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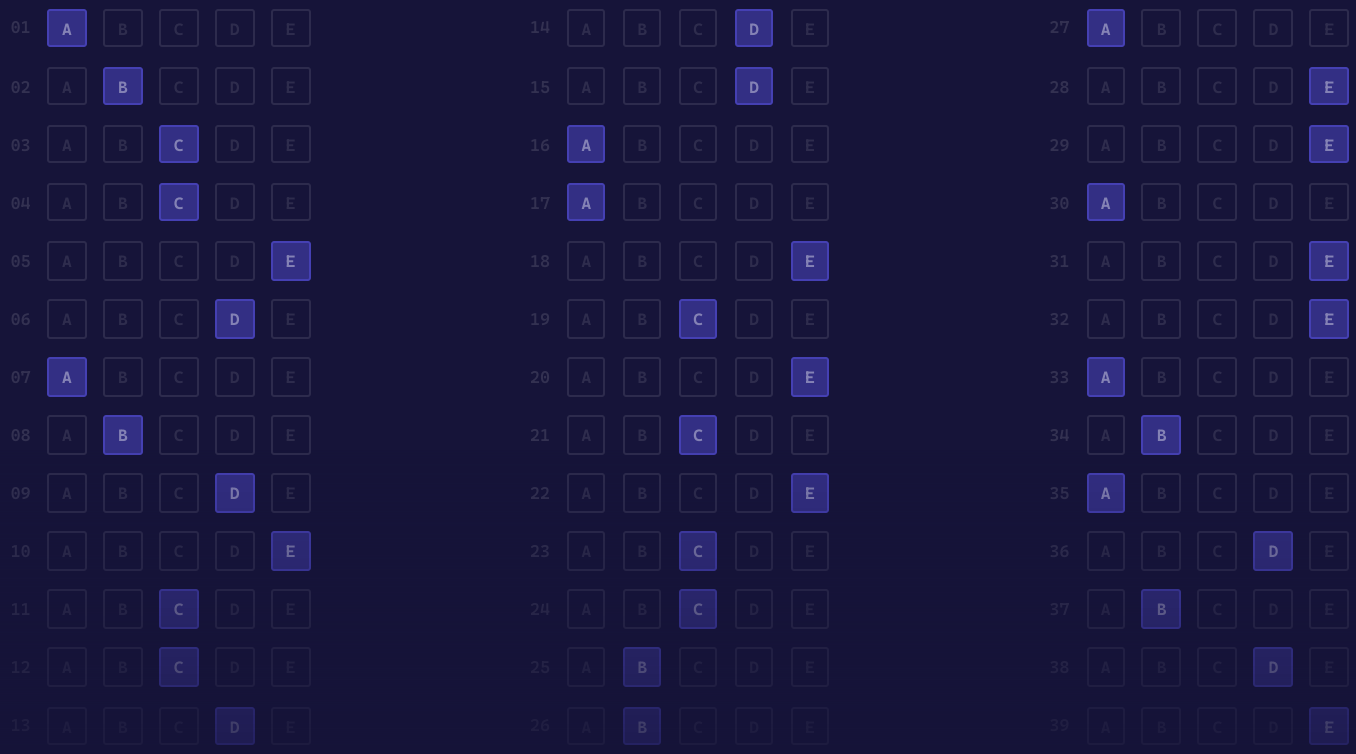

PRACTICE QUESTIONS

Board of Certification/Accreditation (BOC)

ERGLDDJN

DME Specialist Examination

EDITION	QUESTIONS	ISSUED
Demo	9	September 3, 2026

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Before you begin

What this is

9 practice questions for Board of Certification/Accreditation (BOC) `ERGLDDJN`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `ERGLDDJN`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 MULTIPLE CHOICE

A prescription for DME must contain specific elements to be considered valid under CMS documentation requirements. Which of the following are required elements of a valid DME prescription? (Choose two.)

A Beneficiary's full name and date of birth

B Item or device prescribed, with dosage or usage instructions

C Manufacturer's catalog number for the specific item

D Prescribing practitioner's National Provider Identifier (NPI)

ANSWER **B** · **D**

WHY Under CMS standards, a valid DME prescription/order must, at minimum, be a written, signed, and dated order that describes the item being prescribed and includes the prescribing practitioner's NPI (along with their signature and the date of the order). Item/usage instructions and the prescriber's NPI are required. While the beneficiary's name is needed on associated documentation, CMS's core requirement for the written order itself focuses on the item, the prescriber's identifier (NPI), the prescriber's signature, and the date. The manufacturer's catalog number is not a required element of the prescription itself — that level of product specificity is generally addressed in detailed written orders or proof of delivery documentation, not the prescription as such.

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QUESTION 2 SINGLE CHOICE

A physician writes an order for a 'KAFO' for a beneficiary. To which category of DME does this device belong?

A Respiratory equipment

B Orthotic device

C Prosthetic device

D Diabetic supply

ANSWER B

WHY KAFO stands for Knee-Ankle-Foot Orthosis. As the name indicates, an orthosis is an orthotic device used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body. KAFOs do not replace a missing body part (which would make them a prosthesis), and they are not respiratory or diabetic equipment.

QUESTION 3 SINGLE CHOICE

Under CMS guidelines, what is the primary purpose of a 'detailed written order' (sometimes called a 5-element order) for a DME item prior to claim submission?

