

CMS Announces 2026 DMEPOS Enrollment Moratorium: Key Implications for DME Suppliers

SOUTHLAKE, TX, UNITED STATES, March 24, 2026 /EINPresswire.com/ -- The Centers for Medicare & Medicaid Services (CMS) has announced a nationwide temporary [moratorium on new Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) supplier enrollments](#), effective February 27th, 2026. The decision is part of CMS's ongoing efforts to curb fraud, waste, and abuse within the Medicare program.

The moratorium will temporarily halt the processing and approval of new Medicare DMEPOS supplier applications, significantly impacting businesses planning to enter the market or expand operations through new locations.



Key Highlights of the Moratorium

- Applies to new DMEPOS suppliers seeking Medicare enrollment
- Existing suppliers remain operational, but expansion through new locations may be restricted
- Initial duration of six months, with the possibility of extension by CMS
- Designed to strengthen program integrity and reduce fraudulent billing practices

1. What are Medicare DMEPOS Supplier Standards?

[Medicare DMEPOS Supplier Standards are](#) federal regulations that all DME suppliers must follow in order to enroll in Medicare and maintain billing privileges. These standards govern supplier operations, facility requirements, documentation, patient services, and compliance procedures.

Business & Facility Requirements

2. Does a DME supplier need a physical office?

Yes. DME suppliers must maintain a physical facility accessible to Medicare beneficiaries and the public. The location must include space for storing business records and patient documentation.

3. Is there a minimum size requirement for a DME supplier location?

Yes. The supplier's facility must be at least 200 square feet and contain adequate space for equipment storage and business records.

4. Are posted business hours required?

Yes. Suppliers must display visible business hours at their location, and the facility must be staffed during those hours.

5. How many hours must a DME supplier be open?

Suppliers must generally be open to the public for at least 30 hours per week, unless they qualify for limited exceptions such as physicians or custom orthotics providers.

6. Can Medicare conduct site inspections?

Yes. CMS or its contractors may conduct unannounced on-site inspections to verify compliance with DMEPOS supplier standards.

Phone & Communication Requirements

7. Do DME suppliers need a dedicated business phone?

Yes. Suppliers must maintain a primary business telephone listed in a directory or directory assistance.



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8. Can a supplier rely only on a mobile phone or answering service?

No. During posted business hours, suppliers cannot rely solely on a beeper, answering machine, answering service, or cell phone.

Insurance & Financial Requirements

8. Is liability insurance required for DME suppliers?

Yes. Suppliers must maintain comprehensive liability insurance of at least \$300,000 covering the business location, employees, and customers.

9. Do DME suppliers need a surety bond?

Yes. Most suppliers must obtain a Medicare DMEPOS surety bond, as required under federal regulations, unless they qualify for an exemption.

Patient Service Requirements

10. What responsibilities do suppliers have when delivering equipment?

Suppliers must deliver equipment, instruct beneficiaries on proper usage, and maintain proof of delivery documentation.

11. Are suppliers responsible for repairing equipment?

Yes. Suppliers must repair or replace rented Medicare-covered equipment when necessary.

12. Must suppliers accept returns of equipment?

Yes. Suppliers must accept returns of defective, unsuitable, or substandard items provided to Medicare beneficiaries.

Complaints & Customer Support

13. Do suppliers need a complaint resolution process?

Yes. DME suppliers must maintain a formal complaint resolution procedure for Medicare beneficiaries.

14. What information must complaint records include?

Complaint documentation must include:

Beneficiary name

Address and phone number

Medicare identification number

Description of the complaint

Steps taken to resolve the issue

Accreditation & Compliance

15. Is accreditation required for DME suppliers?

Yes. Suppliers must be accredited by a CMS-approved accrediting organization to bill Medicare.

16. Do new supplier locations require accreditation?

Yes. Each supplier location must meet quality standards and obtain accreditation.

17. Must suppliers notify their accrediting organization of business changes?

Yes. Suppliers must notify their accreditation organization when opening new locations or adding product lines.

Ownership & Compliance Rules

18. Must ownership information be disclosed?

Yes. Suppliers must disclose individuals or entities with ownership, financial interest, or control of the company.

19. Can a supplier transfer their Medicare billing number?

No. A Medicare supplier number cannot be sold, transferred, or used by another organization.

Documentation & Operational Requirements

20. Must suppliers maintain documentation?

Yes. Suppliers must maintain orders, delivery records, and medical documentation related to equipment provided to Medicare beneficiaries.

21. Can DME suppliers share office space with other providers?

Generally, no. Suppliers cannot share practice locations with other Medicare providers or suppliers, except in limited circumstances.

Impact on New and Existing Suppliers

The moratorium creates immediate barriers for new entrants into the DMEPOS market, delaying business launches and revenue generation. Additionally, organizations planning expansion may face limitations, as new practice locations could require separate enrollment approvals.

Healthcare providers and suppliers must also consider the implications on accreditation timelines, as obtaining accreditation without the ability to enroll may result in operational delays.

Strategic Considerations for Suppliers

Industry experts recommend that affected organizations take proactive steps during the moratorium period, including:

- Preparing all necessary enrollment documentation in advance
- Initiating or completing accreditation processes
- Reviewing compliance policies and internal procedures
- Developing a post-moratorium market entry strategy

TriumphHealth is a leading healthcare consulting firm specializing in Medicare enrollment, credentialing, compliance, and revenue cycle management. The company supports providers and DME suppliers in navigating complex regulatory environments and achieving successful accreditation and medicare enrollment.

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