



# Miscellaneous Surgical Supplies - A4649

**Policy REIMB-008** 

Origination Date: 04/24/2024

Reviewed/Revised Date: 04/23/2025

**Next Review Date:** 04/23/2026

**Current Effective Date:** 04/23/2025

#### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.

- 2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
- 3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
- 4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.
- 5. Provisions and terms of the provider contract may supersede this policy.

## **Description:**

When performing surgical services various supplies are often used. These supplies may have specific HCPCs codes and coverage of these is dependent on their claim payment set up.

HCPCS code A4649 represents the code used for surgical supplies which do not have a more applicable HCPCS code.

# **Policy Statement and Criteria**

# 1. Commercial Plans/CHIP

U of U Health Plans considers the miscellaneous surgical supply code A4649 to be a bundled code into the service performed and will deny the line when it is not designated to be billed separately through the Hospital Outpatient Prospective Payment System (OPPS) guidelines.

## 2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies

and coverage, please visit their website at: <a href="https://medicaid.utah.gov/utah-medicaid-official-publications/">https://medicaid.utah.gov/utah-medicaid-official-publications/</a> or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

#### **Clinical Rationale**

In general, surgical dressings are considered incident to the professional services of the health care practitioner and are not separately payable. They are considered part of the practice expense incorporated into the RVU established for the CPT code billed for the surgical service. This is also considered part of the practice expense when billed by an ambulatory surgical center.

# **Applicable Coding**

## **CPT Codes**

No applicable codes

### **HCPCS Codes**

A4649 Miscellaneous Surgical Supplies

#### References:

- 1. Centers for Medicare and Medicaid Services (CMS). Claims Processing Manual, Chapter 4 Part B Hospital.
- 2. Noridian Healthcare Solutions®, LLC. Medicare. "Hospital Outpatient Prospective Payment System (OPPS)". Accessed: April 1, 2024. Available at: <a href="https://med.noridianmedicare.com/web/jea/provider-types/opps">https://med.noridianmedicare.com/web/jea/provider-types/opps</a>

#### Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association