



## Reimbursement Policy

**Subject: Facility Take-Home DME and Medical Supplies**

Effective Date: **12/22/09**

Committee Approval Obtained:  
**09/28/17**

Section: **DME and Supplies**

\*\*\*\*\*The most current version of the 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.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.\*\*\*\*\*

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup 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, Amerigroup may:

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

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup 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.

**Policy**

Amerigroup does not allow reimbursement of Durable Medical Equipment (DME) and medical supplies dispensed by a facility for take-home use under the inpatient or outpatient hospital benefit. Facility claims submitted for DME and medical supplies billed with revenue codes denoting take-home use will be denied.

	<p>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:</p> <ul style="list-style-type: none"> <li>• Contract or negotiated rate for participating vendors.</li> <li>• Out-of-network fee schedule or negotiated rate for nonparticipating vendors.</li> </ul> <p>Amerigroup 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:</p> <ul style="list-style-type: none"> <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>
<b>Exemptions</b>	<ul style="list-style-type: none"> <li>• There are no exemptions to this policy.</li> </ul>
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved 09/28/2017: Policy template updated</li> <li>• Effective 12/31/15: Exited Florida Medicare</li> <li>• Biennial review approved 12/10/15: Policy template updated; New Mexico exemption removed</li> <li>• Effective 12/31/14: Exited Maryland Medicare</li> <li>• Effective 07/01/2013: Exited Ohio</li> <li>• Update due to regulatory directive (Committee Approval not required in accordance with Reimbursement Policy Program Guidelines, policy #05-017): 06/16/10 to add NM exemption; Policy language updated; Policy template updated.</li> <li>• Review approved 08/10/09 and effective 12/22/09: Policy language updated; Policy template updated.</li> <li>• Initial committee approval and effective: 09/06/06</li> </ul>
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• Amerigroup state contracts</li> </ul>
<b>Definitions</b>	<ul style="list-style-type: none"> <li>• <b>Take-Home Use:</b> Intended for use outside of a facility</li> <li>• <b>General Reimbursement Policy Definitions</b></li> </ul>
<b>Related Policies</b>	<ul style="list-style-type: none"> <li>• <b>None</b></li> </ul>
<b>Related Materials</b>	<ul style="list-style-type: none"> <li>• <b>None</b></li> </ul>