/regulation. Consider the emergencies/disasters common to the geographic area. For example: chemical plant, tornado, hurricane, flooding, etc.	☐
Quality Assurance and Performance Improvement (DMEPOS PI)			
PI.1	Performance Management Plan	The organization implements a documented plan that measures the following required elements: outcomes of providing equipment/services to patients; billing practices; and adverse events. The data collection is specific to equipment/services that: has potential to cause harm/injury; occurs frequently; requires instruction for safe use.	☐
PI.2	Measurements/Data Collection	The organization measures the following required elements: patient satisfaction; complaints; timeliness of response to patient; impact of operations on patient access to equipment/services (for example: on call/after hours); billing/coding errors; patient adverse events.	☐
PI.3	Patient/Employee/Referral Source Satisfaction	The organization collects data to measure patient satisfaction, employee satisfaction and referral source satisfaction. For example: patient satisfaction surveys post set-up; annual referral source satisfaction poll; bi-annual employee satisfaction poll; etc.	☐
PI.4	Documentation	For each area of measurement, the organization documents the following: expected threshold of performance (For example: 100% compliance, 95%, etc.); how performance is assessed and the data source; how often measurement occurs; how often results are reported and to whom; for any	☐

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		measure that falls below the expected performance, what action was taken to improve performance.	
Administration and Management (DMEPOS AM)			
AM.1	Organization Management	One or more individual(s) is designated with the responsibility/authority of services/operations. This individual(s) is responsible for ensuring the organization complies with federal/state law/regulation.	☐
AM.2	Medicare Compliance	Organization complies with all Medicare statutes, regulations, manuals and guidance. This may include: 855S, DMEPOS Quality Standards, DMEPOS Supplier Standards, DMEPOS Supplier Manual, etc.	☐
AM.3	Designated Manager	There is a manager responsible for day-to-day operations and is accessible to staff during and after hours of operation.	☐
AM.4	Alternate Designated Manager	When the designated manager is not accessible, an alternate is designated and accessible to staff.	☐
AM.5	Products Approved by FDA	The organization only provides equipment approved by the FDA. The organization has manufacturer manuals, warranties, etc. for non-custom fabricated items/equipment.	☐
AM.6	Licenses Displayed	Organization displays licenses, certificates and permits in a patient/customer accessible area and provides copies to government officials and CHAP upon request.	☐
AM.7	Prevent Fraud, Waste, Abuse	Organization has documented procedures for standards of conduct to ensure compliance with law/regulation. Organization designates one or more individual in leadership to address compliance issues.	☐
AM.8	Financial Management	Organization can demonstrate accurate accounting and billing practices. There are accurate, complete and current records that reflect cash or accrual-based accounting practices.	☐
AM.9	Financial Accounts	Accounts link charges to patient equipment; demonstrate how revenues and expenses are tracked; and demonstrate a budget process for planning to meet patient needs and business operations.	☐
AM.10	Job Descriptions	Organization has policy and procedure and job descriptions that specify the following: staff qualifications, training, certification/licensure, and continuing education requirements. Policy and procedure and job descriptions are provided to government officials and CHAP.	☐
AM.11	Employment Policy and Procedure	Organization has policy and procedure that includes the following: conditions of employment; staff orientation & training (including timelines); staff competency process & frequency for staff who deliver, set-up and educate the patient; verification and maintenance of licensure, registration and certification; professional staff function within state scope of practice laws; health reports (For example: physical as required, vaccinations (Hep B, COVID, flu, etc.); background check; other as required by state law; maintenance of personnel records and health records per state/federal law (content,	☐

