

**Supply Policy, Professional for Louisiana**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees. Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations. UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication. \*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

**Application**

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid Product.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. With the exception of Home Health Care and Durable Medical Equipment (DME), Orthotics and Prosthetic providers billing in place of service 12, this policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy describes the reimbursement methodology for Healthcare Common Procedure Coding System (HCPCS) codes representing supplies, drugs and other items based on the Place of Service (POS) submitted and Centers for Medicare and Medicaid Services (CMS). The website containing the POS code set can be accessed via this link: [CMS POS Code Set](#).

This policy does not apply to Home Health Care and DME providers reporting in a place of service 12 (home).

**Reimbursement Guidelines**

**Supply Reimbursement in a Physician’s or Other Qualified Healthcare Professional’s Office**

Certain HCPCS supply codes are not separately reimbursable as the cost of supplies is incorporated into the Evaluation and Management (E/M) service or procedure code. UnitedHealthcare Community Plan will not separately reimburse the HCPCS supply codes when those supplies are provided on the same day as an E/M service and/or procedure performed in a nonfacility place of service by a physician or other qualified health care professional.

[Supply Policy Code List](#)

### **Casting and Splint Supplies**

HCPCS codes A4570, A4580, and A4590 which were previously used for billing of splints and casts are invalid for Medicare use effective July 1, 2001, and new temporary Q codes were established to reimburse physicians and other practitioners for the supplies used in creating casts. Consistent with CMS, UnitedHealthcare Community Plan does not reimburse HCPCS codes A4570, A4580, and A4590 for casting and splint supplies. Physicians and other qualified health care professionals should use the temporary Q codes (Q4001-Q4051) for reimbursement of casting and splint supplies.

For the purposes of this policy, a nonfacility place of service is considered POS 1, 3, 4, 9, 11, 12, 13, 14, 15, 16, 17, 20, 33, 49, 50, 54, 55, 57, 60, 62, 65, 71, 72, 81 and 99.

### **Implantable Tissue Markers**

CMS clarifies that implantable tissue markers (HCPCS code A4648) and implantable radiation dosimeters (HCPCS code A4650) are separately billable and payable when used in conjunction with CPT codes 19499, 32553, 49411 or 55876 on a claim for physician services. Consistent with CMS, UnitedHealthcare Community Plan will allow separate reimbursement for HCPCS codes A4648 and A4650 when billed on the same date of service with either CPT codes 19499, 32553, 49411 or 55876. If A4648 and A4650 are reported in a facility setting or without CPT codes 19499, 32553, 49411, or 55876 they are not separately reimbursable.

### **Reimbursement for Supplies, DME, Orthotics, Prosthetics, Biologicals, and Drugs Reported with Facility Places of Service 19, 21, 22, 23 and 24**

CMS follows a Prospective Payment System (PPS) where Medicare payment is based on a predetermined, fixed amount for inpatient or outpatient facility services. With these fixed rates all costs associated with supplies, DME, orthotics, prosthetics, biologicals and drugs are deemed included in the global payment to the facility and are not considered separately reimbursable when reported on a CMS-1500 claim form by a physician or other qualified healthcare professional.

Consistent with CMS, UnitedHealthcare will not allow separate reimbursement for specific HCPCS supplies, DME, orthotics, prosthetics, biologicals, and drugs when submitted on a CMS-1500 claim form by any physician or other qualified health care professional in the following facility POS: 19, 21, 22, 23, and 24. The UnitedHealthcare Supply DME Codes in a Facility Setting and Supply Facility J-Code Denial Code list contains the codes that are not separately reimbursable in a facility place of service.

[Supply Facility J-Code Denial Code List](#)

[Supply DME Codes in a Facility Setting](#)

For the purposes of this policy, a facility place of service is considered POS 19, 21, 22, 23, and 24.

### **Durable Medical Equipment, Orthotics, Prosthetics, and Related Supplies Reported with Facility Places of Service 31 and 32**

In alignment with the CMS PPS reimbursement methodology, UnitedHealthcare considers payment for certain DME, orthotics, prosthetics and related supply items on the CMS Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule to be included in the payment to a skilled nursing facility (POS 31) and nursing facility (POS 32) and not reimbursed separately when reported by a physician or other qualified health care professional on a CMS-1500 claim form.

[Supply DME Codes in a Skilled Nursing Facility](#)

For the purposes of this policy, skilled nursing facility and nursing facility places of service are considered POS 31 and 32.

### **Supply Code 99070**

For reimbursement of covered medical and surgical supplies, an appropriate Level II HCPCS code must be submitted. The non-specific CPT code 99070 (supplies and materials, except spectacles, provided by the physician or other

qualified health care professional over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]) is not reimbursable in any setting.

### State Exceptions

<b>Louisiana</b>	<p>Louisiana allows codes J7607 to be billed in POS 21</p> <p>Louisiana allows codes E0783, L8614, L8619, L8627, L8628 and V2632 in POS 19, 21, 21 22, 23 and 24.</p> <p>Louisiana allows code L8614 to be billed in POS 22 and allows codes A4570 and A4590 to be billed for cast/splint supplies.</p>
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### Definitions

<b>Prospective Payment System</b>	<p>A Prospective Payment System (PPS) is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospice, hospital outpatient, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.</p>
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### Questions and Answers

<b>1</b>	<p><b>Q:</b> If a member obtains medical supplies such as blood glucose test strips or lancets from a medical supply company, what place of service should the medical supply company report?</p> <p><b>A:</b> Since the items are for home use, the medical supply company should report with a CMS Place of Service code 12 (Home). Reporting any other place of service code than 12 would be inappropriate when the items are dispensed for home use.</p>
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### Attachments: Please right-click on the icon to open the file

<a href="#"><u>NON-REIMBURSABLE Supply Codes List</u></a>	A List of HCPCS supply codes that are not separately reimbursable in an office, non-facility or facility place of service.
<a href="#"><u>Facility J-Codes Denial Codes List</u></a>	A list of HCPCS drug codes not separately reimbursable in POS 19, 21, 22, 23 and 24.
<a href="#"><u>Supply DME Codes in a Facility Setting</u></a>	A list of DME codes for purchase only not separately reimbursable in POS 19, 21, 22, 23 or 24.
<a href="#"><u>Supply DME Codes in a Skilled Nursing Facility</u></a>	A list of DME, Orthotics, Prosthetics, and related supplies not separately reimbursable in POS 31 or 32.

### Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

## History

<b>12/07/2025</b>	Policy Version Change State Exceptions Section: Louisiana updated
<b>11/09/2025</b>	Policy Version Change and Logo updated History section: Entries prior to 11/09/2023 archived
<b>1/6/2006</b>	Policy implemented by UnitedHealthcare Community Plan

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