

Durable Medical Equipment (DME) Provider Type 90
[907 KAR 1:479](#)

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the [MAP-811](#) application.

Notice to Home Medical Equipment Providers - Pursuant to [KRS 309.412](#), issuance of Durable Medical Equipment licenses has moved to the [Kentucky Public Protection Cabinet, Office of Occupations and Professions](#) effective July 15, 2016. **The Kentucky Board of Pharmacy is no longer issuing Home Medical Equipment licenses.**

Information about the program:

- Provider must have a Medicare DME supplier provider number
- Out-of-state providers may enroll if licensed by the [KY Board of Durable Medical Equipment Suppliers](#)
- Provider can only be entity - NO INDIVIDUALS
- The DME provider must adhere to all CMS supplier standards in accordance with [42 CFR 424.57](#)

Information to be submitted by the provider for application processing:

- [Map-811 \(Enrollment\)](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- Home Medical Equipment (HME) license issued by the [KY Board of Durable Medical Equipment Suppliers](#) as [KRS 309.412](#) and 201 KAR 47:010 and 47:020
- [DME Accreditation Certificate](#) - Exempt organizations need to submit a signed statement attesting to the exemption and documentation from CMS outlining the accreditation exemption
- IRS letter of verification of FEIN or Official IRS documentation stating the FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted
- [NPI and Taxonomy Code Verification](#)
- Application Fee - per [42 CFR 455.460](#) - Please make check payable to the [KY State Treasurer](#) and submit the current application at the time of enrollment. For information regarding the current application fee, please refer to the DMS Provider Enrollment Revalidation Page at <http://www.chfs.ky.gov/dms/provEnr/Revalidation.htm#fee>. If you have already paid an application fee to Medicare or another state's Medicaid agency, please provide proof of payment

Submit the completed MAP-811 (Enrollment) application and supporting documentation to:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Other Address:

For Licensure, contact
[KY Board of Durable Medical Equipment Suppliers](#)
Office of Occupations & Professions
911 Leaward Dr.
Frankfort, KY 40601
Phone: 502-564-3296