



Your Guide

to Medicare's Durable Medical Equipment,
Prosthetics, Orthotics, & Supplies (DMEPOS)
Competitive Bidding Program



CENTERS FOR MEDICARE & MEDICAID SERVICES

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

“Your Guide to Medicare’s Durable Medical Equipment Prosthetics, Orthotics, & Supplies (DMEPOS) Competitive Bidding Program” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

This educational publication was produced and disseminated at U.S. taxpayer expense. It's not a guidance document.

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SECTION

Introduction

1

What's the Competitive Bidding Program?

Medicare's Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS):

- Changes the amount Medicare pays for certain DMEPOS items
- Determines who can get Medicare payment for supplying these items to you

Under the program, suppliers submit bids to provide certain medical equipment and supplies. Medicare uses these bids to set the amount it will pay for equipment and supplies included in the program. Medicare awards competitive bidding contracts to qualified, accredited suppliers with winning bids. These qualified suppliers are referred to as contract suppliers.

The program:

- Helps you and Medicare save money
- Makes sure that you have access to quality medical equipment, supplies, and services from suppliers you can trust
- Helps limit Medicare fraud and abuse

It's important to know if you're affected by the program to make sure Medicare will help pay for your item and to avoid any disruption of service.

What items and areas are included in the program?

If you have Original Medicare, live in one of the Competitive Bidding Areas (CBAs), and use equipment or supplies included under the Competitive Bidding Program (or get the items while visiting a CBA), you generally must use a contract supplier if you want Medicare to help pay for the item.

The program is effective January 1, 2021–December 31, 2023, and will only apply to off-the-shelf back and knee braces. The information in this booklet only applies to these items during this time.

Does this affect me if I'm in a Medicare Advantage Plan?

The Competitive Bidding Program applies to Original Medicare only. If you're in a Medicare Advantage Plan, your plan will notify you if your supplier is changing. If you're not sure, contact your plan.

SECTION

Items & areas

2

Does this program affect me?

The Competitive Bidding Program affects you if both of these apply:

- You get an item in the program. The items included in the program January 1, 2021–December 31, 2023 are:
 - Off-the-shelf back braces
 - Off-the-shelf knee braces
- You live in (or get an item included in the program while visiting) a ZIP code included in a Competitive Bidding Area (CBA). See the list of CBAs on the next 3 pages.

To check if an item you use is included in the program in a CBA, visit [Medicare.gov/supplier](https://www.medicare.gov/supplier), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Competitive Bidding Areas (CBAs) by state

| State | CBA name | |
|-----------|---------------------------------------|-----------------------------------|
| AL | Birmingham-Hoover | |
| AR | Little Rock-North Little Rock-Conway* | |
| AZ | Phoenix-Mesa-Scottsdale | Tucson |
| CA | Bakersfield | Sacramento-Roseville-Arden-Arcade |
| | Fresno | San Diego-Carlsbad |
| | Los Angeles County | San Francisco-Oakland-Hayward |
| | Orange County | San Jose-Sunnyvale-Santa Clara |
| | Oxnard-Thousand Oaks-Ventura | Stockton-Lodi |
| | Riverside-San Bernadino-Ontario | Visalia-Porterville |
| CO | Denver-Aurora-Lakewood* | |
| CT | Bridgeport-Stamford-Norwalk | New Haven-Milford |
| | Hartford-West Hartford-East Hartford | |
| DC | Washington | |
| DE | Wilmington | |
| FL | Cape Coral-Fort Myers** | North Port-Sarasota-Bradenton** |
| | Deltona-Daytona Beach-Ormond Beach** | Ocala** |
| | Jacksonville | Orlando-Kissimmee-Sanford** |
| | Lakeland-Winter Haven** | Palm Bay-Melbourne-Titusville** |
| | Tampa-St. Petersburg-Clearwater | |
| GA | Atlanta-Sandy Springs-Roswell | Catoosa, Dade, & Walker Counties |
| | Augusta-Richmond County | |
| HI | Honolulu** | |
| IA | Council Bluffs | |
| ID | Boise City | |

