

# Medical Supplies Home Health Consolidated Billing

## 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 plan document 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

### Home Health Services

Home health care encompasses a broad range of health care services delivered in your home for the treatment of illness or injury.

Examples of these services include, but are not limited to:

- Wound care
- Patient or caregiver education
- Therapy services
- Injections
- Monitoring of serious illnesses or health status

These services are provided by home Health agencies, which must meet several criteria:

- Primarily provide skilled nursing services and other therapeutic services.
- Have policies established by a group of professionals, including physicians and registered professional nurses.
- Supervise services by a physician or registered professional nurse.
- Maintain clinical records on all patients.
- Be licensed pursuant to State or local law or meet the standards established for licensing by the State or locality.
- Have an overall plan and budget for institutional planning.
- Meet the federal requirements for the health and safety of individuals who are furnished services.

- Meet additional requirements as necessary for the effective and efficient operation of the program.

### **Consolidated Billing and Medical Supplies**

Medical supplies billed from the Consolidated Billing List during a patient's admission and discharge of home Health services, or any claims billed after a patient's admission to Home Health services with a null discharge date (when the patient status code is 30), are inclusive to Home Health services.

The impacted Medical Supply Codes for Home Health Services under this policy are: A4206-A8004, 99070. More information can be found in the Consolidated Billing Code Master List at [Coding and Billing Information | CMS](#)

### **Reimbursement Guidelines**

Molina Healthcare does not separately reimburse for medical supplies billed from the Consolidated Billing List during the time of a patient's Home Health Services. Reimbursement amounts are calculated according to the applicable fee schedules and the terms outlined in the provider contract.

Providers must adhere to the billing guidelines specified by the specific state Medicaid program and/or CMS. Failure to include the necessary indicators and/or documentation with your submitted charges may result in potential delays, denials, or audits in the claim payment process.

### **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.
HHA	Home Health Agency

### **State Exceptions**

State	Exception
MI	Durable medical equipment is exempt from home health consolidated billing by law. Therefore, DME may be billed by a supplier or an HHA (including HHAs other than the primary HHA). Medicare claims processing systems will allow either party to submit DME claims but will ensure that the same DME items are not submitted by multiple providers for the same dates of service for the same beneficiary. In the event of duplicate billing, the first claim received will be processed and paid. Subsequent duplicate claims will be denied. Medicare claims processing systems will also prevent payment for the purchase and the rental of the same item for the same dates of service. In this event, the first claim received, regardless of whether for purchase or rental, will be processed and paid.

## Documentation History

Type	Date	Action
Initial Creation Date	10/23/2023	New Policy
Revised Date	12/16/2024	Updated Policy, Verified Reference links are still valid
Revised Date	08/04/2025	Updated Template
Revised Date	08/21/2025	Changed Coding Disclaimer from 9 point to 10 point; added page number and PI number.

## References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
CMS- RAC 0218	<a href="#">0218-Medical Supplies Billed from Consolidated Billing List During a Home Health Episode: Unbundling   CMS</a>
CMS- Medicare Claims Manual, Chapter 20, Section 211	<a href="#">Medicare Claims Processing Manual (cms.gov)</a>
CMS- Medicare Claims Manual, Chapter 10, Section 20.2	<a href="#">Medicare Claims Processing Manual (cms.gov)</a>
CMS- Consolidated Billing Master Supply List	<a href="#">Coding and Billing Information   CMS</a>

**\*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 not 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.