

Billing for non-reimbursable implantable DME devices

Anthem Blue Cross and Blue Shield would like to provide clarification on non-reimbursable implantable durable medical equipment (DME) devices for Healthy Indiana Plan, Hoosier Healthwise, and Hoosier Care Connect members.

National Correct Coding Initiative (NCCI), specifically outpatient code edit (OCE) 92, does necessitate that **device-intensive procedures require the device to be submitted on the claim, even if the device is not separately reimbursable**. Device-intensive procedure claims submitted without the device (either on the facility claim or separately billed on a professional claim) will deny with explanation code i37 — Implant Procedure Requires Implant Device.

For a specific listing of reimbursable implantable DME HCPCS codes, providers are encouraged to visit the *Implantable DME Separately Reimbursable in the Outpatient Setting* table in the *Surgical Services Codes*, accessible from the [Code Sets](http://providers.anthem.com/in) page at <http://providers.anthem.com/in>.



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AIN-NU-0370-22 May 2022