

		Reiml	oursement Policy	
Subject: Facility Take-Home DME and Medical Supplies				
Effective Date:	Committee Approval Obtained:		Section: <b>DME and</b>	
01/01/20	01/01/20		Supplies	
***** 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 <a href="https://providers.healthybluela.com">https://providers.healthybluela.com</a>.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member's 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 participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.

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

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

Healthy Blue Dual Advantage 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage strives to minimize these variations.

Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.

Policy	Healthy Blue Dual Advantage does not allow reimbursement of durable medical equipment (DME) and medical supplies dispensed by a facility for take-home use for inpatient or outpatient hospital facilities. Facility claims submitted for DME and medical supplies billed with revenue codes denoting take-home use will be denied.
Policy	facilities. Facility claims submitted for DME and medical supplies

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	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.
	<ul> <li>Healthy Blue Dual Advantage 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:</li> <li>Crutches</li> <li>No more than 72 hours of medical supplies if the provider was not able to obtain supplies from a vendor by discharge</li> </ul>
History	<ul> <li>Initial policy approval and effective date 01/01/20</li> </ul>
References and Research Materials	This policy has been developed through consideration of the following:  CMS  State contract  Healthy Blue contract(s)
Definitions	<ul> <li>Take-Home Use: intended for use outside of a facility</li> <li>General Reimbursement Policy Definitions</li> </ul>
<b>Related Policies</b>	• None
Related Materials	• None