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		retention, privacy, security, etc.). Verification of licensure/registration/certification should be completed and documented via the primary source. Training includes: HIPAA, Medical Device Recall Act, etc. as required by law and regulation. Training may also include work place safety, violence in the workplace, etc. as required by organization policy and state regulation.	
AM.12	Patient Records	Patient records include make, model number, serial number, lot number; prescription; face-to-face encounter; physical assessment; physician communication; patient communication; as applicable to the equipment and Medicare requirements.	☐
AM.13	Patient Records	Policy and procedure defines patient record access, use and security in compliance with federal and state law and regulation (HIPAA).	☐
Compliance Program (CP)			
CP.1	Compliance Program	Organization has a written compliance program that designates a compliance officer and committee who are responsible for its operation.	☐
CP.2	Compliance Officer/Committee	The compliance officer and committee are responsible for the following: maintaining regulatory knowledge; monitoring regulatory compliance; staff education; identifying compliance gaps; facilitating compliance meetings; policy review and revision; providing information to governing body/board; ensuring ethical marketing practices. Job descriptions include these responsibilities.	☐
CP.3	Compliance Policy and Procedure	Organization has written compliance policies and procedures and standards of conduct that are: relevant to daily operations; available to staff; and re-evaluated regularly per policy.	☐
CP.4	Reporting Compliance Issues	Organization has a mechanism for reporting potential compliance issues and it is available to staff. For example: toll free hotline/phone number; anonymous reporting; email; etc.	☐
CP.5	Auditing and Monitoring	Organization has an effective auditing and monitoring plan to detect compliance issues.	☐
CP.6	Investigation of Compliance Issues	Organization documents investigation of compliance issues, implements corrective action and monitors the problem to ensure compliance. Investigation, corrective action and monitoring are documented.	☐
CP.7	Standards of Conduct Background Checks	Organization enforces standards of conduct; staff discipline is consistently applied. All staff including contractors, are checked against the OIG List of Excluded Individuals upon hire and at least annually or more often as required by organization policy.	☐
CP.8	Staff Education	Organization educates staff and contractors at orientation and annually about the compliance program. Staff and contractors participate in organization-sponsored in-service programs about compliance issues and regulatory updates.	☐

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Respiratory Equipment, Supplies and Services (DMEPOS RE)			
RE.1	Provides Services 24/7	Organization provides respiratory services 24 hours a day, 7 days a week as needed by patient. Organization documents after hours calls and responses. For example: on-call log	☐
RE.2	Intake and Assessment	Intake and assessment of patients includes organization staff communication, collaboration and coordination with the prescriber. Organization staff confirms the order; recommends any changes, as needed; and recommends additional evaluations, as needed. Communication with the prescriber is documented. New or revised orders and verbal orders are documented and signed by the prescriber.	☐
RE.3	Patient's Record	The patient's record includes information about the patient's condition affecting the provision of respiratory equipment/supplies and/or the actual equipment/supplies. For example: history and physical; hospital discharge summary; allergies; changes in the patient's condition; changes in settings; trach size; etc.	☐
RE.4	Patient's Record	The patient's record includes information that determines medical necessity, including: prescription, face-to-face encounter; physical assessment; prescriber communication, etc. The documentation is unaltered in the patient's record.	☐
RE.5	Knowledgeable Staff	Staff are knowledgeable about the equipment delivered and set-up. Organization may coordinate with another DMEPOS organization to set-up equipment. Coordination with another DMEPOS organization is documented. All equipment is set-up in a timely manner as agreed upon by the patient and/or prescriber. Delivery and set-up is in accordance with federal, state and local law and regulation. For example: drivers license, automobile insurance, vehicle inspection, vehicle registration, etc.	☐
RE.6	Proof of Delivery	Organization has documentation that all equipment and supplies were delivered, and adjustments were performed, as required.	☐
RE.7	Repair Period	Organization has documentation that loaner equipment was provided during the repair period. The loaner equipment must be of equal or greater value.	☐
RE.8	Equipment Delivered as Ordered	Organization has documentation that the equipment delivered was consistent with the prescriber's order and the identified patient needs, risks and limitations. For example: Patient has pacemaker. Cannot use a CPAP mask with magnets. It is contraindicated.	☐
RE.9	Equipment delivered per AARC Guidelines	Oxygen is delivered and set-up in compliance with federal and state laws. Refer to AARC 10.2.4 Clinical Practice Guideline, Oxygen Therapy in the Home." Refer to FDA and DOT regulation, and Compressed Gas Association guidelines. Includes oxygen transfilling requirements; transportation of oxygen; vehicle insurance/registration/inspection per state regulation. Long term invasive mechanical ventilators are delivered and set-up in compliance with AARC 10.1.14 Clinical Practice Guideline, Long-Term Invasive Mechanical Ventilation in the Home. Organization has documented verification that the patient had a functioning	☐

