



What You Should Know if You Need Medicare-covered Equipment or Supplies

Information about the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program

In January 2011, Medicare started a new competitive bidding program for certain DMEPOS in nine areas of the country. In July 2013, Medicare expanded the competitive bidding program to more areas of the country. This program changes the amount Medicare pays for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and makes changes to which suppliers Medicare will pay to supply these items to you.

Under this program, suppliers submit bids to provide certain medical equipment and supplies. Medicare uses these bids to set the amount it will pay for those equipment and supplies under the competitive bidding program. Qualified, accredited suppliers with winning bids are chosen as Medicare contract suppliers. The program:

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

If you have Original Medicare, live in one of the competitive bidding areas, and use equipment or supplies included under the program (or get the items while visiting a competitive bidding area), you generally must use Medicare contract suppliers if you want Medicare to help pay for the item. If you live in one of the competitive bidding areas and you're renting oxygen or certain other durable medical equipment at the time the program starts, you'll be able to continue renting these items from your current supplier if that supplier becomes a contract supplier or decides to participate in the program as a "grandfathered" supplier. If you live in (or get these items while visiting) these areas and don't use a Medicare contract or a grandfathered supplier, Medicare probably won't pay for the item, and you may have to pay full price.

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



Who's affected by Round 1 of this program, and in what areas?

Round 1 of the program started in January 2011. New Round 1 contracts will go into effect on January 1, 2014. You may be affected by this program if you live in (or get competitive bid items while visiting) certain ZIP codes in these areas:

- Charlotte-Gastonia-Rock Hill (North Carolina and South Carolina)
- Cincinnati-Middletown (Ohio, Kentucky and Indiana)
- Cleveland-Elyria-Mentor (Ohio)
- Dallas-Fort Worth-Arlington (Texas)
- Kansas City (Missouri and Kansas)
- Miami-Fort Lauderdale-Pompano Beach (Florida)
- Orlando-Kissimmee-Sanford (Florida)
- Pittsburgh (Pennsylvania)
- Riverside-San Bernardino-Ontario (California)

Effective January 1, 2014, the items included in the Round 1 areas are:

- Respiratory Equipment and Related Supplies and Accessories
 - Includes oxygen, oxygen equipment and supplies; continuous positive airway pressure (CPAP) devices and respiratory assist devices (RADs) and related supplies and accessories; and standard nebulizers
- Standard Mobility Equipment and Related Accessories
 - Includes walkers, standard power and manual wheelchairs, scooters, and related accessories
- General Home Equipment and Related Accessories
 - Includes hospital beds and related accessories, group 1 and 2 support surfaces, transcutaneous electrical nerve stimulation (TENS) devices, commode chairs, patient lifts, and seat lifts
- Enteral Nutrients, Equipment and Supplies
- Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories
- External Infusion Pumps and Supplies

Note: The current competitive bidding program supplier contracts in Round 1 areas will end on December 31, 2013. On January 1, 2014, Medicare will start new contracts with suppliers in these 9 competitive bidding areas. It's important to know if you're affected by these changes to make sure Medicare will help pay for your item and to avoid any disruption of service. Medicare announced the new contract suppliers for the Round 1 areas in the Fall of 2013. Medicare will list the contract suppliers on Medicare.gov/supplier. Or, call 1-800-MEDICARE (1-800-633-4227) for help finding a contract supplier. TTY users should call 1-877-486-2048.



I live in a Round 1 ZIP code where new contracts will be starting on January 1, 2014. Do I have to change suppliers if I'm already renting equipment from a supplier that doesn't have a new contract with Medicare?

If you're already renting certain medical equipment or receiving oxygen or oxygen equipment that's paid on a monthly basis when the program starts, you'll be able to stay with your current supplier if that supplier receives a new contract or decides to participate in the program as a "grandfathered" supplier. Suppliers that don't get Medicare contracts can elect to become "grandfathered" suppliers. This means a supplier may continue to rent equipment to you if you were renting the equipment when the program starts. **This rule applies only to oxygen, oxygen equipment and certain rented equipment.** You may continue using the "grandfathered" supplier until the rental period for your equipment ends. If you start renting additional equipment from a "grandfathered" supplier after the program starts, Medicare won't pay for the new equipment. If you're renting equipment that's eligible for grandfathering, your supplier will let you know in writing at least 30 business days before the program begins whether it will or won't become a "grandfathered" supplier.

