



Provider Alert

Understanding Our Supply Reimbursement Policy

We want to clarify our supply reimbursement policy to help you submit your claims correctly. UnitedHealthcare Community Plan follows Centers for Medicare and Medicaid Services (CMS) reimbursement guidelines for Healthcare Common Procedure Coding System (HCPCS) codes for supplies, purchased durable medical equipment, orthotics, prosthetics, biologicals and drugs.

That means we don't allow separate reimbursement for HCPCS supply codes under these circumstances:

- The codes are submitted on a CMS-1500 claim form by any care provider in the facility place of service codes 19, 21, 22, 23, and 24.
- The supplies are provided on the same day as an evaluation and management service and/or procedure performed in a care provider's office and other non-facility places of service.

To read the policy, please visit UHCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

Note About Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents, our medical policies and the UnitedHealthcare Community Plan Administrative Guide or Care Provider Manual. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your health plan representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.