

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 providers.anthem.com/ca. ****

Disclaimer

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements.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

Medicaid services provided by Anthem Blue Cross, trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

Medicare Advantage services Anthem Blue Cross, trade name of Blue Cross of California and Blue Cross of California Partnership Plan, Inc., and Anthem BC Health Insurance Company, trade name of Anthem Insurance Companies, Inc. Anthem Blue Cross, Blue Cross of California Partnership Plan, Inc., Anthem Blue Cross Life and Health Insurance Company, and Anthem BC Health Insurance Company are independent licensees of the Blue Cross Association.

Anthem is a registered trademark of Anthem Insurance Companies, Inc.

CABC-CD-RP-064341-24-CPN63822 August 2024

Policy

Anthem does not allow reimbursement of Durable Medical Equipment (DME) and medical supplies dispensed by inpatient hospital facility for take-home use unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Inpatient 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 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
07/19/2017	Initial approval 07/19/2017 and effective 10/05/2017

References and Research Materials
This policy has been developed through consideration of the following: <ul style="list-style-type: none"> • CMS • State contract

Definitions	
Take-home use	Use intended for use outside of a facility
General Reimbursement Policy Definitions	

Related Policies and Materials
None