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		phone line or other mode of communication that allow contact with emergency medical personnel.	
RE.10	Patient Instruction	Organization provides and documents verbal and written instruction for the patient that includes: set-up; features; routine use; troubleshooting; cleaning; infection control practices and issues; potential hazards; and maintenance.	☐
RE.11	Patient Training and Instruction Safety Assessment	Training and instruction of the patient comply with AARC Practice Guidelines. Refer to AARC Clinical Practice Guideline: Providing Patient and Caregiver Training 2010. Materials correspond with manufacturer instructions. Verbal and written instruction are in a format that the patient understands. Consider the patient language, communication needs and cultural values. Organization should have a resource(s) for language interpretation, visual impairment, hearing impairment, etc. Observation and documentation of the patient's performance of therapy (return demonstration). Assessment of the safe and effective use of the equipment (home safety assessment). The patient's skills are adequate for self-care. Training and instruction are provided by a respiratory therapist or qualified staff as defined by the state scope of practice act.	☐
RE.12	Patient Training and Instruction for Oxygen	Training and instruction of the patient comply with the AARC Practice Guidelines. Refer to AARC Clinical Practice Guideline, Oxygen Therapy in the Home. Training and instruction is documented and includes the following: the use and maintenance of oxygen equipment in accordance with federal and state law. For example: DOT regulations for transporting and storing oxygen; the patient demonstrates the appropriate skill to operate the equipment; clinical assessment of patients, monitoring and recommended changes are performed by a licensed respiratory therapist in compliance with state scope of practice act. Refer to AARC 10.3.1.	
RE.13	Patient Training and Instruction for Ventilators	Training and instruction of the patient comply with the AARC Practice Guidelines. Refer to AARC Clinical Practice Guideline, Long-Term Invasive Mechanical Ventilation in the Home. Training and instruction is documented and the caregiver must demonstrate the following: proper set-up, use, troubleshooting, routine maintenance; identification of adverse patient response; response to hazards of invasive mechanical ventilation; response to emergencies such as power failure, accidental decannulation, patient medical deterioration or equipment failure; use and application of techniques for ongoing care. For example: suctioning; nebulizer; bleed-in oxygen; resuscitator bag; etc. Training and instruction are conducted by a qualified health care professional per state scope of practice act. For example: RT, RN, etc.	☐
RE.14	Patient Instruction Mail Order Delivery	For equipment/supplies provided by mail order, the organization provides and documents that the patient received training and written instructions on the use of the equipment.	☐

