

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

**Notice to Providers:**

- Provider must be actively enrolled with Medicare at the primary physical location.
- Per [42 CFR 455.432](#), the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as “**high**” categorical risks to the Medicaid program. (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.
- According to the provisions of [42 CFR 455.434](#), providers who are considered “high” risk are required to comply with [Fingerprint-based Criminal Background Check \(FCBC\)](#). “High” risk can apply to individual or organizational providers and is defined by two federal regulations, [42 CFR 424.518\(c\)](#) and [42 CFR 455.450\(e\)](#).

**Information about the Program:**

- Provider can only be an entity, not an individual.
- Out-of-state providers may enroll
- A valid [NPI and Taxonomy Code](#) registered with NPPES is required
- The DME provider must adhere to all CMS supplier standards in accordance with [42 CFR 424.57](#).

**New Provider Application, Revalidation and Maintenance Information:**

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** ([KY MPPA website](#)).

**Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:**

- DME Accreditation Certificate – Exempt organizations need to submit a signed statement attesting to the exemption and documentation from CMS outlining the accreditation exemption.
- Home Medical Equipment (HME) license issued by the [Kentucky Board of Durable Medical Equipment Suppliers](#) per [201 KAR 47:010](#) and [201 KAR 47:020](#). (Exempt organizations need to submit a signed statement attesting to the HME exemption per KRS 309-412)
- IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.
- Pursuant to [42 CFR 455.460](#), an application fee is required. Payments are processed electronically through the [KY MPPA website](#). If you have already paid an application fee to Medicare or another state’s Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the [DMS Provider Enrollment Page](#).

**KY Medicaid Partner Portal Application (KY MPPA):**

**Link to Enroll as a Kentucky Medicaid Provider:**

<https://medicaidsystems.ky.gov/Partnerportal/home.aspx> and click *Let’s Get Started*

**Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):**

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

Where providers can:

- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates