



## **Glossary**

The following terms are used in our [April 2015 Update on CMS Proposed Rule 1614](#) and may be unfamiliar to some readers. Brief definitions are provided below to facilitate understanding of this complex subject.

**CMS** (*Centers for Medicare & Medicaid Services*): The Department of Health and Human Services agency responsible for Medicare and parts of Medicaid.

**DAC** (*DMERC Advisory Committee*): A nonprofit volunteer organization comprised of Home Medical Equipment providers, state and national associations, manufacturer supporters, and industry consultants. The DACs are divided into four jurisdictions. Jurisdiction D, referenced in the April 2015 letter, is comprised of 17 states in the midwest and western areas of the United States.

**DME** (*Durable Medical Equipment*): Medical equipment for use in the home. These items must be reusable, such as walkers, wheelchairs, or hospital beds.

**DME MAC** (*Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Jurisdictions*): The DME MACs are responsible for processing Durable Medical Equipment, Orthotics, and Prosthetics (DMEPOS) Medicare claims for a defined geographic area or "jurisdiction." The term DME MAC has replaced the term DMERC.

**DMEPOS** (*Durable Medical Equipment, Prosthetics, Orthotics, and Supplies*)

**DMEPOS Quality Standards**: CMS established and implemented these standards for suppliers of DMEPOS under the Medicare Modernization Act of 2003 (MMA). DMEPOS suppliers must comply with the DMEPOS Quality Standards and become accredited to obtain or maintain Medicare billing privileges unless they are exempt from the accreditation requirement.

**DMERC** (*Durable Medical Equipment Regional Carrier*): A Medicare contractor that was responsible for administering Durable Medical Equipment (DME) benefits for a region. The term DME MAC has replaced the term DMERC.

**LCD** (*Local Coverage Determination*): A decision by a Medicare Contractor regarding coverage of a particular service or item on a contractor-wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (i.e., a determination as to whether the service is reasonable and necessary).

**MLN** (*Medicare Learning Network*): A registered trademark of CMS and the brand name for official information for health care professionals from CMS.

**NCD** (*National Coverage Determination*): A decision that sets forth the extent to which Medicare will cover specific services, procedures, or technologies on a national basis.

**O&P Alliance** (*The Orthotic and Prosthetic Alliance*): A coalition of the leading national organizations representing the orthotic and prosthetic profession. The members of the O&P Alliance are BOC, AAOP, ABC, AOPA, and NAAOP. For more information, please visit: [www.oandpalliance.org](http://www.oandpalliance.org).

**Orthotics off-the-shelf (OR03)**: Prefabricated orthotics that require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit a specific patient.

**Orthotics prefabricated (OR02)**: Orthotics that are manufactured in quantity without a specific patient in mind. These devices may be supplied as a kit or pre-fabricated parts that may require some assembly, and/or fitting or adjustment, or devices that require trimming, bending, molding, or other modification to fit a specific patient.

**Policy Article**: An article that explicitly describes a policy, law, or regulation, including development, implementation, and evaluation.