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RE.15	Follow-up Services	The organization provides follow-up services to the patient consistent with the type of respiratory equipment. Consider the prescribers recommendations, state scope of practice act, manufacturer's recommendations, etc. Follow-up visits/services must be documented.	☐
Wheelchairs, Power Mobility Devices, and Complex Rehabilitative Wheelchairs and Assistive Technology			
WC.1	Intake and Assessment	Staff communicate, collaborate and coordinate with the prescriber. Staff confirm the order, recommend applicable changes, and recommend additional evaluation as needed. Communication with the prescriber is documented. Intake and assessment include the evaluation of seating, positioning and assistive technology.	☐
WC.2	Facility Space	If patients are evaluated at the organization's facility, the organization provides the following: private, clean and safe rooms for fitting and evaluation; repair shop that is easily accessible; an area appropriate for the assembly and modification of products.	☐
WC.3	Patient Record	Organization ensures the patient record includes information about the patient's condition that may affect the provision of equipment, or the actual equipment/supplies provided. For example: history and physical; hospital discharge summary; allergies; changes in the patient's condition; additional patient needs and required adjustments; etc.	☐
WC.4	Patient Record	Organization ensures that the patient record includes documentation to determine medical necessity, including: prescription; face-to-face encounter; physical assessment; communication with the prescriber and patient; verification of seating, positioning, and special assistive technology; etc. Documentation is maintained and unaltered.	☐
WC.5	Knowledgeable Staff	Knowledgeable staff deliver and set-up equipment. Organization coordinates set-up with another DMEPOS organization, as applicable. Equipment is delivered in a timely manner as agreed upon by the patient and/or prescriber. Coordination/communication with another DMEPOS organization is documented.	☐
WC.6	Documentation of Equipment Delivery	The organization has documentation of providing all equipment/supplies and performs adjustments, as needed.	☐
WC.7	Repair Period	Organization has documentation of providing loaner equipment during any repair period. The loaner equipment must be of equal or greater value.	☐
WC.8	Equipment Delivered as Ordered	The organization has documentation that the equipment/supplies were delivered as ordered by the prescriber and the identified patient needs, risks and limitations. For example: The organization is aware that the patient has developed sores from sitting in wheelchair. Organization should have documentation that the patient was assessed, physician was contacted, and wheelchair cushion was provided.	☐
WC.9	Patient Instruction	The organization provides and documents verbal and written instructions to the patient. The instruction includes: equipment set-up; features; routine use; troubleshooting; cleaning; infection control practices and issues; potential hazards; and maintenance.	☐

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WC.10	Safety Assessment	The organization ensures that the patient can use all equipment safely and effectively in their anticipated setting.	☐
WC.11	Patient Instruction Mail Order Delivery	The organization provides and documents that the patient received training and written instructions on the use of the equipment.	☐
WC.12	Patient Training and Instruction	Training and instruction materials correspond with the manufacturer guidelines, and are tailored to meet the patient's needs, abilities, learning preferences and language. For example: Written instructions are provided in Spanish for a Spanish speaking patient; patient prefers written instructions vs electronic.	☐
WC.13	Follow-up Services	The organization offers follow-up services specific to the type of equipment. Consider manufacturer recommendations, prescriber recommendations, state scope of practice and/or licensing regulations. Follow-up visits must be documented.	☐
WC.14	Rehabilitative Technician Supplier	For organizations providing Complex Rehabilitative Wheelchairs and Assistive Technology, at least one individual should be a W-2 employee and a qualified Rehabilitative Technician Supplier (RTS) per location. A qualified RTS has one of the following credentials: Assistive Technology Professional (ATP); or Certified Rehabilitative Technology Supplier (CRTS). The credentials must be current and active. Primary source verification should be documented.	☐
WC.15	Trained Technician	The RTS has at least one or more trained technicians available to appropriately service each location depending on the size/scope of organization. A trained technician: can program and repair power wheelchairs, alternative drive controls, and power seating system electronics; completed at least 10 continuing education hours annually specific to rehabilitative technology; is experienced in rehabilitative technology (For example: on-the-job training, familiarity with rehabilitative patients, products and services); and is manufacturer-trained on the products supplied by the organization. Qualifications, training and continuing education hours are documented.	☐
WC.16	Rehabilitative Technician Supplier Responsibilities	The RTS: coordinates services with the prescriber to conduct face-to-face encounters in an appropriate setting; includes input from other members of the health care team (physical therapist, occupational therapist, etc.); implements assembly and equipment set-up procedures, and verifies that the final product meets the specifications of the original product recommendation by the prescriber; records and maintains all patient assessment information in the patient's record; and when necessary, provides the patient with appropriate trial and simulation equipment.	☐

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Custom Fabricated and Custom Fitted Orthoses, Prosthetic Devices, External Breast Prostheses, Therapeutic Shoes and Inserts, and Accessories/Supplies; Custom-Made Somatic Ocular and Facial Prostheses (DMEPOS PO)			
PO.1	Patient Assessment	Organization staff assesses the patient's: need for and use of orthoses/prostheses utilizing a comprehensive history, medical information pertinent to the product (allergies), skin condition and the patient's diagnosis; primary diagnosis related to the device ordered; previous use of orthoses/prostheses; patient expectations; and when appropriate, pre-treatment photographic documentation.	☐
PO.2	In-person Clinical Examination	Organization staff perform an in-person, patient diagnosis-specific functional and clinical examination related to the patient's use and need of the orthoses/prostheses, including: the presences of edema and/or wounds; vascularity; pain; manual muscle testing; compliance; cognitive ability; and medical history. The examination may include: assessment of range of motion, joint stability, sensory function and skin condition (integrity, color, temperature), as appropriate to the product.	☐
PO.3	Patient Record	The organization ensures the patient's record includes important information about the patient's condition that affects the provision of equipment. For example: history and physical; hospital discharge summary; prescriber communication; change in patient condition; applicable alterations; allergies; etc.	☐
PO.4	Intake and Assessment	Intake and assessment includes documentation of staff communication, collaboration and coordination with the prescriber to: confirm the order; recommend necessary changes; and/or recommend additional evaluations, as needed.	☐
PO.5	Determine Appropriate Orthoses/Prostheses	Organization staff determine and document the appropriate orthoses/prostheses specifications based on the patient's need for and use of the orthoses/prostheses to ensure optimum therapeutic benefit and appropriate strength, durability and function as required by the patient.	☐
PO.6	Patient Goals and Outcomes	Organization staff establish and document patient goals and outcomes of the use of the orthoses/prostheses with feedback from the patient and/or prescriber as necessary to determine the appropriateness of the orthoses/prostheses. Goals and outcomes may include: pain reduction; increased comfort; enhanced function and independence; joint stability; deformity prevention; increased range of motion; cosmetic issues; promote healing; etc.	☐
PO.7	Plan of Treatment	Organization staff develop and document a plan for treatment consistent with the prescriber's order and/or written plan of care, consulting with the prescriber when appropriate. The plan for treatment/plan of care is communicated to the patient/caregiver and the prescriber. The communication includes disclosure of potential risks, benefits, precautions, as well as procedures for repairing, replacing, and/or adjusting the device/item and the estimated time involved in the process. This communication is documented. The organization may use standardized training material including the required elements. There is documentation that the training material was provided to the patient.	☐

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PO.8	Structural Safety	Organization staff ensure that the orthoses/prostheses is structurally safe and that the manufacturer's guidelines are followed prior to the face-to-face fitting/delivery. There is documentation that staff assess the orthoses/prostheses and test for structural safety prior to delivering to the patient. Assessment and testing include consideration of ensuring closures work properly, defects are not demonstrable, weight limits, etc.	☐
PO.9	Patient Record	The organization ensures the patient record includes: prescription; face-to-face encounter(s); physical assessment/fitting; communication with the prescriber and/or patient. Documentation is unaltered.	☐
PO.10	Knowledgeable Staff	The organization ensures that knowledgeable staff deliver and set-up equipment or coordinates and documents such set-up with another DMEPOS organization. All equipment is delivered and set-up in a timely manner, as agreed upon by the patient and/or prescriber.	☐
PO.11	Documentation of Equipment Delivery	The organization has documentation of providing all equipment and supplies necessary to operate the equipment and performs adjustments as needed.	☐
PO.12	Repair Period	The organization provides and documents loaner equipment during any repair period. The loaner equipment is of equal or greater value.	☐
PO.13	Equipment Delivered as Ordered	The organization has documentation that the equipment delivered are consistent with the prescriber's order and the identified patient needs, risks and limitations. For example: The patient is allergic to latex. The organization should not deliver items made with latex.	☐
PO.14	Verbal and Written Instructions	The organization provides and documents verbal and written instructions to the patient related to the set-up; features; routine use; troubleshooting; cleaning; infection control issues and practices; potential hazards; and recommended maintenance.	☐
PO.15	Instruction of Orthoses, Prosthesis, or Therapeutic Shoes	The organization provides instruction that includes: how to use the product safely and effectively in the anticipated setting (home safety assessment); how to maintain and clean the item; how to put on and take off the item; how to adjust closures for proper fit; how to inspect the patient's skin for pressure areas, redness, irritation, skin breakdown, pain or edema; how to use appropriate interface (socks, gloves, etc.) to maintain the proper fit; how to report problems to the organization and/or prescriber; how to schedule follow-up appointments; how to establish an appropriate "wear schedule" and schedule for tolerance. Instruction may include therapy and residual limb hygiene. Problems to report may include: changes in skin condition; increased pain or edema; changes in general health including height, weight or intolerance to the wear schedule.	☐
PO.16	Provides Supplies	The organization provides and documents the necessary supplies to attach, maintain, and clean the items. The organization provides the information about how to obtain additional supplies. For example: solvents, adhesives, etc.	☐
PO.17	Patient Training and Instruction	The organization training and instruction materials correspond with manufacturer guidelines. The organization tailors training and instruction materials and approaches to meet the patient's needs, abilities, learning preferences and language. For example: Spanish speaking patient receives written instructions in Spanish; patient prefers printed written instructions to electronic written instructions.	☐
PO.18	Mail Order Delivery	For items delivered by mail order, the organization provides and documents that the patient received training and written instructions on the use of the item.	☐

