

## Payment Policy

### Routine “Bag” Supplies for Home Health Care, Hospice and VNAs

#### Purpose

This policy defines how Minuteman Health, Inc. (MHI) reimburses for Bag Supplies.

#### Applicable Plans

- MHI MA Plans
- MHI NH Plans

#### Definitions

Routine supplies are defined as those carried in the normal course of a home visit (often referred to as bag supplies) and do not include specialized dressing supplies for wound patients or special blood testing equipment (e.g., pro-time cassettes) other than syringes.

Routine “Bag” supplies include, but are not limited to, the following:

- Adhesive Bandages
- Blood Pressure Cuff
- Flashlight (or Pen Light) with batteries
- Hand Cleanser/Soap
- Paper Towels
- Personal Protective Equipment; such as gloves, masks, aprons, gowns, eye shields
- Pulse-ox machine
- Scissors
- Small Gauze
- Sphygmomanometer
- Stethoscope
- Syringes
- Tape
- Thermometer with batteries

## Requirements

Routine “Bag” Supplies are considered part of the charge for the skilled visit and not reimbursed separately. Supplies that are covered under the Member’s agreement that fall outside of what is considered routine “Bag Supplies” must be provided and billed to MHI by an in plan DME provider.

## Authorization Requirements

MHI requires Prior Authorization for home care services.

## Attachments

None

## Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI’s reimbursement policy includes the use of Current Procedural Terminology (CPT®<sup>1</sup>), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee’s benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

## Resources

American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services  
CP011POL Fraud, Waste and Abuse Prevention Policy  
UM180POL Prior Approval

## History

Updated 11/1/2015, 11/01/2016

<sup>1</sup> CPT® is a registered trademark of the American Medical Association.