

**SUPPLY AND EQUIPMENT REIMBURSEMENT**

File Name: supply\_equipment

Origination: 4/2021

Last Review: 8/2022

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****Blood Glucose Test Strip(s)**

Blood glucose test or reagent strips (A4253) is limited to 20 units (boxes) per quarter for patients with insulin dependent diabetes, and 6 units (boxes) per quarter for patients with non-insulin dependent diabetes.

**Breast Pump(s) / Breast Pump Supplies**

Standard member benefits provide coverage for only one (1) manual (E0602) or electric (E0603) breast pump purchase per delivery.

Standard member benefits do not provide coverage for hospital-grade breast pumps (E0604).

Replacement breast pump supplies (A4281-A4286) are not separately reimbursable on the same date of service as the breast pump (E0602-E0603), as they are included in the initial purchase of the pump.

Breast pump supplies (A4281-A4286) are limited to 2 units per code, per year.

**Devices, Implants, Blood Products, & Imaging Agents**

Certain implants, devices, blood products, and imaging agents require the applicable procedure to also be billed. Blue Cross NC requires that the relevant associated procedure code for the implant, device, or imaging agent to be billed. Additionally, the related procedure must also be reimbursable, for the implant, device, or imaging agent to be separately reimbursable. For example, an imaging agent should not be billed without the requisite imaging procedure. In this example, the imaging agent will not be reimbursable without the related reimbursable procedure. Similarly, device-dependent procedures will not be eligible for reimbursement in the absence of a device.

Blue Cross NC will not provide reimbursement for autologous blood collection, processing and storage on the same date as a transfusion as these codes are intended to be used when blood is collected but not transfused. Likewise, if Blue Cross received and adjudicated a claim for autologous blood collection, processing and

storage, then the transfusion of the blood product will not be eligible for reimbursement on the same date of service.

**Gradient Compression Garment(s)**

Gradient compression garments: upper and lower extremity (A6530 – A6549) are limited to four (4) pairs or eight (8) individual units per year.

Appropriate coding for anatomical area and compression needs are expected. An unlisted compression code (ie A6549, Gradient compression stocking/sleeve, not otherwise specified) should not be used unless the medical documentation clearly shows that standard compression garments are unable to be custom fitted for the member.

E1399 is an inappropriate code to represent gradient compression garments.

**Mastectomy Bra(s)**

Mastectomy bras (L8000-L8002) are limited to two per year.

**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. Additionally, DME is not eligible for separate reimbursement in an Ambulatory Surgical Center (ASC) as ASCs are reimbursed at an all-inclusive rate, thus the DME is considered included in the all-inclusive rate.

**Supply Billing Requirements**

Supplies are reimbursable on a monthly basis. Regardless of utilization, a supplier must not dispense more than one (1) month quantity at a time.

**Temporomandibular Joint (TMJ) Splints**

Occlusal orthotic devices (D7880) are limited to one per year.

Adjustments (D7881) performed within 1 year of device (D7880) insertion are included in the reimbursement of the device.

Adjustments (D7881) performed after 1 year of device (D7880) insertion are reimbursable once every 3 months.

**Rationale**

Please refer to the “Guidelines for purchasing DME” section in [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.

HCPCS Code	Description
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Hospital-grade breast pump
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
L8000-L8002	Mastectomy bras
A6530 – A6549	Gradient compression garments
D7880	Occlusal orthotic device
D7881	Occlusal orthotic device adjustment

### Related policy

### [Ambulatory Surgical Center \(ASC\)](#)

### [Bundling Guidelines](#)

### [Durable Medical Equipment \(DME\) \(medical policy\)](#)

### References

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

Blue Cross NC Provider Manual (Blue Book)

<https://www.bluecrossnc.com/providers/manuals/provider-blue-book>

### History

4/30/2021	New policy developed. Gradient compression garment limit reduced from 6 pair to four (4) pair or eight (8) individual units per year. Breast pump supplies limited to 2 units per code, per year. TMJ splint limits added. <b>Notification on 4/30/2021 for effective date 7/1/2021.</b> (eel)
12/30/2021	Supply Billing Requirements clarification added to Reimbursement Guidelines. Routine policy review. Medical Director approved. (eel)



6/1/2022	Policy language updated throughout. Added “ <b>Medical, Surgical Supplies and DME in a Facility Setting</b> ” and “ <b>Devices, Implants, Blood Products, &amp; Imaging Agents</b> ” to Reimbursement Guidelines. Medical Director approved. <b>Notification on 3/31/2022 for effective date 6/1/2022.</b> (eel)
8/23/2022	Alphabetized Guidelines. Removed medical necessity reference from Compression Garment section for clarity. Removed examples of items not considered gradient compression garments. No change to policy intent. (ckb)

**Application**

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet 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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