

		Reimb	ursement Policy	
Subject: Medical Recalls				
Effective Date: 11/01/18	Committee Approva 09/30/19	ll Obtained:	Section: Administration	
*****The most current version of our reimbursement policies can be found on our provider				

*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthybluela.com.****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana 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 CPT® codes, 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. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

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

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

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations.

Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.

Healthy Blue 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

Policy

https://providers.healthybluela.com

Drugs/vaccines

	Healthy Blue will allow reimbursement of medically necessary procedures to remove and replace recalled or replaced devices. Healthy Blue will not be responsible for the full cost of a replaced device if an inpatient or outpatient facility is receiving a partial or full credit for a device due to recall. Payment will be reduced by the amount of the device credit.	
	 Healthy Blue will: Participate and provide any applicable documentation required in any applicable class action law suits due to a medical recall. Supply providers with medical recall information for dissemination to applicable members. 	
	In circumstances where Healthy Blue has reimbursed the provider for repair or replacement of items, or procedures related to items due to a medical recall, Healthy Blue is entitled to recoup or recover fees from the manufacturer and/or distributor, as applicable.	
	In circumstances where Healthy Blue has reimbursed the provider the full or partial cost of a replaced device and the provider received a full or partial credit for the device, Healthy Blue is entitled to recoup or recover fees from the provider.	
	In applicable circumstances, providers should bill the appropriate condition code, value code, modifier and/or diagnosis code to identify a medically-recalled item.	
History	 Biennial review approved 09/30/19: Policy template updated Review approved 12/15/17 and effective 11/01/18: Policy language regarding providers receiving full or partial credit for a device and recoupment added Biennial review approved 09/28/17 and effective 11/01/18: Policy language regarding procedures related to items due to a recall and manufacturer recoupment added; Policy template updated Review approved 03/14/16 and effective 10/01/16: Policy language regarding reimbursement of medically necessary procedures to remove and replace recalled or replaced devices added Biennial review approved 09/22/14: Policy template updated Review approved 11/07/11 and effective 10/17/06: recovery language added Biennial review approved 08/30/10: Policy template updated Review approved 10/06/08: Policy template updated Initial policy approval and effective date 10/17/06 	
References and	This policy has been developed through consideration of the following:	
Research	• CMS	
Materials	State Medicaid	

	 State Contracts Federal Register Vol. 79, No. 134 Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality 	
	Reporting Programs Code of Federal Regulations Subpart A — Payments §416.179 U.S. FDA: Medical Device Recalls	
Definitions	General Reimbursement Policy Definitions	
Related Policies	 Documentation Standards for Episodes of Care Reimbursement for Items Under Warranty 	
Related Materials	• None	