Anthem Blue Cross

June Reimbursement Policy Provider Bulletin

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross benefit plan. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, we strive to minimize these variations. For more information on these and other Anthem Reimbursement Policies, click here.

New Policy

Multiple Procedure Payment Reduction
(Policy 15-002, effective 10/01/2016)

When services are performed on the same date of service during the same patient encounter and by the same physician or health care professional with the same National Provider Identifier (NPI) or multiple providers in the same group practice with the same group NPI, the following will be subject to Multiple Procedure Payment Reductions (MPPR):

- “Always therapy” services
- Cardiovascular procedures
- Ophthalmology procedures

For additional information regarding reimbursement for these services and procedures, refer to the Multiple Procedure Payment Reduction policy at Hyperlink to Medicare Advantage Reimbursement Policies.

Medical Recalls
(Policy 06-111, effective 10/01/2016)

Anthem does not allow reimbursement for repair or replacement of items due to a medical recall. The following are applicable items:

- Durable medical equipment
- Supplies
- Prosthetics
- Orthotics
- Drugs/vaccines

Anthem will allow reimbursement of medically necessary procedures to remove and replace recalled or replaced devices. Anthem will not be responsible for the full cost of a replaced device if an inpatient or outpatient facility is receiving a partial or full credit for a device due to recall.
Payment will be reduced by the amount of the device credit.

For additional information, refer to the Medical Recalls reimbursement policy at Medicare Advantage Reimbursement Policies.

Policy Reminder

Facility Take Home DME and Medical Supplies

(Policy 06-081, originally effective 01/01/2015)

Anthem does not allow reimbursement of Durable Medical Equipment (DME) and medical supplies dispensed by a facility for take-home use under the inpatient or outpatient hospital benefit. Facility claims submitted for DME and medical supplies billed with revenue codes denoting take-home use will be denied.

To be considered for reimbursement, claims for take-home DME and medical supplies should be submitted by a DME/supply vendor. Reimbursement is based on the:

- Contract or negotiated rate for participating vendors
- Out-of-network fee schedule or negotiated rate for non-participating vendors

Anthem allows reimbursement of facility claims for medical supplies dispensed to the member at discharge and billed with revenue codes other than take-home for the following items:

- Crutches
- No more than 72 hours of medical supplies if the provider was not able to obtain supplies from a vendor by discharge

Refer to the Facility Take Home DME and Medical Supplies reimbursement policy at Medicare Advantage Reimbursement Policies.