* Knee braces only

** Back braces only

| State | CBA name | |
|-------|--|----------------------------------|
| IL | Aurora-Elgin-Joliet | East St. Louis |
| | Chicago-Naperville-Arlington Heights | Lake & McHenry Counties |
| IN | Dearborn, Franklin, Ohio, & Union Counties | Indianapolis-Carmel-Anderson |
| | Gary | Jeffersonville-New Albany |
| KS | Kansas City-Overland Park-Ottawa | Wichita |
| KY | Covington-Florence-Newport | Louisville-Jefferson County |
| LA | Baton Rouge | New Orleans-Metairie |
| MA | Boston-Cambridge-Quincy* | Springfield |
| | Bristol County* | |
| MD | Baltimore-Columbia-Towson | Silver Spring-Rockville-Bethesda |
| | Calvert, Charles, & Prince George's Counties | |
| MI | Detroit-Warren-Dearborn | Grand Rapids-Wyoming |
| | Flint | |
| MN | Minneapolis-St. Paul-Bloomington | |
| MO | Kansas City | St. Louis |
| MS | Jackson** | South Haven-Olive Branch |
| NC | Asheville | Greensboro-High Point |
| | Charlotte-Concord-Gastonia | Raleigh |
| NE | Omaha | |
| NH | Rockingham & Strafford Counties | |
| NJ | Camden | Jersey City-Newark** |
| | Elizabeth-Lakewood-New Brunswick | |
| NM | Albuquerque | |
| NV | Las Vegas-Henderson-Paradise | |
| NY | Albany-Schenectady-Troy | Poughkeepsie-Newburgh-Middletown |
| | Bronx-Manhattan | Rochester |
| | Buffalo-Cheektowaga-Niagara Falls | Suffolk County* |

* Knee braces only

** Back braces only

| State | CBA name | |
|-------------------|--|--|
| NY (continued) | Nassau, Kings, Queens, & Richmond Counties | Syracuse |
| | Port Chester-White Plains-Yonkers* | |
| OH | Akron | Dayton |
| | Cincinnati | Toledo |
| | Cleveland-Elyria | Youngstown-Warren-Boardman |
| | Columbus | |
| OK | Oklahoma City | Tulsa |
| OR | Portland-Hillsboro-Beaverton | |
| PA | Allentown-Bethlehem-Easton | Pittsburgh |
| | Mercer County | Scranton-Wilkes-Barre-Hazleton |
| | Philadelphia | |
| RI | Providence | |
| SC | Aiken & Edgefield Counties | Columbia |
| | Charleston-North Charleston | Greenville-Anderson-Mauldin |
| | Chester, Lancaster & York Counties | |
| TN | Chattanooga* | Memphis |
| | Knoxville | Nashville-Davidson-Murfreesboro-Franklin |
| TX | Austin-Round Rock | Houston-The Woodlands-Sugar Land |
| | Beaumont-Port Arthur | McAllen-Edinburg-Mission |
| | Dallas-Fort Worth-Arlington | San Antonio-New Braunfels |
| | El Paso | |
| UT | Salt Lake City | |
| VA | Arlington-Alexandria-Reston | Virginia Beach-Norfolk-Newport News |
| | Richmond | |
| WA | Seattle-Tacoma-Bellevue* | Vancouver* |
| WI | Kenosha County | Pierce & St. Croix Counties |
| | Milwaukee-Waukesha-West Allis | |
| WV | Huntington | |

* Knee braces only

** Back braces only

SECTION

3 What Medicare will pay

Do I have to get my medical equipment and/or supplies from a contract supplier?

If you live in or are visiting a Competitive Bidding Area and your doctor or treating health care provider prescribes you an off-the-shelf back or knee brace that's included in the DMEPOS Competitive Bidding Program, you generally must use a contract supplier if you want Medicare to help pay for the back or knee brace, unless an exception applies.

However, if you're hospitalized and need an off-the-shelf back or knee brace while you're admitted or on the day you're discharged from the hospital, your doctor or treating health care provider can supply it even if they aren't a contract supplier.

Where can I find DMEPOS suppliers in my area?

For a list of suppliers you can use in your area, visit [Medicare.gov/supplier](https://www.medicare.gov/supplier). You can also get this information by calling 1-800-MEDICARE (1-800-633-4227). A customer service representative can help you find a supplier. TTY users can call 1-877-486-2048.

I have Medicare and Medicaid. Will Medicaid cover an item I get from a non-contract supplier if Medicare doesn't cover it?

If you have Medicare and Medicaid and live in a Competitive Bidding Area, you'll get off-the-shelf back and knee braces and related supplies and accessories from a Medicare contract supplier. Medicaid may pay the cost-sharing amounts (deductibles, coinsurance, and copayments) for those services.

- If you're a Qualified Medicare Beneficiary (QMB) only, Medicaid pays Medicare deductibles, coinsurance, and copayment amounts only. If Medicare denies payment, Medicaid won't pay for the item.
- If you're a QMB Plus, Specified Low-Income Medicare Beneficiary (SLMB) Plus, or you have Medicare and full Medicaid coverage, Medicaid will pay Medicare cost-sharing amounts for Medicare-covered supplies and equipment. If Medicare doesn't cover the supplies and equipment, but the Medicaid state plan does, you'll still be able to get supplies and equipment that Medicare doesn't cover (but your state Medicaid program does cover) from any Medicaid-participating provider subject to limitations established in the state plan.
- If you're a QMB Only or QMB Plus, suppliers can't bill you for any Medicare cost sharing (other than nominal copayments under Medicaid, if applicable), even if the state Medicaid program's total payment is less than the total amount of the Medicare cost sharing.

