



Supply Policy Reimbursement Policy

Policy # RP-076

Policy Title	Supply Policy Reimbursement Policy
Policy Department	Payment Strategy & Optimization
Effective Date	10/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

This policy describes reimbursement of supplies provided in a Physician's or Other Qualified Health Care Professional's Office and Other Nonfacility Places of Service. The following would be considered A Non Facility place of service (POS) 1, 3, 4, 9, 11, 13, 14, 15, 16, 17, 20, 33, 49, 50, 54, 55, 57, 60, 62, 65, 71, 72, 81 and 99.

Definitions:

- National Physician Fee Schedule Relative Value File
 - A public use file that contains information on services covered by the Medicare Physician Fee Schedule (MPFS). The file contains the associated Relative Value Units (RVUs), a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (e.g., payment of assistant at surgery, team surgery, bilateral surgery).
- Practice Expense Relative Value Units (PE RVU)
 - The portion of the Total Relative Value Units assigned to a particular CPT or HCPCS code for maintaining a practice including rent, equipment, supplies and non physician staff costs.
- Relative Value Units



- The assigned unit value of a particular CPT or HCPCS code. The associated RVU is either from the CMS NPFS Non-Facility Total value or Facility Total value.

Policy:

Casting and Splint Supplies

When billing for Casting and Splint supplies the appropriate Q codes (Q4001-Q4051) should be used for reimbursement. Codes A4570, A4580, and A4590 which were previously used for billing of splints and casts are invalid for Medicare and Clover Health will not reimburse these HCPCS codes when billed.

Implantable tissue Markers

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.

Clover Health 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 not reported with at least one of these CPT codes, HCPCS codes A4648 and A4650 are not separately reimbursable.

Supplies, Durable Medical Equipment (DME), Orthotics, Prosthetics, Biologicals, and Drugs Reported with Facility Places of Service

For reimbursement Clover health follows CMS guidelines and uses the Prospective Payment System (PPS) where Medicare payment is based on a predetermined, fixed amount payable to a facility for inpatient or outpatient hospital services.

In the case of Ambulatory Surgery Centers (ASC) reimbursement would fall under an ASC payment system. With these payment systems, all costs associated with drugs and supplies are also deemed included in the payment to the facility and not considered separately reimbursable when reported on a CMS1500 claim form by a physician or other qualified healthcare professional.

Accordant to CMS, Clover health will not allow separate reimbursement for specific HCPCS supplies, DME, orthotics, prosthetics, biologicals, and drugs reported with a HCPCS J code when submitted on a CMS1500 claim form by any physician or other qualified health care professional in the following facility POS: 19, 21, 22, 23, and 24.

Supply Code 99070 and 99072

In order to be reimbursed for covered medical and surgical supplies, an appropriate Level II HCPCS code must be submitted. When billing the non-specific CPT code 99070 (supplies and materials, except spectacles, provided by the physician or other health care professional over and above those usually included with the office visit or other services rendered [list drugs, trays, supplies, or materials provided]) and 99072 are not separately reimbursable in any setting.

Claim Codes (if applicable)

- Q4001-Q4051-Cast and Splint supply codes
- A4648- Tissue marker, implantable, any type, each
- A4650- Implantable Radiation Dosimeter, each
- 99070-Supplies and materials (except spectacles), provided by the physician or other qualified healthcare professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
- 99072-Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

References



Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners:
Section 20.3, 20.4.2, 20.4.4, 40.1

Medicare Claims Processing Manual - Chapter 04 - Part B Hospital (Including Inpatient
Hospital Part B and OPPS): Section: 10.4, 20.1, 40.5, 50.3, 50.4, 60, 60.1, 60.1.1, 240.3