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# **BOC DMEPOS Product Category List**

**Includes:**

*Competitive Bid Information and  
Associated Personnel Requirements*

## DMEPOS Product Category List

BOC offers accreditation for *all* DMEPOS product categories. The following lists include all of the DMEPOS product categories, as well as the appropriate personnel required to provide certain items. The first list (pages 2-3) is the products *any* appropriately accredited DMEPOS facility can provide. The second (page 4) is a list of products which require a competitive bid contract, or subcontract with a bid winner, for Medicare reimbursement.

*Please note: Only select metropolitan areas require a competitive bid contract. By finding your metropolitan statistical area (MSA) on this [map](#), you can determine whether or not your facility can be reimbursed for the select products on list two without becoming a [contracted supplier or subcontracting with one](#). A facility 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 a member of the BOC Accreditation Team at [fa@bocusa.org](mailto:fa@bocusa.org) or 877.776.2200.

If you are currently accredited and would like to add or remove product categories, you can use the "[Addition of Product Categories Form](#)."

### **LIST 1: These products do NOT require a competitive bid contract for billing CMS:**

CMS Code	Product Category Description	Personnel Requirement (Click for information on BOC certification.)
<b>DM01</b>	Automatic External Defibrillators (AEDs)	CPR training required
<b>DM05</b>	Blood Glucose Monitors and Supplies (non-mail order)	
<b>PD01</b>	Breast Prostheses and Accessories	<a href="#">Orthotist</a> , <a href="#">Prosthetist</a> , <a href="#">Mastectomy Fitter</a> , <a href="#">Anaplastologist</a>
<b>M01</b>	Canes and Crutches	
<b>PD02</b>	Cochlear Implants	
<b>DM02</b>	Commodes/Urinals/Bedpans	
<b>DM03</b>	Continuous Passive Motion (CPM) Devices	<a href="#">Orthotist</a> , <a href="#">Orthotic Fitter</a> , Physical Therapist, Occupational Therapist
<b>DM04</b>	Contracture Treatment Devices: Dynamic Splint	<a href="#">Orthotist</a> , Physical Therapist, Occupational Therapist
<b>S02</b>	Diabetic Shoes/Inserts-Non-Custom	Some training required
<b>S03</b>	Diabetic Shoes/Inserts-Custom	<a href="#">Orthotist</a> , <a href="#">Prosthetist</a> , <a href="#">Pedorthist</a> , or other qualified provider (determined by CMS)
<b>DM12</b>	External Infusion Pumps	
<b>DM24</b>	External Infusion Supplies	
<b>PD03</b>	Facial Prostheses	<a href="#">Prosthetist</a> , Ocularist, Anaplastologist
<b>DM07</b>	Gastric Suction Pumps	Nurse
<b>DM08</b>	Heat & Cold Applications	
<b>R02</b>	High Frequency Chest Wall Oscillation (HFCWO) Devices	Respiratory Therapist, Nurse
<b>DM14</b>	Implanted Infusion Pumps and Supplies	Nurse

