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Personnel Requirements for DMEPOS Product Categories

Supplement to the BOC Application for
Facility Accreditation for DMEPOS Providers

Personnel Requirements for DMEPOS Product Categories

The list below includes all DMEPOS product categories for which you may apply in the facility accreditation application. If you are currently accredited and would like to add product categories, submit an “Addition of Product Categories Form” along with this supplement.

Based on the product categories selected, your application packet will need to include a copy of the certified-practitioner’s certificate/license or proof of the employee’s successful completion of training. During a site survey, a supplier is responsible to show certification and/or license or personnel training documentation on instruction, use and care of all products with personnel requirements.

- At a minimum, accreditation for each DMEPOS product category requires a supplier to have W2 personnel on staff with proof of training.
- Products in **bold with an asterisk (*)** require a supplier to have W2 personnel with certification or other professional credentials, as listed in the right column.

NOTE: Receiving accreditation in the following DMEPOS product categories enables a supplier to submit a claim to the Centers for Medicare/Medicaid Services (CMS) for providing product delivery, set up and instructions to Medicare beneficiaries only. *A supplier may provide products in non-accredited categories to patients not designated as Medicare beneficiaries or those paying cash for products.*

If you have any questions regarding product category requirements, contact our accreditation team at fa@bocinternational.org or call (877)776-2200 to speak with an accreditation specialist.

Product Category Description	CMS Code	Personnel Requirement
<input type="checkbox"/> Automatic External Defibrillators (AEDs)	DM01*	CPR training required
<input type="checkbox"/> Blood Glucose Monitors and Supplies (mail order)	DM06	
<input type="checkbox"/> Blood Glucose Monitors and Supplies (non-mail order)	DM05	
<input type="checkbox"/> Breast Prostheses and Accessories	PD01*	Orthotist, Prosthetist, Orthotic Fitter or Mastectomy Fitter
<input type="checkbox"/> Canes and Crutches	M01	
<input type="checkbox"/> Cochlear Implants	PD02	
<input type="checkbox"/> Commodes/Urinals/Bedpans	DM02	
<input type="checkbox"/> Continuous Passive Motion (CPM) Devices	DM03*	Orthotist, Orthotic Fitter, Physical Therapist or Occupational Therapist
<input type="checkbox"/> Continuous Positive Airway Pressure (CPAP) Devices	R01*	Respiratory Therapist or Nurse
<input type="checkbox"/> Contracture Treatment Devices: Dynamic Splint	DM04*	Orthotist, Physical Therapist or Occupational Therapist
<input type="checkbox"/> Diabetic Shoes/Inserts-Non-Custom	S02	
<input type="checkbox"/> Diabetic Shoes/Inserts-Custom	S03*	Orthotist, Prosthetist, Pedorthist or other qualified provider per CMS Standards
<input type="checkbox"/> Enteral Nutrients	PE03*	Pharmacy License/State Requirement
<input type="checkbox"/> Enteral Equipment and/or Supplies	PE04*	Pharmacy License/State Requirement
<input type="checkbox"/> External Infusion Pumps and Supplies	DM12	

