Anthem Blue Cross

Medicare Advantage Reimbursement Policy Provider Bulletin

October 2017

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

Multiple Delivery Services
(Policy 06-044, effective 03/01/2018)

Anthem allows reimbursement for multiple births by a same-delivery or combined-delivery method. For vaginal or cesarean deliveries involved in multiple births and performed using a same-delivery or combined-delivery method, professional reimbursement is based on the following rules:

- **Vaginal Deliveries** – Vaginal deliveries involved in multiple births should be billed with Modifier 51. Multiple procedure guidelines will apply (please see Multiple and Bilateral Surgery reimbursement policy for more information).
- **Cesarean Deliveries** – Cesarean deliveries involved in multiple births should be billed with Modifier 22 (please see Modifier 22 reimbursement policy for more information). Multiple procedure guidelines will not apply.

Refer to the Multiple Delivery Services policy here.

Policy Update

Portable/Mobile/Handheld Radiology Services
(Policy 06-160, effective 03/15/2018)

Anthem allows reimbursement for portable/mobile radiology services when furnished in a residence used as the patient’s home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for reasons of convenience. Anthem allows preventive screenings performed by portable/mobile radiology studies for routine purposes. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service, and transportation and setup components with the use of applicable modifiers.
NOTE: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.

**Transportation and Setup**
Medicare allows reimbursement for transportation and setup of portable radiology equipment when transported to the member’s residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X-ray was taken.

**Handheld Radiology**
The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician’s professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, view the Portable/Mobile/Handheld Radiology Services reimbursement policy [here](#).