

		Reimbursement Policy		
Subject: Reimbursement for Items Under Warranty				
Effective Date:	Committee Approva	al Obtained: Section:		
07/13/18	09/14/20	Administration		
*****The most current version of our reimbursement policies can be found on our provider website				

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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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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.

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	Healthy Blue does not allow reimbursement for repair or replacement of		
	rented or purchased items during the warranty period designated by the		
	applicable manufacturer unless provider, state, federal or CMS contracts		
	and/or requirements indicate otherwise.		
			
Policy	Items include:		
	Durable medical equipment.		
	• Supplies.		
	• Prosthetics.		
	Orthotics.		

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	The manufacturer and/or distributor is responsible for:		
	 Repairing the item or providing an acceptable replacement item. 		
	All fees associated with shipment of the defective item.		
	 All fees associated with delivery of the repaired item. 		
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	In circumstances in which Healthy Blue has reimbursed the provider for reparational replacement of an item during the warranty period, Healthy Blue is entitled to recoup fees from the manufacturer and/or distributor holding the warranty Providers are required to supply members with information concerning the manufacturer's warranty for all items dispensed to members.		
	Reimbursement considerations:		
	 Healthy Blue will consider reimbursement for replacement of the item through another manufacturer, after review, only in circumstances in which both the member and member's provider deem the manufacturer's replacement of the applicable item unacceptable. The design, materials, measurements, fabrications, testing, fitting and training in the use of another manufacturer's replacement item are included in the reimbursement of the item and are not separately reimbursable expenses. If the manufacturer offers an acceptable reduced-price replacement, but either the member prefers another replacement at full price or a provider did not utilize the reduced-price offer, Healthy Blue allows reimbursement only up to the cost of the reduced-price item under the <i>prudent buyer</i> rule. If the manufacturer offers an acceptable replacement, but imposes a charge or pro rata payment, Healthy Blue allows reimbursement for the partial payment imposed by the manufacturer, subject to approval. 		
	Biennial review approved 09/14/20		
	• Biennial review approved and effective 07/13/18 : policy language updated		
History	• Policy template updated effective 09/01/17		
	• Biennial review approved 09/15/16 : policy template updated		
	Biennial review approved 08/18/14: policy template updated		
	Biennial review approved 09/24/12: policy template updated		
	Biennial review approved 09/24/10: policy template updated		
	• Review approved 11/10/08: policy template updated		
	• Initial approval effective 10/17/06		
References and Research Materials	This policy has been developed through consideration of the following:		
	• CMS		
	State Medicaid		
	• State contracts		
Definitions	General Reimbursement Policy Definitions		
Related Policies	• None		
Related Materials	• None		