

Routine Services, Supplies, and Equipment

Reimbursement Policy

Origination Date: 06/2021

Last Review: 06/25/2024

Next Review: 06/2025

Description

This policy describes the reimbursement methodology for Healthcare Common Procedure Coding System (HCPCS)/ Current Procedural Terminology (CPT) codes representing supplies, drugs and other items when performed in a certain place of service (POS) in accordance with CMS. Please visit the link for the appropriate POS code set and descriptions: [CMS POS codes](#)

Policy

Oscar will reimburse supplies and equipment according to the criteria outlined in this policy.

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

Definitions

For the purposes of this policy, below are the POS codes considered:

Non-Facility 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

Facility POS: 19, 21, 22, 23, and 24

Skilled Nursing Facility POS: 31

Nursing Facility POS: 32

Reimbursement Guidelines

Supply Codes 99070 and 99072

In accordance with CMS, Oscar does not provide separate reimbursement for additional supplies and staff time to perform safety protocols. CPT 99070 and 99072 are not separately reimbursable and deemed to be part of the primary procedure being performed on the same day.

Supply Reimbursement in a Physician's or Other Qualified Health Care Professional's Office and Other Non-Facility Places of Service

Certain HCPCS supply codes are not separately reimbursable as the cost of supplies are incorporated into the Evaluation and Management (E&M) service or procedure code. Oscar 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 non-facility POS by a physician or other qualified healthcare professional.

Supplies, Durable Medical Equipment (DME), Orthotics, Prosthetics, and Biologicals Reimbursement in a Facility Place of Service

CMS follows a Prospective Payment System (PPS) where payments are based on a predetermined, fixed amount payable to a facility for inpatient or outpatient hospital services. These amounts are inclusive of all costs associated with supplies DME, orthotics, Prosthetics, biologicals and included in the packaged payment to the facility.

Oscar will not separately reimburse for the specific HCPCS supplies, DME, orthotics, Prosthetics, and biological submitted by a physician or other healthcare professional in a facility POS.

Durable Medical Equipment (DME), Orthotics, Prosthetics, and Related Supplies Reimbursement in a Skilled Nursing Facility or Nursing Facility Place of Service

In alignment with CMS’s PPS reimbursement method, Oscar considers payment for certain DME, orthotics, prosthetics and the related supplies 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 healthcare professional.

Billing and Coding

There are multiple codes which encompass services and supplies. Applicable codes are for reference only and may not be all inclusive.

References

- 1. Centers for Medicare & Medicaid Services, CMS Manual System, and Medicare Claims Processing Manual 100-04 CMS
- 2. CMS Provider Reimbursement Manual, Determination of Cost of Services to Beneficiaries, Chapter 22, Section 2202.6

Publication History

Date	Action/Description
6/2021	Original Document
6/2024	Annual Review of Policy. Revised by removing specific code sets and ensuring verbiage is current. Added Supply code 99072. No change to policy intent.