



Phase Two Implementation Delay for Supply Reimbursement Policy

It was previously communicated in August, 2014 on the Community Plan Portal, that the Supply Reimbursement Policy would be updated to align with the Centers for Medicare & Medicaid Services (CMS) Prospective Payment System methodology related to reimbursement of supplies in a facility place of service (POS). As a result, separate reimbursement will not be allowed for rental or purchase of certain durable medical equipment, orthotics and prosthetics (DMEPOS) and related supply items assigned a category indicator (CI) of CR, FS, IN, OS, OX, SD, PO or TE according to the CMS DMEPOS fee schedule.

These changes will apply when services are reported by a physician or health care professional on a CMS-1500 claim form with the following facility POS:

- POS 31: Skilled Nursing Facility
- POS 32: Nursing Facility

Phase One includes items assigned a CI of CR, FS, IN, OX or TE which was successfully implemented for claims processed on or after Nov. 15, 2014.

Phase Two, originally scheduled for implementation in first quarter of 2015, which includes items assigned a CI of PO, OS, SD or SU has been delayed. Phase Two will be implemented for claims processed on or after July 3, 2016.

For more information, please visit [cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html).

For Nebraska, New Mexico, Ohio and Wisconsin, there are DMEPOS codes that allow for separate reimbursement per state regulations.

Note Regarding 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 as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not 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 Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. 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.

Once implemented, the policies may be viewed at UHCCCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

In the event of 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.