Anthem Blue Cross

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 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

Reimbursement for Maximum Units Per Day
(Policy 15-003, effective 01/01/2017)

Anthem allows reimbursement for a procedure or service that is billed for a single date of service by the same provider and/or provider group up to the maximum number of units allowed per day. When the number of units assigned to a procedure or service exceeds the daily maximum allowed, our claims editing system will allow the number of units billed within the maximum limit; units billed in excess of the maximum per day limit will not be eligible for reimbursement.

Refer to the Reimbursement for Maximum Units Per Day reimbursement policy at Medicare Advantage Reimbursement Policies for additional information.

Policy Update

Durable Medical Equipment (Rent to Purchase)
(Policy 06-052, effective 01/01/2017)

Anthem allows reimbursement for Durable Medical Equipment (DME). Reimbursement is based on the rental price up to the maximum allowed for the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of Rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME for members covered under Medicare products is 13 months. After 13 months, claims submitted for the item will be denied and the item will be
Circumstances Affecting Rental Reimbursement

- A new reimbursement period limit will begin for rental periods with a break in coverage of more than 60 days.
- If a member changes suppliers during the rental period, a new rental period will not start over.

Reimbursement for oxygen equipment is allowed for a maximum of 36 months; however, Anthem will continue to reimburse for oxygen contents.

For additional information, refer to Durable Medical Equipment (Rent to Purchase) policy at Medicare Advantage Reimbursement Policies.

DME Modifiers for New, Rented, and Used Equipment

(Policy 06-053, effective 03/14/2016)

We allow reimbursement for new, rented, or used equipment appended with the appropriate modifier. The listed modifiers are considered reimbursement modifiers and must be billed in the primary or first modifier field to determine appropriate reimbursement:

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE: purchase of used equipment

These modifiers are appropriate for Durable Medical Equipment (DME), prosthetics, and orthotics. These modifiers are inappropriate for supplies unless required under State or CMS guidelines. Claims for supplies appended with Modifier NU, RR, or UE may be denied.

For additional information, refer to DME Modifiers for New, Rented, and Used Equipment policy at Medicare Advantage Reimbursement Policies.