Do I have to change doctors?

No. The program doesn't affect which doctors you can use.

What if I need a specific brand or mode of delivery of an item or service included in the Competitive Bidding Program?

If you need a particular brand or mode of delivery of an item or service included in the Competitive Bidding Program to avoid an unfavorable medical outcome, your doctor must prescribe the specific brand or mode of delivery in writing. Your doctor must document in your medical record why you need this specific brand or mode of delivery to avoid an unfavorable medical outcome. In these situations, a contract supplier is required to:

- Give you the exact brand or mode of delivery of the item or service your doctor prescribes to you
- Help you find another contract supplier that offers that brand or mode of delivery
- Work with your doctor to find an appropriate alternative brand or mode of delivery and get a revised written prescription

What if I travel away from home and need to get medical equipment or supplies?

If you travel to a Competitive Bidding Area, you must get off-the-shelf back or knee braces included in the program from a Medicare contract supplier if you want Medicare to help you pay for them. However, if you travel to an area that isn't included in the program, you don't have to get the items from a contract supplier.

When you get medical equipment or supplies included in the program from a contract supplier, your out-of-pocket costs will be the same as when you're at your permanent home. You'll still be responsible for paying the 20% coinsurance after meeting your yearly Part B deductible.

| If you travel to... | Medicare will help you pay for supplies provided by... |
|-------------------------------------|--|
| An area included in the program* | A Medicare contract supplier located in the area you traveled to for items included in the program** |
| An area not included in the program | Any Medicare-approved supplier |

* For a list of areas included in the Competitive Bidding Program, see the “Competitive Bidding Area by state” chart on pages 8–10.

** If you don't use a contract supplier, the supplier may ask you to sign an “Advance Beneficiary Notice of Noncoverage” (ABN). This notice tells you that Medicare probably won't pay for the item or service. The supplier may require you to pay for the full cost of the item.

SECTION

Cost

4

Will my costs change?

Yes. Payment amounts in the Competitive Bidding Program are less than what Medicare pays in areas that aren't Competitive Bidding Areas. When Medicare pays less, you'll pay less, too.

It's important to know that for off-the-shelf back or knee braces that are included in the Competitive Bidding Program, the Medicare contract supplier can't charge you more than the 20% coinsurance and any unmet yearly deductible.

If you think that you're paying more coinsurance than the Medicare-approved amount, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Do I still have to pay my deductible?

Yes. You still have to pay your yearly Part B deductible whether or not you live in a Competitive Bidding Area or the equipment or supplies your doctor orders are included in the program. Each year, you must pay the deductible before Medicare starts to pay its share. After you meet the deductible, Medicare pays 80% of the Medicare-approved amount for equipment, supplies, and services.

How does Medicare pay for equipment or supplies if I have other insurance?

If you have other insurance that pays before Medicare, it may require you to use a supplier that isn't a contract supplier. In those cases, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to get secondary payments from Medicare. Check with your insurance company, plan provider, or benefits administrator for more information.

What if I get my medical equipment or supplies from a supplier who isn't a Medicare contract supplier?

Medicare will most likely not pay for an off-the-shelf back or knee brace if all of these situations apply:

- You live in a Competitive Bidding Area.
- You get an item included in the Competitive Bidding Program from a supplier who isn't a contract supplier.
- None of the exceptions found on page 11 (under "Do I have to get my medical equipment and/or supplies from a contract supplier?") apply.

In these situations, you may be asked to sign an "Advance Beneficiary Notice of Noncoverage" (ABN). This notice tells you that Medicare probably won't pay for the item or service, and that you may be responsible for paying the entire cost.

SECTION

Item-specific information

5

What do I need to know if I need to repair and replace equipment I own?

- If you own medical equipment that's included in Medicare's Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), you can use any Medicare-approved supplier (even a non-contract supplier) for repairs or replacement parts needed to repair your equipment.

Before a supplier services your equipment, make sure the supplier is enrolled in Medicare so Medicare can help pay. A "Medicare-enrolled" supplier means any supplier that can submit claims to Medicare.

- If you need to replace your off-the-shelf back or knee brace, use a contract supplier for Medicare to help pay for the brace.
- Medicare doesn't pay for repairs that a manufacturer's or supplier's warranty covers. If you need warranty repairs, follow the warranty rules.
- If Original Medicare already paid for DMEPOS (like diabetes supplies or an off-the-shelf back brace) and it has been damaged or lost due to an emergency or disaster, in certain cases, Medicare may cover the cost to repair or replace it.
- If a Medicare Advantage Plan or other Medicare health plan paid for your DMEPOS item, contact your plan directly to find out how it replaces DMEPOS damaged or lost in an emergency or disaster.