I live in a Round 1 ZIP code where new contracts will be starting on January 1, 2014. I'm using one of the current contract suppliers. Can I switch to a new contract supplier before January 1, 2014?

It depends. Unless the supplier you want to use currently has a contract AND won a new contract that is starting on January 1, 2014, Medicare probably won't pay if you switch before January 1, 2014.

Who's affected by Round 2 of this program, and in what areas?

Round 2 started in July 2013. You may be affected by this program if you live in (or get certain items while visiting) certain ZIP codes in the areas below.

West

Albuquerque, NM
Bakersfield-Delano, CA
Boise City-Nampa, ID
Colorado Springs, CO
Denver-Aurora-Broomfield, CO
Fresno, CA
Honolulu, HI
Las Vegas-Paradise, NV
Los Angeles-Long Beach-Santa Ana, CA
Oxnard-Thousand Oaks-Ventura, CA

Phoenix-Mesa-Glendale, AZ
Portland-Vancouver-Hillsboro, OR-WA
Sacramento-Arden-Arcade-Roseville, CA
Salt Lake City, UT
San Diego-Carlsbad-San Marcos, CA
San Francisco-Oakland-Fremont, CA
San Jose-Sunnyvale-Santa Clara, CA
Seattle-Tacoma-Bellevue, WA
Stockton, CA
Tucson, AZ
Visalia-Porterville, CA

South

Asheville, NC
 Atlanta-Sandy Springs-Marietta, GA
 Augusta-Richmond County, GA-SC
 Austin-Round Rock-San Marcos, TX
 Baltimore-Towson, MD
 Baton Rouge, LA
 Beaumont-Port Arthur, TX
 Birmingham-Hoover, AL
 Cape Coral-Fort Myers, FL
 Charleston-North Charleston-Summerville, SC
 Chattanooga, TN-GA
 Columbia, SC
 Deltona-Daytona Beach-Ormond Beach, FL
 El Paso, TX
 Greensboro-High Point, NC
 Greenville-Mauldin-Easley, SC
 Houston-Sugar Land-Baytown, TX
 Jackson, MS
 Jacksonville, FL

Knoxville, TN
 Lakeland-Winter Haven, FL
 Little Rock-North Little Rock-Conway, AR
 Louisville/Jefferson County, KY-IN
 McAllen-Edinburg-Mission, TX
 Memphis, TN-MS-AR
 Nashville-Davidson-Murfreesboro-Franklin, TN
 New Orleans-Metairie-Kenner, LA
 North Port-Bradenton-Sarasota, FL
 Ocala, FL
 Oklahoma City, OK
 Palm Bay-Melbourne-Titusville, FL
 Raleigh-Cary, NC
 Richmond, VA
 San Antonio-New Braunfels, TX
 Tampa-St. Petersburg-Clearwater, FL
 Tulsa, OK
 Virginia Beach-Norfolk-Newport News, VA-NC
 Washington-Arlington-Alexandria, DC-VA-MD-WV

Midwest

Akron, OH
 Chicago-Joliet-Naperville, IL-IN-WI
 Columbus, OH
 Dayton, OH
 Detroit-Warren-Livonia, MI
 Flint, MI
 Grand Rapids-Wyoming, MI
 Huntington-Ashland, WV-KY-OH
 Indianapolis-Carmel, IN
 Milwaukee-Waukesha-West Allis, WI
 Minneapolis-St. Paul-Bloomington, MN-WI
 Omaha-Council Bluffs, NE-IA
 St. Louis, MO-IL
 Toledo, OH
 Wichita, KS
 Youngstown-Warren-Boardman, OH-PA

Northeast

Albany-Schenectady-Troy, NY
 Allentown-Bethlehem-Easton, PA-NJ
 Boston-Cambridge-Quincy, MA-NH
 Bridgeport-Stamford-Norwalk, CT
 Buffalo-Niagara Falls, NY
 Hartford-West Hartford-East Hartford, CT
 New Haven-Milford, CT
 New York-Northern New Jersey-Long Island, NY-NJ-PA
 Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
 Poughkeepsie-Newburgh-Middletown, NY
 Providence-New Bedford-Fall River, RI-MA
 Rochester, NY
 Scranton-Wilkes-Barre, PA
 Springfield, MA
 Syracuse, NY
 Worcester, MA

Check [Medicare.gov/supplier](https://www.medicare.gov/supplier) to find out if your ZIP code is affected. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



What items are included in the Round 2 Program?

