	Reimbursement Policy	
Subject: Facility Take-Home DME and Medical Supplies		
Effective Date: **04/01/16**	Committee Approval Obtained: **10/18/19**	Section: **DME and Supplies**

*****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.amerigroup.com/IA.*****

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 Iowa, Inc. 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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 its 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 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. 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 following: • Contract or negotiated rate for participating vendors

	• Out-of-network fee schedule or negotiated rate for nonparticipating vendors 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: • Crutches • No more than 72 hours of medical supplies if the provider was not able to obtain supplies from a vendor by discharge
History	• Biennial review approved **10/18/19**: Policy language updated • Biennial review approved **09/28/17** • Initial policy approved **08/04/15** and effective **04/01/16**
References and Research Materials	This policy has been developed through consideration of the following: • CMS • State Medicaid • Amerigroup contract
Definitions	• **Take-Home Use:** intended for use outside of a facility • **General Reimbursement Policy Definitions**
Related Policies	• None
Related Materials	• None