



# PRODUCT CODE ADDITION CHECKLIST



DMEPOS



PHARMACY

## Company Information

Legal Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Requested Product Code Addition:

(Please refer to DMEPOS Addendum for number and description. If you need to see a list of the location's currently-accredited product codes, please ask your Account Advisor.)

### Please provide the following:

- ☐ Completed DMEPOS Addendum indicating **new product codes only**
- ☐ Completed DMEPOS/Pharmacy State Licensure Verification Form

**Please note that additional information may be requested prior to approving product code addition.**

## Attestation Statement

I, \_\_\_\_\_, hereby certify that all of the information on this request of the Accreditation Commission for Health Care, Inc. is true and correct. I certify the following:

- All policies and procedures have been updated to reflect the new product categories and are in compliance with all ACHC standards and state, federal, and local rules and regulations.
- All appropriate employees have been trained in the use and billing criteria of the new product codes.
- That the physical location is appropriate and equipped to provide new product codes to clients/patients and agreements have been made with vendors to obtain inventory of new products in a timely manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

There is not a charge for the addition of product codes, provided the DMEPOS supplier is accredited for the applicable service. ACHC reserves the right to conduct a focus survey of any product code addition. If it is determined an on-site visit is necessary, the normal unannounced survey scheduling process will apply and the organization will be charged the site visit fee.

ACCREDITATION COMMISSION *for* HEALTH CARE

For ACHC Internal Use Only

ACHC Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Company ID #: \_\_\_\_\_ Application #: \_\_\_\_\_

Accreditation Dates: \_\_\_\_\_

# REQUESTED PRODUCT CODES ADDENDUM



DMEPOS



PHARMACY

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**All DMEPOS suppliers must complete this addendum. Please select new product codes only.**

Reference the DMEPDAC to view the HCPC codes that are included in each product category.

(<https://dmepdac.com/palmetto/PDACv2.nsf/DID/43Z2ZKZ02X>).

- |   |   |
|---|---|
| <input type="checkbox"/> DM01 Automatic External Defibrillators (AEDs) and Supplies                   | <input type="checkbox"/> DM27 Cognitive Behavioral Therapy Devices  |
| <input type="checkbox"/> DM02 Commodes/Urinals/Bedpans  | <input type="checkbox"/> DM28 Rehabilitative Therapy Devices  |
| <input type="checkbox"/> DM03 Continuous Passive Motion (CPM) Devices                                 | <input type="checkbox"/> DM29 Urinary Suction Pumps   |
| <input type="checkbox"/> DM04 Contracture Treatment Devices: Dynamic Splint                           | <input type="checkbox"/> DM30 External Electrical Stimulation Devices (Not Otherwise Classified)                |
| <input type="checkbox"/> DM05 Blood Glucose Monitors and Supplies (non-mail order)                    | <input type="checkbox"/> M01 Canes and Crutches   |
| <input type="checkbox"/> DM06 Blood Glucose Monitors and Supplies (mail order)                        | <input type="checkbox"/> M02 Patient Lifts  |
| <input type="checkbox"/> DM07 Gastric Suction Pumps   | <input type="checkbox"/> M03 Power Operated Vehicles (Scooters)   |
| <input type="checkbox"/> DM08 Heat & Cold Applications  | <input type="checkbox"/> M04 Seat Lift Mechanisms   |
| <input type="checkbox"/> DM09 Hospital Beds – Electric  | <input type="checkbox"/> M05 Walkers  |
| <input type="checkbox"/> DM10 Hospital Beds – Manual  | <input type="checkbox"/> M06 Wheelchairs – Standard Manual  |
| <input type="checkbox"/> DM11 Infrared Heating Pad Systems and Supplies                               | <input type="checkbox"/> M06a Wheelchairs – Standard Manual Related Accessories and Repairs                     |
| <input type="checkbox"/> DM12 External Infusion Pumps   | <input type="checkbox"/> M07 Wheelchairs – Standard Power   |
| <input type="checkbox"/> DM13 Insulin Infusion Pumps  | <input type="checkbox"/> M07a Wheelchairs – Standard Power Related Accessories and Repairs                      |
| <input type="checkbox"/> DM14 Implanted Infusion Pumps and Supplies                                   | <input type="checkbox"/> M08 Wheelchairs – Complex Rehabilitative Manual Wheelchairs (RTS)                      |
| <input type="checkbox"/> DM15 Negative Pressure Wound Therapy Pumps and Supplies                      | <input type="checkbox"/> M08a Wheelchairs – Complex Rehabilitative Manual Wheelchairs Related Accessories (RTS) |
| <input type="checkbox"/> DM16 Neuromuscular Electrical Stimulators (NMES) and Supplies                | <input type="checkbox"/> M09 Wheelchairs – Complex Rehabilitative Power Wheelchairs (RTS)                       |
| <input type="checkbox"/> DM17 Osteogenesis Stimulators  | <input type="checkbox"/> M09a Wheelchairs – Complex Rehabilitative Power Wheelchairs Related Accessories (RTS)  |
| <input type="checkbox"/> DM18 Pneumatic Compression Devices and Supplies                              | <input type="checkbox"/> M10 Wheelchair Seating/Cushions  |
| <input type="checkbox"/> DM19 Speech Generating Devices   | <input type="checkbox"/> OR01 Orthoses: Custom Fabricated (FS)  |
| <input type="checkbox"/> DM20 Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads – New | <input type="checkbox"/> OR02 Orthoses: Prefabricated (Custom Fitted) (FS)                                      |
| <input type="checkbox"/> DM21 Traction Equipment  | <input type="checkbox"/> OR03 Orthoses: Off-the-Shelf   |
| <input type="checkbox"/> DM22 Transcutaneous Electrical Nerve Stimulators (TENS) and Supplies         | <input type="checkbox"/> OR04 Penile Pumps  |
| <input type="checkbox"/> DM23 Ultraviolet Light Devices and Supplies                                  | <input type="checkbox"/> PD01 Breast Prostheses and Accessories (FS)  |
| <input type="checkbox"/> DM24 External Infusion Pump Supplies   | <input type="checkbox"/> PD03 Facial Prostheses   |
| <input type="checkbox"/> DM25 Insulin Infusion Pump Supplies  | <input type="checkbox"/> PD04 Neurostimulators and Supplies   |
| <input type="checkbox"/> DM26 Pressure Reducing Beds/Mattresses/Overlays/Pads – Used                  | <input type="checkbox"/> PD05 Ocular Prostheses   |
|   | <input type="checkbox"/> PD06 Ostomy Supplies   |
|   | <input type="checkbox"/> PD07 Somatic Prostheses  |