The **items** included in the **Round 2 program** are below:

- Oxygen, oxygen equipment, and supplies
- Standard (power and manual) wheelchairs, scooters, and related accessories
- Enteral nutrients, equipment, and supplies
- Continuous Positive Airway Pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories
- Hospital beds and related accessories
- Walkers and related accessories
- Negative Pressure Wound Therapy pumps and related supplies and accessories
- Support surfaces (Group 2 mattresses and overlays)

I live in a Round 2 ZIP code. Do I have to change suppliers if I'm already renting equipment from a supplier that isn't a Medicare contract supplier?

If you were already renting certain medical equipment or receiving oxygen or oxygen equipment that's paid on a monthly basis when the program started in July 2013, you may have been able to stay with your current supplier. Suppliers that aren't Medicare contract suppliers can elect to become "grandfathered" suppliers. This means a supplier may continue to rent equipment to you if you were renting the equipment when the program started. **This rule applies only to oxygen, oxygen equipment and certain rented equipment.** You may continue using the "grandfathered" supplier until the rental period for your equipment ends. If you start renting additional equipment from a "grandfathered" supplier, Medicare won't pay for the new equipment. If you were renting equipment that's eligible for grandfathering, your supplier should have let you know in writing at least 30 business days before the program began whether it would or wouldn't become a "grandfathered" supplier.

Do I have to get any new supplies or equipment that I need from a Medicare contract supplier?

If the equipment or supplies ordered by your doctor or treating health care provider are included in the competitive bidding program where you live or visit, you generally must get your equipment or supplies from a Medicare contract supplier for Medicare to pay for the item. However, in certain cases, your doctor or treating health care provider can sometimes supply these:

- A walker, folding manual wheelchair, or external infusion pump to you when you're getting other medical care even if he or she isn't a Medicare contract supplier.
- If you're hospitalized and need a walker, folding manual wheelchair, or external infusion pump, the hospital can supply you these items while you're admitted or on the day you're discharged from the hospital.

You may also be able to continue to rent some types of medical equipment from your current supplier, if that supplier chooses to be a "grandfathered" supplier. In these situations, Medicare will still help you pay for these items.

Am I affected if I'm in a Medicare Advantage Plan?

No. The competitive bidding program applies to Original Medicare only. If you're enrolled in a Medicare Advantage Plan (like an HMO or PPO), your plan will let you know if your supplier is changing. If you're not sure, contact your plan.

Do I have to change doctors?

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

What if I need a specific brand of item or supply?

The competitive bidding program has special protections to make sure you get the specific types of medical equipment you need to protect your health. If you need a specific brand of equipment or supplies, or you need an item in a specific form, your doctor must prescribe the specific brand or form in writing. Your doctor must also document in your medical record that you need this specific item or supply for medical reasons. In these situations, a Medicare contract supplier is required to furnish the exact brand or form of item you need, help you find another contract supplier that offers that brand or form, or work with your doctor to find an alternate brand or form that's safe and effective for you.



What if I travel to one of the areas included in this program and need to get medical equipment or supplies?

If you travel to an area included in the program, you must get any medical equipment or supplies included in the program from a Medicare contract supplier.

If you permanently live in...	And travel to...	You may go to...
An area participating in the program	A different area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area participating in the program	An area NOT participating in the program	Any Medicare-approved supplier
An area NOT participating in the program	An area participating in the program	A Medicare contract supplier located in the area you traveled to for items included in the program*
An area NOT participating in the program	An area NOT participating in the program	Any Medicare-approved supplier

* If you don't use a Medicare contract supplier, the supplier may ask you to sign an "Advance Beneficiary Notice." This notice says Medicare probably won't pay for the item or service. The supplier may require you to pay for the full cost of the item.

If I travel to one of the areas in this program, will I pay the same amount I pay at home?

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. It's important to know that for any equipment or supplies 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 suspect that you're paying more coinsurance than the Medicare-allowed amount, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

If your primary insurance policy requires you to use a supplier that doesn't participate in the program, Medicare may make a secondary payment to that supplier. The supplier must meet Medicare enrollment standards and be eligible to get secondary payments. For more information, check with your benefits administrator, insurer, or plan provider.

What's the National Mail-Order Program for diabetic testing supplies?

In July 2013, Medicare implemented a national mail-order program for diabetic testing supplies. The national mail-order program includes all parts of the U.S., including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.

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

For more information, visit Medicare.gov/supplier, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.