Product Category Description	CMS Code	Personnel Requirement
<input type="checkbox"/> Facial Prostheses	PD03*	Prosthetist or Ocularist
<input type="checkbox"/> Gastric Suction Pumps	DM07*	Respiratory Therapist or Nurse
<input type="checkbox"/> Heat & Cold Applications	DM08	
<input type="checkbox"/> Hemodialysis Equipment and Supplies	HD02*	Nurse
<input type="checkbox"/> High Frequency Chest Wall Oscillation (HFCWO) Devices	R02*	Respiratory Therapist or Nurse
<input type="checkbox"/> Home Dialysis Equipment and Supplies	HD01*	Nurse
<input type="checkbox"/> Hospital Beds-Electric	DM09	
<input type="checkbox"/> Hospital Beds-Manual	DM10	
<input type="checkbox"/> Implanted Infusion Pumps and Supplies	DM14*	Nurse
<input type="checkbox"/> Infrared Heating Pad Systems	DM11	
<input type="checkbox"/> Insulin Infusion Pumps and Supplies	DM13*	Nurse
<input type="checkbox"/> Intermittent Positive Pressure Breathing (IPPB) Devices	R04*	Respiratory Therapist or Nurse
<input type="checkbox"/> Intrapulmonary Percussive Ventilation Devices	R05*	Respiratory Therapist or Nurse
<input type="checkbox"/> Invasive Mechanical Ventilation Devices	R03*	Respiratory Therapist or Nurse
<input type="checkbox"/> Limb Prostheses	PR01*	Prosthetist
<input type="checkbox"/> Mechanical In-Exsufflation Devices	R06*	Respiratory Therapist or Nurse
<input type="checkbox"/> Nebulizer Equipment and Supplies	R07	
<input type="checkbox"/> Negative Pressure Wound Therapy Pumps and Supplies	DM15*	Orthotist, Physical Therapist or Occupational Therapist
<input type="checkbox"/> Neuromuscular Electrical Stimulators (NMES)	DM16	
<input type="checkbox"/> Neurostimulators	PD04	
<input type="checkbox"/> Ocular Prostheses	PD05*	Ocularist
<input type="checkbox"/> Orthoses: Custom Fabricated	OR01*	Orthotist
<input type="checkbox"/> Orthoses: Prefabricated (non-custom fabricated)	OR02*	Orthotist or Orthotic Fitter
<input type="checkbox"/> Orthoses: Off-The-Shelf	OR03	
<input type="checkbox"/> Penile Pumps	OR04	
<input type="checkbox"/> Osteogenesis Stimulators	DM17	
<input type="checkbox"/> Ostomy Supplies	PD06	
<input type="checkbox"/> Oxygen Equipment and Supplies	R08*	Respiratory Therapist or Nurse
<input type="checkbox"/> Parenteral Nutrients	PE05*	Pharmacy License/State Requirement
<input type="checkbox"/> Parenteral Equipment and/or Supplies	PE06*	Pharmacy License/State Requirement
<input type="checkbox"/> Patient Lifts	M02	
<input type="checkbox"/> Pneumatic Compression Devices	DM18*	Orthotist or Orthotic Fitter

Product Category Description	CMS Code	Personnel Requirement
<input type="checkbox"/> Power Operated Vehicles (Scooters)	M03	
<input type="checkbox"/> Prosthetic Lenses: Conventional Contact Lenses	PD12*	Optician
<input type="checkbox"/> Prosthetic Lenses: Conventional Eyeglasses	PD11*	Optician
<input type="checkbox"/> Prosthetic Lenses: Prosthetic Cataract Lenses	PD13*	Optician
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<input type="checkbox"/> Respiratory Assist Devices	R09*	Respiratory Therapist or Nurse
<input type="checkbox"/> Respiratory Suction Pumps	R10*	Respiratory Therapist or Nurse
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<input type="checkbox"/> Seat lift Mechanisms	M04	
<input type="checkbox"/> Somatic Protheses	PD07*	Prosthetist or Ocularist
<input type="checkbox"/> Speech Generating Devices	DM19	
<input type="checkbox"/> Support Surfaces: Pressure Reducing Beds/ Mattresses/Overlays/Pads	DM20	
<input type="checkbox"/> Surgical Dressings	S01	
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<input type="checkbox"/> Tracheostomy Supplies	PD08	
<input type="checkbox"/> Traction Equipment	DM21*	Orthotist, Orthotic Fitter, Physical Therapist or Occupational Therapist
<input type="checkbox"/> Transcutaneous Electrical Nerve Stimulators (TENS)	DM22	
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<input type="checkbox"/> Ultraviolet Light Devices	DM23	
<input type="checkbox"/> Urological Supplies	PD09	
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<input type="checkbox"/> Ventilators Accessories/Supplies	R12*	Respiratory Therapist or Nurse
<input type="checkbox"/> Voice Prosthetics	PD10	
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<input type="checkbox"/> Walkers	M05	
<input type="checkbox"/> Wheelchair Seating/Cushions	M10	
<input type="checkbox"/> Wheelchairs-Complex Rehabilitative Manual Wheelchairs	M08*	RESNA Certified
<input type="checkbox"/> Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories	M08A*	RESNA Certified
<input type="checkbox"/> Wheelchairs-Complex Rehabilitative Power Wheelchairs	M09*	RESNA Certified
<input type="checkbox"/> Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories	M09A*	RESNA Certified
<input type="checkbox"/> Wheelchairs-Standard Manual	M06	
<input type="checkbox"/> Wheelchairs-Standard Manual Related Accessories	M06A	
<input type="checkbox"/> Wheelchairs-Standard Power	M07	
<input type="checkbox"/> Wheelchairs-Standard Power Related Accessories	M07A	