A To replace the physician's verbal order with a customer service note

B To document the specific item, medical necessity, and prescribing practitioner details for audit and claim review

C To record the manufacturer's lot number and warranty period

D To serve as the beneficiary's proof of delivery

ANSWER B

WHY A CMS detailed written order (often referred to as a 5-element order or DWO) is required prior to submitting a claim for many DME items. It documents the beneficiary, the specific item prescribed (including HCPCS code when applicable), the prescribing practitioner's signature and date, and supports medical necessity and audit traceability. It does not replace the proof of delivery (which is a separate document), nor is it a customer service note or a manufacturer/warranty record.

QUESTION 4 SINGLE CHOICE

HCPCS Level II codes are used by DME suppliers to identify products on claims. Which of the following best describes the typical structure of a HCPCS Level II code?

A A single letter followed by four numeric digits

B Five numeric digits

C A single letter followed by four numeric digits, with the letter often indicating a code category

D Two letters followed by three numeric digits

ANSWER C

WHY HCPCS Level II codes consist of a single letter (A through V) followed by four numeric digits. The leading letter generally denotes the category — for example, 'E' codes are used for Durable Medical Equipment. CPT (HCPCS Level I) codes, by contrast, are five numeric digits, which is a common source of confusion for new billers.

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QUESTION 5 SINGLE CHOICE

A DME supplier's billing clerk receives a phone call from an individual claiming to be the adult child of a beneficiary, requesting a copy of the equipment delivery invoice. Under HIPAA, what is the supplier's correct response?

A Release the information because the caller is a family member

B Release the information only if the caller pays a copying fee

C Verify the caller's authority, such as a valid authorization or recognized personal representative status, before disclosing protected health information

D Refuse to release any information to anyone, including the beneficiary themselves

ANSWER C

WHY Under HIPAA, a covered DME supplier may only disclose a beneficiary's protected health information (PHI) to a third party when authorized to do so — for example, by a signed HIPAA authorization from the beneficiary, or when the third party is a legally recognized personal representative. Family relationship alone is not sufficient authorization to disclose PHI to someone other than the beneficiary. The supplier must verify authority before disclosing. Beneficiaries themselves retain the right to access their own records, so an absolute refusal is also incorrect.

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QUESTION 6 SINGLE CHOICE

When delivering a standard hospital bed to a beneficiary's home, which safety-related patient education point is most important to convey during setup?

A How to reset the bed's warranty clock

B How to engage and test the bed's locking casters and the function of the side rails, and to keep the bed clear of hazards

C How to apply for replacement linens from the supplier

D How to recycle the bed's shipping cardboard

ANSWER B

WHY A primary safety goal when setting up a hospital bed is to ensure it will not roll unexpectedly and that the patient can use it without entrapment or fall hazards. Demonstrating the locking casters, the operation of the side rails, and clear pathways free of cords and obstacles directly addresses the leading causes of bed-related adverse events in the home. Warranty, replacement linens, and recycling are administrative or logistical matters, not safety priorities at the point of delivery.

QUESTION 7 SINGLE CHOICE

Which of the following is an example of 'standard' DME as that category is generally distinguished from 'frequently and substantially' customized DME?

A A custom-fabricated seating system molded to a patient's unique body shape

B An off-the-shelf forearm crutch sized and adjusted to a patient's height

C A custom-molded spinal orthosis fabricated from a cast of the patient

D A custom-fitted prosthetic socket

ANSWER B

WHY Standard (off-the-shelf) DME refers to equipment that is manufactured to standard sizes and configurations and can be fit to a patient with simple adjustments, such as height adjustments on crutches, without requiring individualized molding or fabrication. Custom-fabricated seating, custom-molded orthoses, and custom prosthetic sockets are all examples of items that are individually fabricated for a specific patient and would generally be considered customized DME rather than standard DME.

QUESTION 8 SINGLE CHOICE

A supplier delivers a piece of DME to a beneficiary's home. Which CMS-required document is used to confirm that the beneficiary actually received the specific item billed?

A Certificate of Medical Necessity (CMN)

B Advance Beneficiary Notice (ABN)

C Proof of Delivery (POD)

D Prior Authorization Determination

ANSWER C

WHY The Proof of Delivery (POD) is the documentation that establishes the supplier actually delivered the item to the beneficiary (or designee). It typically includes the beneficiary's name, the item delivered, the date of delivery, and the signature of the beneficiary or their authorized designee. A CMN documents medical necessity, an ABN documents advance notice of possible non-coverage, and a prior authorization determination documents approval for items that require it — none of these by themselves confirm physical receipt of the item.

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QUESTION 9 SINGLE CHOICE

A DME supplier offers a referring physician's office staff a paid vacation in exchange for referring patients to the supplier. Under federal healthcare compliance principles, this practice is best described as:

A Acceptable marketing expense under standard DME practice

B A violation of the Anti-Kickback Statute, because it offers remuneration to induce referrals of federally reimbursable services

C Permissible if disclosed in writing to the beneficiary

D Permissible if the supplier is not enrolled in Medicare

ANSWER B

WHY Offering anything of value to a source of referrals — including vacation, cash, or in-kind goods — in order to induce referrals of items or services payable by federal healthcare programs is a textbook violation of the federal Anti-Kickback Statute (AKS). Beneficiary disclosure does not cure the violation, and a supplier's enrollment status does not determine whether the AKS applies. Compliance with the AKS and related safe harbors is a core element of lawful DME supplier operations.

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