

HealthKeepers, Inc. | Anthem HealthKeepers Plus Medicaid products

Reimbursement Policy	
Subject: Medical Recalls	
Policy Number: G-06111	Policy Section: Administrative
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 providers.anthem.com/va. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if HealthKeepers, Inc. covered the service for the member's Anthem HealthKeepers Plus 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, HealthKeepers, Inc. 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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. HealthKeepers, Inc. 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

HealthKeepers, Inc. does not allow reimbursement for repair or replacement, of items due to a medical recall unless provider, state, federal, CMS contracts, and/or requirements indicate otherwise. The following are applicable items:

- Durable medical equipment
- Supplies
- Prosthetics
- Orthotics
- Drugs/vaccines
- Implantable devices

HealthKeepers, Inc. will allow reimbursement of medically necessary procedures to remove and replace recalled or replaced devices or items. HealthKeepers, Inc. will not be responsible for the full cost of a replaced device or item if an inpatient or outpatient facility is receiving partial or full credit for a device or item due to recall. Payment will be reduced by the amount of the device or item credit.

HealthKeepers, Inc. will:

- Participate and provide any applicable documentation required in any applicable class action lawsuits due to a medical recall.
- Supply providers with medical recall information for dissemination to applicable members.

In circumstances where HealthKeepers, Inc. has reimbursed the provider for repair or replacement of items, or procedures related to items due to a medical recall, HealthKeepers, Inc. is entitled to recoup or recover fees from the manufacturer and/or distributor, as applicable.

In circumstances where HealthKeepers, Inc. has reimbursed the provider the full or partial cost of a replaced device or item and the provider received full or partial credit for the device or item, HealthKeepers, Inc. is entitled to recoup or recover fees from the provider.

When applicable, providers should bill the appropriate condition code, value code, modifier, and/or diagnosis code to identify a medically recalled item.

Related Coding	
Standard correct coding applies	

Policy History	
05/22/2024	Review approved and effective: added implantable devices under applicable items, added the words <i>or item</i> to policy language
02/10/2022	Review approved: Reference and Research Material, and Related coding sections updated
09/30/2019	Review approved: policy template updated

12/15/2017	Review approved 12/15/2017 and effective 11/01/2018: policy language regarding providers receiving full or partial credit for a device and recoupment added
09/28/2017	Review approved 09/28/2017 and effective 11/01/2018: policy language regarding procedures related to items due to a recall and manufacturer recoupment added
03/14/2016	Review approved 03/14/2016 and effective 10/01/2016: policy language regarding reimbursement of medically necessary procedures to remove and replace recalled or replaced devices added
09/22/2014	Review approved: policy template updated
11/01/2013	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Code of Federal Regulations (CFR) Subpart A-Payments §416.179
- State contract
- State Medicaid
- U.S. Food and Drug Administration: Medical Device Recalls

Definitions

General Reimbursement Policy Definitions

Related Policies and Materials

Documentation Standards for Episodes of Care

Modifier Usage

Reimbursement for Items Under Warranty