Commercial Reimbursement Policy

Subject: **Modifier FB – Professional and Facility**	
Policy Number: **C-22003**	Policy Section: **Coding**
Last Approval Date: **07/17/2024**	Effective Date: **10/01/2022**

Disclaimer

These reimbursement 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 an Anthem Blue Cross and Blue Shield (Anthem) 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 may:

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

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. 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. 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

The Health Plan 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

Modifier	Description	Comments
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.

Exemptions

There are no exemptions to this policy.

Policy History

07/17/2024	Review approved 07/17/2024 and 01/01/2025: removed Maine exemption *Facility providers are exempt from this policy*.
04/13/2022	Initial 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; Maine facility providers exemption added from this policy

References and Research Materials

- CMS
- Optum EncoderPro 2024

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Modifier Rules

Use of Reimbursement Policy
This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.