

DME Place of Service Separately Reimbursable

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This policy applies to all healthcare services billed on CMS-1500 form.

This policy is applicable to all products, network and non-network physicians, and other qualified healthcare professionals. Molina Healthcare reserves the right to exercise reasonable discretion in the interpretation and application of this policy. Other factors may supplement, modify, or, in some cases, supersede this policy, such as:

- Legislative mandates
- Provider contracts
- Enrollee's benefit coverage documents
- Other reimbursement, medical, or drug policies

Reimbursement Guidelines

Supply Reimbursement in Physician's Office

- Certain HCPCS supply codes are not separately reimbursable as they are incorporated into the Evaluation and Management (E/M) service or procedure code.

Applicable Places of Service (POS):

- Refer to CMS POS Code Set [here](#).

Casting and Splint Supplies

- HCPCS Codes: A4570, A4580, A4590 are not reimbursable. Use temporary Q codes (Q4001-Q4051) for billing, as guided by CMS.

Implantable Markers

- HCPCS Codes: A4648 and A4650 are separately billable when used with specific CPT codes, in line with CMS guidelines.



Facility Services

- CMS Prospective Payment System (PPS): Supplies, DME, orthotics, etc., in facility POS like 19, 21, 22, 23, and 24 are not separately reimbursable when reported on CMS-1500.

Skilled Nursing and Nursing Facilities

- POS: 31 and 32
- Payment for certain DME, orthotics, etc., is included in the global payment to the facility.

Non-Specific Supply Codes

- CPT Codes: 99070 and 99072 are not separately reimbursable in any setting.

Molina Healthcare reserves the right to modify this policy at any time. The updated policy will be published on the website.

This policy aims to be comprehensive but is not exhaustive and does not account for every reimbursement scenario. For more detailed CMS guidelines, please refer to the official CMS website.

This policy is intended to be following all state and federal laws, and any contradictions between this policy and state/federal laws should be resolved in favor of the latter.

This Policy is established to ensure the accuracy, appropriateness, and integrity of supply codes that are not separately reimbursable reported on claims submitted to Molina Healthcare. The policy aims to identify and recover any potential overpayments or underpayments, and to ensure that the level of care provided aligns with the reported codes.

This policy applies to all healthcare providers and facilities submitting claims to Molina Healthcare.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

State Exceptions

State	Exception
MI	MI is exempt from this policy

Documentation History

Type	Date	Action
Initial Creation Date	10/23/2023	New Policy
Revised Date	12/12/2024	Updated Template
Revised Date	03/24/2025	Added MI exemption
Revised Date	08/06/2025	Updated Template

References

References This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.