

## Medical/Surgical Supplies

**Policy** REIMB-045

**Origination Date:** 06/25/2025

**Reviewed/Revised Date:** 06/25/2025

**Next Review Date:** 06/25/2026

**Current Effective Date:** 08/25/2026

### **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:**

Medical-surgical supplies encompass a wide range of items used in healthcare settings, from basic necessities like bandages and gloves to more specialized equipment like surgical instruments and anesthesia machines. These supplies are crucial for diagnosing, treating, and managing various medical conditions, and they can be broadly categorized as either durable or consumable, depending on their lifespan and usage.

Routine supplies and equipment are those items routinely used by patients within a level of care setting, or in the delivery of medical-surgical services, and include all related equipment necessary for that particular acuity level. These supplies and equipment are typically located in the patient care area or are available in a central supply area. Payment for routine supplies and equipment is integral to and included in U of U Health Plans' payment for room and board or the separately chargeable service.

### **Policy Statement and Criteria**

#### **1. Commercial Plans/CHIP**

**U of U Health Plans does NOT separately reimburse medical-surgical supplies routinely used by patients within a level of care setting, or in the delivery of medical-surgical services, including all related equipment necessary for that particular acuity level.**

**U of U Health Plans considers certain services and supplies to be ineligible for separate reimbursement when reported by a facility, unless provider, state, federal contract and/or requirements indicate otherwise.** The Applicable Coding section lists and describes the Healthcare Common Procedural Coding System (HCPCS) codes that are considered not eligible for reimbursement when they are reported as a stand-alone service, or with another service. No modifiers will override the supplies listed in the applicable coding section of this policy.

## **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: <https://medicaid.utah.gov/utah-medicaid-official-publications/> 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.**

### **Applicable Coding**

#### **CPT Codes**

*No Applicable Codes*

#### **HCPCS Codes**

*Non-Covered Codes*

**A4206-A4262** Medical and Surgical Supplies

**A4265-A9300** Medical and Surgical Supplies

<b>A9900</b>	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
<b>A9901</b>	DME delivery, set up, and/or dispensing service component of another HCPCS code
<b>A9999</b>	Miscellaneous DME supply or accessory, not otherwise specified
<b>E0235</b>	Paraffin bath unit, portable
<b>T4521</b>	Adult sized disposable incontinence product, brief/diaper, small, each
<b>T4522</b>	Adult sized disposable incontinence product, brief/diaper, medium, each
<b>T4523</b>	Adult sized disposable incontinence product, brief/diaper, large, each
<b>T4524</b>	Adult sized disposable incontinence product, brief/diaper, extra-large, each
<b>T4525</b>	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each

<b>T4526</b>	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
<b>T4527</b>	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
<b>T4528</b>	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large size, each
<b>T4529</b>	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
<b>T4530</b>	Pediatric sized disposable incontinence product, brief/diaper, large size, each
<b>T4531</b>	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
<b>T4532</b>	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
<b>T4533</b>	Youth sized disposable incontinence product, brief/diaper, each
<b>T4534</b>	Youth sized disposable incontinence product, protective underwear/pull-on, each
<b>T4535</b>	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
<b>T4536</b>	Incontinence product, protective underwear/pull-on, reusable, any size, each
<b>T4537</b>	Incontinence product, protective underpad, reusable, bed size, each
<b>T4538</b>	Diaper service, reusable diaper, each diaper
<b>T4539</b>	Incontinence product, diaper/brief, reusable, any size, each
<b>T4540</b>	Incontinence product, protective underpad, reusable, chair size, each
<b>T4541</b>	Incontinence product, disposable underpad, large, each
<b>T4542</b>	Incontinence product, disposable underpad, small size, each
<b>T4543</b>	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each
<b>T4544</b>	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each
<b>T4545</b>	Incontinence product, disposable, penile wrap, each

#### **References:**

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services 2025
2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

#### **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