



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 only applies 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 effective 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.

For a list of suppliers in your 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 Bernardino-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	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, you generally must use a contract supplier if you want Medicare to help pay for the back or knee brace, unless you have an exception. You may have one of these exceptions:

- Your doctor or treating health care provider (including physical therapists and occupational therapists) has the option to give you an off-the-shelf back or knee brace without being a contract supplier if they give you the brace during your appointment as part of the clinical service.
- Your doctor or treating health care provider can supply an off-the-shelf back or knee brace while you're admitted to the hospital or on the day you're discharged, even if your provider isn'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), or call 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.

Do I have to use a contract supplier if I have Medicaid?

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 contract supplier. Medicaid may pay the cost-sharing amounts (deductibles, coinsurance, and copayments) for those supplies.

What does Medicaid cover for supplies and equipment if I have Medicare and Medicaid?

It depends on the type of Medicaid coverage you have.

- 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

If you have Medicare and Medicaid and have questions about what Medicaid pays for equipment and supplies, contact your Medicaid plan or state Medicaid office.

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 an item included in the Competitive Bidding Program?

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

What if I need a specific brand of an item included in the Competitive Bidding Program? (continued)

- Give you the exact brand of the item your doctor prescribes to you
- Help you find another contract supplier that offers that brand
- Work with your doctor to find an appropriate alternative brand 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 from a 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 contract supplier in the area you traveled to for off-the-shelf back or knee braces **
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 Areas (CBAs) 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

Costs

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Will my costs for off-the-shelf back or knee braces change?

Yes. Payment amounts in the Competitive Bidding Program are less than what Medicare paid for items prior to the Competitive Bidding Program. When Medicare pays less, you'll pay less, too.

It's important to know that for off-the-shelf back or knee braces in the Competitive Bidding Program, the 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 off-the-shelf back or knee brace from a supplier who isn't a 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.
- Neither of the exceptions 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 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 my off-the-shelf back or knee brace?

- You can use any Medicare-enrolled supplier (even a non-contract supplier) for repairs or replacement parts needed to repair your brace. Before a supplier services your brace, 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 if you live in or are traveling to a Competitive Bidding Area.
- 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 an off-the-shelf back or knee 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 [Medicare.gov/what-medicare-covers/what-part-b-covers/competitive-bidding-program-areas-items](https://www.Medicare.gov/what-medicare-covers/what-part-b-covers/competitive-bidding-program-areas-items) for 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 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 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 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 contract suppliers follow?

All contract suppliers have to meet special Competitive Bidding Program requirements, federal quality standards, and state licensure requirements. They also have to 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 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. However, your contract supplier (not the subcontractor) should work with you directly when arranging for services. Subcontractors don't need to be contract suppliers. Subcontractors shouldn't market to you directly. If you have questions about the subcontractor, talk to your 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 think a supplier isn't following these rules?

If you think a contract supplier isn't 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 also reviews the concerns people with Medicare raise 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

The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or 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. Send us a fax:** 1-844-530-3676
- 3. 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 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 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. TTY users 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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CMS Product No. 11461

Revised February 2022

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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).