

## Commercial Reimbursement Policy

Subject: **Modifier FB – Professional or Facility**

Policy Number: **C-22003**

Policy Section: **Coding**

Last Approval Date: **04/13/2022**

Effective Date: **10/01/2022**

### Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem 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. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and non-participating professionals and facilities as indicated.

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

- Reject or deny the claim
- Recover and/or recoup claim payment

These policies may be superseded by provider or state contract language, or state, federal requirements or mandates. We strive 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. Anthem reserves the right to review and revise these policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

### Policy

Anthem does not allow reimbursement for items provided without a cost to the professional or facility provider unless provider, state, or federal contracts and/or requirements indicate otherwise.

Modifier FB should be appended to all devices, supplies, or drugs obtained at no cost to the provider.

**Related Coding – Use ONLY if expressly needed**

Code	Description	Comments
Modifier FB	Item provided without cost to provider, supplier or practitioner, or full credit received for replaced device (examples, but not limited to, covered under warranty, replaced due to defect, free samples)	Not reimbursable for both professional and facility providers.

**Policy History**

04/13/2022	Initial committee approval 04/13/2022 and effective 10/01/2022 for facility and professional providers: moved Modifier FB for professional providers from Modifier Rules- Professional policy C-08010 originally effective 02/01/2021; Modifier FB for facility providers effective 10/01/2022.
------------	---

**References and Research Materials**

This policy has been developed through consideration of the following:
<ul style="list-style-type: none"><li>• CMS</li><li>• Optum Encoder Pro 2021</li></ul>

**Definitions**

General Reimbursement Policy Definitions
--

**Related Policies and Materials**

Modifier Rules
----------------

**Use of Reimbursement Policy:**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Anthem.

©2022 Anthem. All Rights Reserved.