



Implants and Devices

Reimbursement Policy ID: RPC.0073.5400

Recent review date: 08/2024

Next review date: 11/2025

AmeriHealth Caritas District of Columbia reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas District of Columbia may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy is an overview of claims submitted on outpatient claims for implants, devices, and their associated procedures.

Exceptions

N/A

Reimbursement Guidelines

Implants and Devices

AmeriHealth Caritas District of Columbia aligns with the CMS and Integrated Outpatient Claims Editor (OCE) guidelines regarding reimbursement for drugs, implants and devices. Procedures that are device or implant dependent should be billed on the same date of service for reimbursement along with the corresponding device or implant. Claims submitted for procedures without the associated device or implant will not be reimbursed.

Hearing services and devices that exceed \$750 purchase price, including hearing aids, FM systems, and cochlear implants and devices require prior authorization. Hearing services are excluded from coverage for AmeriHealth Caritas DC Alliance enrollees ages 21 years and older.

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. <https://www.cms.gov/medicare/coding-billing/outpatient-code-editor>.
- VI. <https://www.cms.gov/medicare/coding-billing/outpatient-code-editor-oc/quarterly-release>
- VII. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4191CP.pdf>

Attachments

N/A

Associated Policies

N/A

Policy History

08/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas District of Columbia from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section