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Reimbursement Policy

Subject: **Facility Take-Home DME and Medical Supplies**	
Policy Number: **G-06081**	Policy Section: **DME and Supplies**
Last Approval Date: **05/22/2024**	Effective Date: **05/22/2024**

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **anthem.com/medicareprovider**. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Anthem Medicare Advantage covered the service for the member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Anthem Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Anthem Medicare Advantage does not allow reimbursement of durable medical equipment (DME) and medical supplies dispensed by inpatient or outpatient hospital facilities for take-home use unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. 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 nonparticipating vendors.

Anthem Medicare Advantage 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

Related Coding
Standard correct coding applies

Policy History	
05/22/2024	Review approved and effective: no changes
01/03/2022	Review approved
10/18/2019	Review approved; policy language updated
09/28/2017	Review approved
12/10/2015	Initial approval and effective

References and Research Materials
This policy has been developed through consideration of the following: • CMS • State contract

Definitions	
Take-Home Use	Intended for use outside of a facility
General Reimbursement Policy Definitions	

Related Policies and Materials
None