You also can call 1-800-MEDICARE (1-800-633-4227) to get more information about how to replace your DMEPOS items. TTY users can call 1-877-486-2048.

Where can I get more information about the Competitive Bidding Program?

If you currently own or need an off-the-shelf back or knee brace included in the Competitive Bidding Program and have any questions about what Medicare covers or about suppliers, you can:

- Visit [Medicare.gov/supplier](https://www.medicare.gov/supplier) to find contract suppliers in your area and information about the program.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

SECTION

Rights & protections

6

What if I have a complaint?

You may file a complaint with your supplier. The supplier must let you know they got your complaint and are investigating it within 5 calendar days. Within 14 days, the supplier must send you the result of their investigation and their response in writing. You may also make a complaint by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. If a 1-800-MEDICARE customer service representative can't resolve your complaint, it will be referred to the appropriate office.

How can Medicare contract suppliers advertise?

The same marketing rules and regulations for Original Medicare apply to the Competitive Bidding Program. For example, suppliers can't misuse symbols, emblems, or names about Social Security or Medicare.

In addition, Medicare has specific standards for marketing to people with Medicare. Suppliers can't make uninvited contact with you by phone about supplying a Medicare-covered item unless one of these situations applies:

- You've given written permission to the supplier to contact you about a Medicare-covered item that you need to rent or buy.
- The supplier is coordinating delivery of the item.
- The supplier is contacting you about providing a Medicare-covered item other than a covered item you already have, and the supplier has provided at least one covered item to you during the previous 15-month period.

How can Medicare contract suppliers advertise? (continued)

For more information about your rights and protections, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

What other rules must Medicare contract suppliers follow?

All Medicare contract suppliers have to meet special Competitive Bidding Program requirements, federal quality standards, state licensure requirements, be in good standing with Medicare, and be accredited by an independent accreditation organization. Contract suppliers must:

- Accept assignment for all competitively bid items. This means they can't charge you more than the Medicare-approved amount.
- Offer the same brands of equipment to Medicare and non-Medicare customers.
- Make competitively bid items and supplies available throughout the entire Competitive Bidding Area.
- Only provide equipment that meets all applicable Food and Drug Administration (FDA) regulations, and effectiveness and safety guidelines.
- Maintain equipment according to manufacturer's guidelines.
- Provide all equipment using educated professionals who meet applicable licensure requirements.
- Make available a competent professional to provide or arrange for necessary repairs or replacement of existing equipment.
- Provide safe operating equipment.
- Provide equipment that's consistent with the doctor's prescription.
- Provide appropriate instructions and training on the safe use and maintenance of the equipment.
- Be aware of changes in your medical needs and work together with your doctor.

Can a Medicare contract supplier work with other suppliers to get what I need?

Your contract supplier may work with other suppliers (subcontractors) to provide you and other customers with certain services, like delivering or installing equipment. Your Medicare contract supplier (not the subcontractor) should work with you directly when arranging for services. Subcontractors shouldn't market to you directly. If you have questions about the subcontractor, talk to your Medicare contract supplier. You can find their phone number by visiting [Medicare.gov/supplier](https://www.Medicare.gov/supplier) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Who do I contact if I don't think a supplier is following these rules?

If you don't think a contract supplier is following these rules, you can file a complaint with the Competitive Acquisition Ombudsman. The Competitive Acquisition Ombudsman must respond to individual and supplier inquiries, issues, and complaints. The Ombudsman reviews the concerns raised by people with Medicare through 1-800-MEDICARE.

Visit [Medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections](https://www.Medicare.gov/claims-appeals/your-medicare-rights/get-help-with-your-rights-protections) for information on inquiries and complaints, activities of the Ombudsman, and what people with Medicare need to know.

CMS Accessible Communications

To help ensure people with disabilities have an equal opportunity to participate in our services, activities, programs, and other benefits, we provide communications in accessible formats. The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like Braille, large print, data/audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. Call us:

For Medicare: 1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

2. Email us: altformatrequest@cms.hhs.gov

3. Send us a fax: 1-844-530-3676

4. Send us a letter:

Centers for Medicare & Medicaid Services Offices of Hearings
and Inquiries (OHI)

7500 Security Boulevard, Mail Stop S1-13-25

Baltimore, MD 21244-1850

Attn: Customer Accessibility Resource Staff

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare Prescription Drug Plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, State or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. Online:

hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.

2. By phone:

Call 1-800-368-1019. TDD user can call 1-800-537-7697.

3. In writing: Send information about your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

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- Medicare.gov
- 1-800-MEDICARE (1-800-633-4227)
- TTY: 1-877-486-2048

¿ Necesita usted una copia en español?

Llame GRATIS al 1-800-MEDICARE (1-800-633-4227).