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PAYMENT POLICY ID NUMBER: 10-021

Original Effective Date: 06/29/2010

Revised: 10/17/2024

Supplies

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO FLORIDA BLUE MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

DESCRIPTION:

Healthcare Common Procedure Coding System (HCPCS) supply codes are not separately reimbursable as the cost of routine supplies is incorporated into the practice expense Relative Value Unit (RVU) for the evaluation and management (E/M) service, diagnostic procedure, or surgical procedure.

For services performed in a facility, routine supplies and drugs are included in the payment to the facility and not considered separately reimbursable when reported on a CMS-1500 claim form by the physician or other qualified health care professional.

REIMBURSEMENT INFORMATION:

Consistent with Centers for Medicare & Medicaid Services (CMS) policy, Florida Blue 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 physician's or other health care professional's office.

Medical and surgical supplies are generally identified by codes A4000-A8999.

Procedure 99070 and 99072 are considered "B" status code and are considered included in other services provided. See Florida Blue Payment Policy 10-004 B-Status Codes.

Florida Blue will not allow reimbursement to a physician or other qualified health care professional for routine supplies and drugs reported on a CMS-1500 claim form in the following facility places of service: 19, 21, 22, 23, and 24.

In addition, certain Durable Medical Equipment (DME), orthotics, and prosthetics will not be separately reimbursed when reported by a physician or other health care professional or supplier on a CMS-1500 claim in POS 19, 21, 22, 23, or 24.

Casting and Splint Supplies

HCPCS codes A4570, A4580, and A4590 which were previously used for billing of splints and casts are not covered for Medicare. Q codes were established to reimburse physicians and other qualified health care professionals for the supplies used in creating casts. Consistent with CMS, Florida Blue Medicare Advantage will no longer reimburse HCPCS codes A4570, A4580, and A4590 for casting and splint supplies. Physicians and other qualified health care professionals should be using the Q codes (Q4001-Q4051) for reimbursement of casting and splint supplies.

Physicians and other qualified health care professionals, for all other lines of business, may use HCPCS codes A4570, A4580, A4590 or Q codes (Q4001-Q4051) for reimbursement of casting and splint supplies.

BILLING/CODING INFORMATION:

CPT® Coding

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)
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

RELATED MEDICAL COVERAGE GUIDELINES OR PAYMENT POLICIES:

B-Status codes 10-004

REFERENCES:

1. CMS Medicare Claims Payment Manual, Chapter 12, Section 20.4.4 *Supplies*.
2. Medicare Physician Fee Schedule, Medicare Learning Network Fact Sheet, (Feb. 2017) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How_to_MPFS_Booklet_ICN901344.pdf
3. Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS); HCPCS Release and Code sets. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>

GUIDELINE UPDATE INFORMATION:

06/29/2010	New payment policy.
08/21/2012	Revised – Change name from BCBSF to Florida Blue
10/11/2016	Annual Review
10/12/2017	Annual Review

10/18/2018	Annual Review; updates to Reimbursement Information for DME and Casting supplies
10/17/2019	Annual Review
10/08/2020	Annual Review- CPT code 99072 added to the "Billing/Coding Information" section.
10/14/2021	Annual Review – Clarification added for HCPCS codes A4570, A4580, A4590, or Q codes for lines of business other than Medicare Advantage.
10/20/2022	Annual Review – Clarifying language added to the Reimbursement Information Section, Related Payment Policy added, and References updated
10/19/2023	Annual review – Public Health Emergency language removed. References reviewed and updated.
10/17/2024	Annual review – References reviewed and updated.

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