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- |   |  |
|---|--|
| <input type="checkbox"/> PD08 Tracheostomy Supplies   | <input type="checkbox"/> R05 Intrapulmonary Percussive Ventilation Devices             |
| <input type="checkbox"/> PD09 Urological Supplies   | <input type="checkbox"/> R06 Mechanical In-Exsufflation Devices                        |
| <input type="checkbox"/> PD10 Voice Prosthetics   | <input type="checkbox"/> R07 Nebulizer Equipment and Supplies                          |
| <input type="checkbox"/> PD11 Prosthetic Lenses: Conventional Eyeglasses                        | <input type="checkbox"/> R08 Oxygen Equipment and Supplies                             |
| <input type="checkbox"/> PD12 Prosthetic Lenses: Conventional Contact Lenses                    | <input type="checkbox"/> R08A Oxygen   |
| <input type="checkbox"/> PD13 Prosthetic Lenses: Prosthetic Cataract Lenses                     | <input type="checkbox"/> R09 Respiratory Assist Devices                                |
| <input type="checkbox"/> PE03 Enteral Nutrients   | <input type="checkbox"/> R10 Respiratory Suction Pumps                                 |
| <input type="checkbox"/> PE04 Enteral Equipment and Supplies                                    | <input type="checkbox"/> R12 Ventilators: All types not CPAP and RAD                   |
| <input type="checkbox"/> PE05 Parenteral Nutrients  | <input type="checkbox"/> R13 Multi-function Respiratory Device (excluding ventilators) |
| <input type="checkbox"/> PE06 Parenteral Equipment and Supplies                                 | <input type="checkbox"/> S01 Surgical Dressings  |
| <input type="checkbox"/> PR01 Limb Prostheses (FS)  | <input type="checkbox"/> S02 Diabetic Shoes/Inserts (FS)                               |
| <input type="checkbox"/> R01 Continuous Positive Airway Pressure (CPAP) Devices and Supplies    | <input type="checkbox"/> S03 Diabetic Shoes/Inserts – Custom (FS)                      |
| <input type="checkbox"/> R02 High Frequency Chest Wall Oscillation (HFCWO) Devices and Supplies | <input type="checkbox"/> S04 Lymphedema Compression Treatment items                    |
| <input type="checkbox"/> R04 Intermittent Positive Pressure Breathing (IPPB) Devices            | <input type="checkbox"/> <b>No Codes</b>   |



# STATE LICENSURE VERIFICATION FORM

 DMEPOS  PHARMACY

Location Legal/DBA Name: \_\_\_\_\_

PTAN Used for DMEPOS Billing: \_\_\_\_\_

Address: \_\_\_\_\_

This section applies to locations that supply DMEPOS products. Please mark the state(s) this location intends to supply the requested products, as well as the location's license number for each state with a licensure requirement. If a state does not require licensure, please mark as "N/A." If exempt from state licensure, please mark as "Exempt." This includes delivery and shipping services as an out of state supplier. For licensure requirements, please refer to National Provider Enrollment (NPE) West or East: [DMEPOS Licensure Database](#).

**Please Note:** In order to approve a product code or service addition request, suppliers must complete this form. ACHC will verify all required state licensure. The location must have the appropriate licenses on file, as required by each state.

State	Supply in State	License Number
Alabama	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Alaska	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
American Samoa	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Arizona	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Arkansas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
California	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Colorado	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Connecticut	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Delaware	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Florida	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Georgia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Guam	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Hawaii	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Idaho	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Illinois	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Indiana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Iowa	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Kansas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:

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State	Supply in State	License Number
Kentucky	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Louisiana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Maine	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Maryland	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Massachusetts	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Michigan	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Minnesota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Mississippi	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Missouri	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Montana	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Nebraska	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Nevada	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Hampshire	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Jersey	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New Mexico	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
New York	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
North Carolina	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
North Dakota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
N. Mariana Islands	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Ohio	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Oklahoma	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Oregon	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Rhode Island	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
South Carolina	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
South Dakota	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Tennessee	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Texas	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Utah	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Vermont	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Virginia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Washington	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:

ACCREDITATION COMMISSION *for* HEALTH CARE

State	Supply in State	License Number
West Virginia	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Wisconsin	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #:
Wyoming	<input type="checkbox"/>	<input type="checkbox"/> N/A <input type="checkbox"/> Exempt #: