



BRANCH/LOCATION ADDITION CHECKLIST

 PHARMACY

Primary Location Information:

Legal Name: _____

DBA Name: _____

Instructions: Please complete this form and submit the documentation listed below for your organization's new branch/location. When the requirements have been submitted in full to ACHC, they will be reviewed by the Regulatory Department and an accreditation decision will be made.

- a. For organizations that bill DMEPOS product codes, prior to approving the new branch location ACHC will need to conduct an onsite survey at the new branch location, the normal unannounced survey scheduling process will apply, and the organization is charged a survey fee.
- b. For pharmacies that do not bill DMEPOS product codes, the new branch location will be reviewed.
 1. If it is determined a survey is necessary, the normal unannounced survey scheduling process will apply, and the pharmacy is charged a survey fee.
 2. If it is determined a survey is not necessary, the pharmacy will be charged the appropriate fee indicated in the Accreditation Agreement.

Upon approval of the new location, ACHC will send the approval documentation. Once the organization receives the accreditation documentation, it should complete the following if the pharmacy is applying for a Medicare Provider Number (PTAN) in order to provide DMEPOS products:

- Submit the 855S form for the new location to NPE East or NPE West.
- Upon receipt of the branch/location approval letter from NPE East/NPE West, please forward a copy to your Accreditation Advisor at ACHC.

Please provide the following:

- Completed ACHC Additional Site Information Form for proposed branch/location
- Completed DMEPOS/Pharmacy (RX) State Licensure Verification Form
- Copies of most recent licenses for professional(s) requiring licensure (for example, Pharmacist, ATP, RT, RN, and Fitter)

Please note that additional information may be requested prior to approving branch/location addition.

Attestation Statement:

I, _____, hereby certify that all of the information on this request of Accreditation Commission for Health Care is true and correct. I certify the following in regard to this branch/location:

- New branch/location will adhere to the accredited parent location's policies and procedures.
- New branch/location is in compliance with all ACHC standards, federal, and local rules and regulations.
- New branch/location is appropriate and equipped to provide requested service.

Signature: _____ Date: _____

Title: _____

The normal survey scheduling process will apply and organizations will be charged applicable fees based on the signed accreditation agreement.

For ACHC Internal Use Only

ACHC Approval: _____ Date: _____

Company ID #: _____ Application #: _____

Site visit required: YES NO Number of Days Required for Survey: _____ Fee: _____

Accreditation Dates: _____ Services Approved: _____

Additional Instructions:

Additional Regulatory Notes:

Additional Information Regarding Proposed Branch/Location

Branch/Location Information:

Is the branch/location currently enrolled (or does it intend to enroll) as a DMEPOS Supplier?

Yes No

Name to display on Accreditation Certificate: (check only one)

Legal Name DBA Name Both Legal and DBA Name

Legal Name: _____

DBA Name: _____

Branch/Location Phone: _____ Location Fax: _____

Physical Address:

Address: _____

City: _____ State: _____ Zip: _____

Branch/Location Contact Information:

Name: _____

Title: _____ Email: _____

Profile Information

Federal Tax ID #: _____

Medicare Provider Number/PTAN:

PTAN for this location: _____

National Provider Identifier/NPI:

NPI for this location: _____

Miscellaneous Information:

Days/Hours of Operation: _____ Date Location Established: _____

Number of Employees: _____

Please select the services that are being provided from this location:

 DMEPOS

Home/Durable Medical Equipment (DME) – Average Number of Rentals Per Month: _____

Distinction in Clinical Respiratory Patient Management (CRPM) –
Average Number of Orders Filled Per Month: _____

Medical Supply Provider (MSP) Includes Retail Pharmacies –
Average Number of Orders Filled Per Month: _____

Complex Rehabilitation and Assistive Technology Supplier (RTS) –
Average Number of New Rehab Orders Per Month: _____

Distinction in Custom Mobility (CM)

Fitter Services (FS) – Average Number of Fitter Sales Per Month: _____

 PHARMACY

- Community Retail (CR)** – Average Number Sales Per Month: _____
- Community Retail with Fitter Services (CRDS)** –
Average Number of Sales Per Month: _____
- Ambulatory Infusion Center (AIC)** –
Average Number of Infusion Clients/Patients Seen Per Month: _____
- Long Term Care Pharmacy (LTC)** – Average Number of Prescriptions Per Month: _____
- Mail Order Pharmacy (MORX)** – Average Number of Prescriptions Per Month: _____
- Infusion Nursing (IRN) (Non-Medicare Certified)** –
Average Number of Clients/Patients Per Month: _____
- Infusion Pharmacy (IRX) Including Sterile Compounding** – Average Number of Infusion
Solutions Compounded Per Month: _____

Service Addition:

- Hazardous Drug Handling (HD)** – Must be achieved in combination with ACHC or PCAB
Pharmacy Accreditation

Distinction Addition:

- Distinction in Immunoglobulin Therapy (Ig)**
- Distinction in Nutrition Support (NTS)**
- Infusion Pharmacy Services Without Sterile Compounding (IRX-NO797)**
Does the location ever intend to install a clean room? YES NO
 - Distinction in Immunoglobulin Therapy (Ig)**
 - Distinction in Nutrition Support (NTS)**
- Specialty Pharmacy (SRX)** – Average Number of Orders Filled Per Month: _____
 - Distinction in Immunoglobulin Therapy (Ig)**
 - Distinction in Infectious Diseases specific to HIV (HIV)**
 - Distinction in Oncology (ONC)**
 - Distinction in Rare Diseases and Orphan Drugs (RARE)**
- Specialty Pharmacy (No DME) (SRXONLY)** –
Average Number of Orders Filled Per Month: _____
 - Distinction in Immunoglobulin Therapy (Ig)**
 - Distinction in Infectious Diseases specific to HIV (HIV)**
 - Distinction in Oncology (ONC)**
 - Distinction in Rare Diseases and Orphan Drugs (RARE)**

For Proposed Practice Site Branch/Location Only

Please select the product codes provided from this location. Select "No Codes" if location does not provide product codes. Reference the [DMEPDAC to view the HCPC codes](#) that are included in each product category.