<b>DM11</b>	Infrared Heating Pad Systems	
<b>DM13</b>	External Ambulatory Insulin Pump	Nurse
<b>DM25</b>	External Ambulatory Insulin Supplies	Nurse
<b>R04</b>	Intermittent Positive Pressure Breathing (IPPB) Devices	Respiratory Therapist, Nurse
<b>R05</b>	Intrapulmonary Percussive Ventilation Devices	Respiratory Therapist, Nurse
<b>PR01</b>	Limb Prostheses	<a href="#">Prosthetist</a> , <a href="#">Pedorthist</a> (L5000 toe filler)
<b>R06</b>	Mechanical In-Exsufflation Devices	Respiratory Therapist, Nurse
<b>R07</b>	Nebulizer Equipment and Supplies	
<b>DM16</b>	Neuromuscular Electrical Stimulators (NMES)	
<b>PD04</b>	Neurostimulators	
<b>PD05</b>	Ocular Prostheses	Ocularist, Anaplastologist
<b>OR01</b>	Orthoses: Custom Fabricated	<a href="#">Orthotist</a> , <a href="#">Pedorthist</a> (based on scope of practice)
<b>OR02</b>	Orthoses: Prefabricated (non-custom fabricated)	<a href="#">Orthotist</a> , <a href="#">Orthotic Fitter</a> , <a href="#">Pedorthist</a> (based on scope of practice)
<b>OR03</b>	Orthoses: Off-The-Shelf	
<b>OR04</b>	Penile Pumps	
<b>DM17</b>	Osteogenesis Stimulators	Nurse (for implantable)
<b>PD06</b>	Ostomy Supplies	
<b>PE05</b>	Parenteral Nutrients	Pharmacy License/State Requirement
<b>PE06</b>	Parenteral Equipment and/or Supplies	Pharmacy License/State Requirement
<b>DM18</b>	Pneumatic Compression Devices	<a href="#">Orthotist</a> , <a href="#">Orthotic Fitter</a> , <a href="#">Mastectomy Fitter</a>
<b>PD12</b>	Prosthetic Lenses: Conventional Contact Lenses	Optician
<b>PD11</b>	Prosthetic Lenses: Conventional Eyeglasses	Optician
<b>PD13</b>	Prosthetic Lenses: Prosthetic Cataract Lenses	Optician
<b>R10</b>	Respiratory Suction Pumps	Respiratory Therapist, Nurse
<b>M04</b>	Seat lift Mechanisms	
<b>PD07</b>	Somatic Prostheses	<a href="#">Prosthetist</a> , Ocularist, Anaplastologist
<b>DM19</b>	Speech Generating Devices	
<b>DM20</b>	Support Surfaces: Pressure Reducing Beds/ Mattresses/Overlays/Pads (NEW)	
<b>DM26</b>	Support Surfaces: Pressure Reducing Beds/ Mattresses/Overlays/Pads (USED)	

<b>S01</b>	Surgical Dressings	
<b>PD08</b>	Tracheostomy Supplies	
<b>DM21</b>	Traction Equipment	<a href="#">Orthotist</a> , <a href="#">Orthotic Fitter</a> , Physical Therapist, Occupational Therapist
<b>DM22</b>	Transcutaneous Electrical Nerve Stimulators (TENS)	
<b>DM23</b>	Ultraviolet Light Devices	
<b>PD09</b>	Urological Supplies	
<b>R12</b>	Ventilators Accessories/Supplies	Respiratory Therapist, Nurse
<b>PD10</b>	Voice Prosthetics	
<b>M08</b>	Wheelchairs-Complex Rehabilitative Manual Wheelchairs	RESNA Certification
<b>M08A</b>	Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories	RESNA Certification
<b>M09</b>	Wheelchairs-Complex Rehabilitative Power Wheelchairs	RESNA Certification
<b>M09A</b>	Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories	RESNA Certification

**LIST 2: These products MAY require a competitive bid contract for billing CMS:**

To determine whether or not you can be reimbursed for the products on this list, use the metropolitan statistical area (MSA) [map](#).

<b>CMS Code</b>	<b>Product Category Description</b>	<b>Personnel Required</b>
<b>DM06</b>	Blood Glucose Monitors and Supplies (mail order)	
<b>R01</b>	Continuous Positive Airway Pressure (CPAP) Devices	Respiratory Therapist, Nurse
<b>PE03</b>	Enteral Nutrients	Pharmacy License/State Requirement
<b>PE04</b>	Enteral Equipment and/or Supplies	Pharmacy License/State Requirement
<b>DM09</b>	Hospital Beds-Electric	
<b>DM10</b>	Hospital Beds-Manual	
<b>DM15</b>	Negative Pressure Wound Therapy Pumps and Supplies	Nurse
<b>R08</b>	Oxygen Equipment and Supplies	Respiratory Therapist, Nurse
<b>M02</b>	Patient Lifts	
<b>M03</b>	Power Operated Vehicles (Scooters)	
<b>R09</b>	Respiratory Assist Devices	Respiratory Therapist, Nurse
<b>DM20</b>	Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads (only for Group 2 mattresses and overlays)	
<b>M05</b>	Walkers	
<b>M10</b>	Wheelchair Seating/Cushions	

<b>M06</b>	Wheelchairs-Standard Manual
<b>M06A</b>	Wheelchairs-Standard Manual Related Accessories
<b>M07</b>	Wheelchairs-Standard Power
<b>M07A</b>	Wheelchairs-Standard Power Related Accessories