

**Progressive Prosthetic & Orthopedic Services, Inc.**

**Medicare (CMS) Standards (Revised 9/27/10)**

1. A supplier operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements. A supplier in licensure states requires that Orthotists and Prosthetists must be licensed and be employees of the supplier, except in states where licensure law allows for the use of contractors to provide licensed services.
2. A supplier has not made, or caused to be made, any false statement or misrepresentation of material fact on its application for billing privileges.
3. A supplier must have the application for billing privileges signed by an individual whose signature binds a supplier.
4. A supplier fills orders, fabricates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance with this standard.
5. A supplier advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment and of the purchase option for capped rental DME.
6. A supplier honors all warranties expressed and implied under applicable State law.
7. A supplier maintains a physical facility on an appropriate site.
  - A supplier is required to have at least 200 square feet of space, but there is an exception for state-licensed orthotic and prosthetic personnel in private practice. A supplier must have the office staffed and accessible during posted hours of operation, as well as have visible sign and posted hours. A supplier must have office space for record storage, unless the records are stored in a centralized location for a multi-site facility.
8. A supplier permits CMS or its agents to conduct on-site inspections to ascertain supplier compliance with these standards.
9. A supplier maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries. A supplier is prohibited on the use of cellular phones, beepers or pagers as the primary business phone. Calls may not be exclusively forwarded from the primary business phone to cell phones, beepers or pagers, and answering machines and fax machines may not be used exclusively as the primary business phone during posted business hours.
10. A supplier 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.
11. A supplier must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:
  - a. The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare-covered item that is to be rented or purchased.
  - b. The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.
  - c. If the contact concerns furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.
  - d. A supplier is prohibited on direct solicitation of patients, including but not limited to contracts by phone, computer, e-mail, instant messaging, and in person.
  - e. Supplier contact is allowed if the referring physician has informed the patient that a supplier will be contacting them.
12. A supplier must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented.

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 from beneficiaries of substandard (less than full quality for the particular item) or unsuitable (inappropriate for the patient at the time it was fitted and rented or sold) items.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies Medicare-covered items.
17. A supplier must comply with the disclosure provisions in Sec. 420.206 of this subchapter.
18. A supplier must not convey or reassign a supplier number.
19. A supplier must have a complaint resolution protocol to address beneficiary complaints that relate to these supplier standards.
20. A supplier must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:
  - a. The name, address, telephone number, and HIC number of the beneficiary.
  - b. A summary of the complaint, the date it was received, the name of the person receiving the complaint and a summary of actions taken to resolve it.
  - c. If an investigation was not conducted, the name of the person making the decision and the reason for the decision.
21. A supplier provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.
22. A supplier 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 for those specific products and services.
23. A supplier must notify their accreditation organization when a new location is open. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.
24. All supplier locations must meet the quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.
25. A supplier must disclose upon enrollment all products and services including the addition of new product lines for which they are seeking accreditation.
26. A supplier must obtain a surety bond in order to receive and retain a supplier billing number.
27. A supplier must obtain oxygen from a state-licensed supplier.
28. A supplier is required that ordering and referring documentation be maintained for 7 years from the date of service.
29. A supplier is prohibited in sharing office space with any other Medicare supplier or provider.
30. A supplier is required to be open at least 30 hours a week, with the exception of suppliers working with custom made orthotics and prosthetics.

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