

## SUPPLY AND EQUIPMENT REIMBURSEMENT

File Name: supply\_equipment\_MA  
Origination: 6/2022  
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Next Review: 12/2022

### Description

This policy describes how supplies and equipment will be reimbursed by Blue Cross Blue Shield North Carolina (Blue Cross NC).

### Policy

**Blue Cross NC will reimburse supplies and equipment according to the criteria outlined in this policy.**

### Reimbursement Guidelines

#### **Medical, Surgical Supplies and DME in a Facility Setting**

Medical and surgical supplies (including drugs and vaccines) and DME are not reimbursable as professional services when billed in a facility setting as they are typically billed by the facility or DME provider.

### Rationale

Please refer to the Medicare Blue Cross NC Provider Manual for more information related to claim filing.

### Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

### Related policy

#### [Bundling Guidelines](#)

### References

Centers for Medicare & Medicaid Services, CMS Manual System, and Medicare Claims Processing Manual 100-04

Medicare Blue Cross NC Provider Manual (Blue Book)

[https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/Provider\\_Manual.p  
df](https://www.bluecrossnc.com/sites/default/files/document/attachment/providers/public/pdfs/Provider_Manual.pdf)



## History

6/1/2022	New policy developed. Medical Director approved. <b>Notification on 3/31/2022 for effective date 6/1/2022.</b> (eel)
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## Application

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

## Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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