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PO.19	Refer to Prescriber	The organization staff refers the patient back to the prescriber when necessary for interventions beyond the staff state scope of practice laws. Communication with the patient and the prescriber is documented.	☐
PO.20	Access to Facility	The organization has access to a facility with the equipment necessary to provide follow-up treatment and fabrication/modification of the specific orthoses/prostheses. A facility can include a variety of locations for treatment and fabrication/modification, including mobile units as permitted by law and regulation.	☐
PO.21	Follow-up Services	The organization provides follow-up services and treatment to the patient as applicable to the: type of orthoses/prostheses/therapeutic shoes; patient diagnosis; care delivered; and recommendations from the prescriber. Follow-up services are documented.	☐
PO.22	Patient Feedback	The organization does the following: obtain feedback from the patient and prescriber to determine the effectiveness of the item; review and change the patient treatment plan based on the patient's current medical condition; and continue to assist the patient until the item reaches the optimal level of fit and function consistent with the treatment plan. Interaction and communication with the patient and prescriber are documented. Feedback may include: tolerance of wear schedule; comfort; perceived benefits/detriments; ability to put on and take off item; proper use and function; and overall patient satisfaction.	☐
PO.23	Qualified Professional	The organization ensures and documents the employment of qualified orthotic and/or prosthetic professionals who have national certification in good standing, and/or active state licensure in good standing. The state scope of practice relates to the scope of products provided to patients. The professional's training includes a range of treatment options appropriate to the scope of products provided. Certified assistants/technicians work under the supervision of the orthotic or prosthetic professional. Supervision is documented. Non-certified orthotists/prosthetists/assistants/technicians act within the state scope of practice laws.	☐
CMS Supplier Standards			
AM.2	Completed CMS Application	The organization has submitted a completed application to CMS including enrollment forms. Each physical location must be reported. Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)	☐
AM.2	State License	The organization must have a state license as required by state law and regulation. https://dominoapps.palmettogba.com/palmetto/npewest.nsf/DID/P4LF7PNQM8?Open=	☐
AM.2	Licensed Professional	The organization must employ a licensed professional as required by state and/or federal law and regulation, as applicable to the products provided.	☐
AM.2	Local Zoning Requirements	The organization complies with local, city and/or county zoning requirements. Contact your local zoning authority.	☐
AM.2	Contracts	The organization must provide a copy of the contract for any contracted service. The organization may not contract with a supplier that has been excluded from the Medicare program or any state/federal program. Refer to the OIG Exclusion List. Search the Exclusions Database | Office of Inspector General	☐

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AM.2	Rent or Purchase Option	The organization must advise the beneficiary that they may either rent or purchase applicable equipment, and of the purchase option for capped rental durable medical equipment. This advisement must be documented. Medicare Capped Rental Services Notification	☐
AM.2	Warranties	The organization must provide the beneficiary with information about Medicare covered items under warranty in writing. The organization must honor all warranties and must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items under warranty. The organization must provide documentation that it has provided the beneficiary with the warranty information. For example: Letters, logs, signed notices, etc.	☐
AM.2	Physical Facility	The organization must maintain a physical facility at least 200 square feet. The location must be accessible to the public. It cannot be in a gated community or area with restricted access. The facility is accessible and staffed during posted hours of operation. There is a permanent visible sign in plain view and posted hours of operation. If the facility is located within a building complex, the sign must be visible at the main entrance or hours posted at the main entrance. The facility includes space for the storing of business records and ordering/referring documentation.	☐
AM.2	Business Telephone	The organization maintains a primary business telephone that is operating at the site listed under the name of the business locally or toll-free for beneficiaries. Cellular phone, beepers, or pagers must not be used as the primary business telephone. Calls must not be exclusively forwarded from the primary business telephone listed under the name of the business to a cellular phone, beeper or pager. Answering machines, answering services, and facsimile machines must not be used exclusively as the primary business telephone during posted operating hours.	☐
AM.2	Comprehensive Liability Policy	The organization has a comprehensive liability insurance policy 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, the insurance must also cover product liability and completed operations.	☐
AM.2	No Solicitation	Organization does not make a direct solicitation of a Medicare beneficiary unless: the beneficiary had given written permission to the supplier to contact them regarding the furnishing of a Medicare-covered item that is rented/purchased; the supplier has furnished a Medicare-covered item and is contacting the beneficiary to coordinate delivery; the suppliers has furnished at least one covered item to the beneficiary in the preceding 15 month period.	☐
AM.2	Returns	The organization must accept returns from beneficiaries of substandard items (less than full quality; inappropriate for the beneficiary at the time of fitting/delivery).	☐
AM.2	Supplier Standards	The organization must disclose the supplier standards to each beneficiary to whom it supplies a Medicare-covered item.	☐
AM.2	Disclosure of Ownership	The organization must report the name and address of any person or entity with a 5% or greater ownership or control interest. This includes members of a joint venture. The supplier must report any changes in the information previously supplied within 35 days. eCFR :: 42 CFR 420.206 -- Disclosure of persons having ownership, financial, or control interest.	☐
AM.2	Surety Bond	The supplier must submit a surety bond from an authorized surety of $50,000. The bond must: guarantee that within 30 days of receiving written notice from CMS, pay CMS a total of up to the full amount of the bond; the surety is liable for unpaid claims, CMPs, or assessments that occur during the term of the bond; that actions under the bond may be brought by CMS/CMS	☐

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		contractors; provide the surety's name, street address or PO box number, city, state and zip code; name the DMEPOS supplier as Principal, CMS as Obligee, and the surety (its heirs, executors, administrators, successors and assignees, jointly and severally) as surety. Surety Bonds - List of Certified Companies	
AM.2	State-licensed Oxygen Supplier	The organization must obtain oxygen from a State-licensed oxygen supplier, as applicable	☐
AM.2	Prohibited from Sharing Location	The organization cannot share a practice location with any other Medicare supplier/provider, unless: physician/practitioner furnishes items as part of professional service; a PT/OT furnishes items to his/her patients as part of professional service.	☐
AM.2	Owned by Medicare Provider	If the DMEPOS supplier is co-located with and owned by an enrolled Medicare provider, the supplier: must operate as a separate unit; meet all DMEPOS supplier standards.	☐
AM.2	Open to Public	The DMEPOS organization is open to the public a minimum of 30 hours per week, unless: a physician/practitioner whose services are part of his/her professional service; provide custom orthotics/prosthetics only.	☐

NPWest - DMEPOS Supplier Standards Document

MLN905709 – DMEPOS Quality Standards –

LEIE Downloadable Databases | Office of Inspector General | U.S. Department of Health and Human Services

Forms & Checklists

Capped Rental Items - JD DME - Noridian

CMS-R-263 | CMS

Enroll as a DMEPOS Supplier | CMS