- | | | |
|---|---|---|
| <input type="checkbox"/> DM01 Automatic External Defibrillators (AEDs) and Supplies | <input type="checkbox"/> DM28 Rehabilitative Therapy Devices | <input type="checkbox"/> PD06 Ostomy Supplies |
| <input type="checkbox"/> DM02 Commodes/Urinals/Bedpans | <input type="checkbox"/> DM29 Urinary Suction Pumps | <input type="checkbox"/> PD07 Somatic Prostheses |
| <input type="checkbox"/> DM03 Continuous Passive Motion (CPM) Devices | <input type="checkbox"/> DM30 External Electrical Stimulation Devices (Not Otherwise Classified) | <input type="checkbox"/> PD08 Tracheostomy Supplies |
| <input type="checkbox"/> DM04 Contracture Treatment Devices: Dynamic Splint | <input type="checkbox"/> M01 Canes and Crutches | <input type="checkbox"/> PD09 Urological Supplies |
| <input type="checkbox"/> DM05 Blood Glucose Monitors and Supplies (non-mail order) | <input type="checkbox"/> M02 Patient Lifts | <input type="checkbox"/> PD10 Voice Prosthetics |
| <input type="checkbox"/> DM06 Blood Glucose Monitors and Supplies (mail order) | <input type="checkbox"/> M03 Power Operated Vehicles (Scooters) | <input type="checkbox"/> PD11 Prosthetic Lenses: Conventional Eyeglasses |
| <input type="checkbox"/> DM07 Gastric Suction Pumps | <input type="checkbox"/> M04 Seat Lift Mechanisms | <input type="checkbox"/> PD12 Prosthetic Lenses: Conventional Contact Lenses |
| <input type="checkbox"/> DM08 Heat & Cold Applications | <input type="checkbox"/> M05 Walkers | <input type="checkbox"/> PD13 Prosthetic Lenses: Prosthetic Cataract Lenses |
| <input type="checkbox"/> DM09 Hospital Beds – Electric | <input type="checkbox"/> M06 Wheelchairs – Standard Manual | <input type="checkbox"/> PE03 Enteral Nutrients |
| <input type="checkbox"/> DM10 Hospital Beds – Manual | <input type="checkbox"/> M06a Wheelchairs – Standard Manual Related Accessories and Repairs | <input type="checkbox"/> PE04 Enteral Equipment and Supplies |
| <input type="checkbox"/> DM11 Infrared Heating Pad Systems and Supplies | <input type="checkbox"/> M07 Wheelchairs – Standard Power | <input type="checkbox"/> PE05 Parenteral Nutrients |
| <input type="checkbox"/> DM12 External Infusion Pumps | <input type="checkbox"/> M07a Wheelchairs – Standard Power Related Accessories and Repairs | <input type="checkbox"/> PE06 Parenteral Equipment and Supplies |
| <input type="checkbox"/> DM13 Insulin Infusion Pumps | <input type="checkbox"/> M08 Wheelchairs – Complex Rehabilitative Manual Wheelchairs (RTS) | <input type="checkbox"/> PR01 Limb Prostheses (FS) |
| <input type="checkbox"/> DM14 Implanted Infusion Pumps and Supplies | <input type="checkbox"/> M08a Wheelchairs – Complex Rehabilitative Manual Wheelchairs Related Accessories (RTS) | <input type="checkbox"/> R01 Continuous Positive Airway Pressure (CPAP) Devices and Supplies |
| <input type="checkbox"/> DM15 Negative Pressure Wound Therapy Pumps and Supplies | <input type="checkbox"/> M09 Wheelchairs – Complex Rehabilitative Power Wheelchairs (RTS) | <input type="checkbox"/> R02 High Frequency Chest Wall Oscillation (HFCWO) Devices and Supplies |
| <input type="checkbox"/> DM16 Neuromuscular Electrical Stimulators (NMES) and Supplies | <input type="checkbox"/> M09a Wheelchairs – Complex Rehabilitative Power Wheelchairs Related Accessories (RTS) | <input type="checkbox"/> R04 Intermittent Positive Pressure Breathing (IPPB) Devices |
| <input type="checkbox"/> DM17 Osteogenesis Stimulators | <input type="checkbox"/> M10 Wheelchair Seating/Cushions | <input type="checkbox"/> R05 Intrapulmonary Percussive Ventilation Devices |
| <input type="checkbox"/> DM18 Pneumatic Compression Devices and Supplies | <input type="checkbox"/> OR01 Orthoses: Custom Fabricated (FS) | <input type="checkbox"/> R06 Mechanical In-Exsufflation Devices |
| <input type="checkbox"/> DM19 Speech Generating Devices | <input type="checkbox"/> OR02 Orthoses: Prefabricated (Custom Fitted) (FS) | <input type="checkbox"/> R07 Nebulizer Equipment and Supplies |
| <input type="checkbox"/> DM20 Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads – New | <input type="checkbox"/> OR03 Orthoses: Off-the-Shelf | <input type="checkbox"/> R08 Oxygen Equipment and Supplies |
| <input type="checkbox"/> DM21 Traction Equipment | <input type="checkbox"/> OR04 Penile Pumps | <input type="checkbox"/> RO8A Oxygen |
| <input type="checkbox"/> DM22 Transcutaneous Electrical Nerve Stimulators (TENS) and Supplies | <input type="checkbox"/> PD01 Breast Prostheses and Accessories (FS) | <input type="checkbox"/> R09 Respiratory Assist Devices |
| <input type="checkbox"/> DM23 Ultraviolet Light Devices and Supplies | <input type="checkbox"/> PD03 Facial Prostheses | <input type="checkbox"/> R10 Respiratory Suction Pumps |
| <input type="checkbox"/> DM24 External Infusion Pump Supplies | <input type="checkbox"/> PD04 Neurostimulators and Supplies | <input type="checkbox"/> R12 Ventilators: All types not CPAP and RAD |
| <input type="checkbox"/> DM25 Insulin Infusion Pump Supplies | <input type="checkbox"/> PD05 Ocular Prostheses | <input type="checkbox"/> R13 Multi-function Respiratory Device (excluding ventilators) |
| <input type="checkbox"/> DM26 Pressure Reducing Beds/Mattresses/Overlays/Pads – Used | | <input type="checkbox"/> S01 Surgical Dressings |
| <input type="checkbox"/> DM27 Cognitive Behavioral Therapy Devices | | <input type="checkbox"/> S02 Diabetic Shoes/Inserts (FS) |
| | | <input type="checkbox"/> S03 Diabetic Shoes/Inserts – Custom (FS) |
| | | <input type="checkbox"/> S04 Lymphedema Compression Treatment items |
| | | <input type="checkbox"/> No Codes |



STATE LICENSURE VERIFICATION FORM

 PHARMACY

Proposed Branch/Location Name: _____

DMEPOS PART B PTAN: _____

Address: _____

This section applies to pharmacies that are (or plan to be) DMEPOS Suppliers. Please mark the state(s) to which the proposed branch/location currently supplies products or intends to supply products. Include the 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 #:
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 #:



ACCREDITATION COMMISSION *for* HEALTH CARE

State	Supply in State	License Number
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 #:
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 #: