

	Facility Billing - Implants	
	<b>Policy Number: POL-PP-234</b>	<b>Original Creation Date: 9/1/2020</b>
	<b>Version Number: 5</b>	<b>Version Effective Date: 9/1/2020</b>
	<b>Policy Status: Active</b>	<b>Next Review Date: 9/01/2026</b>

**NOTICE**

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROFESSIONAL</b>	<b>FACILITY</b>	<b>DME</b>	<b>AMBULATORY SURGERY</b>	<b>LAB</b>	<b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMERCIAL</b>	<b>BLUE MEDICARE ADVANTAGE</b>	<b>ACA QHP<sup>1</sup></b>	<b>SMALL GROUP ACA</b>	<b>JAA<sup>2</sup></b>	<b>FEP<sup>3</sup></b>	<b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

### Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

### Description/Application

An implant is any type of material that is inserted into or grafted onto the body. An implant may be human or animal tissue, inert material, or radioactive.

The Food and Drug Administration (FDA) defines an implant as a device placed into a surgically or naturally formed cavity of the human body, intended to remain there for 30 days or more.

## Policy

Examples of implants (revenue code 0278), not all-inclusive:

- Stents
- artificial joints
- shunts
- grafts
- pins
- plates
- screws
- anchors
- radioactive seeds.

A supply or instrument that is purposed to be removed or discarded during the same inpatient or outpatient procedure in which they are placed in the body is not an implant.

Liquids or materials that are absorbed or incorporated by the surrounding tissue will not be reimbursed if billed as an implant.

Additionally, provider or vendor administrative storage and delivery costs will not be reimbursed. Items or services should be all-encompassed under the surgical rate charge and therefore the patient should not be responsible for these charges or services.

Revenue codes 0270 – 0274 are for medical and surgical supplies and devices. Items that fall under these codes are not considered implants and should not be submitted under rev code 0278.

**Examples** (not an all-inclusive list)

- **0270 Medical/Surgical Supplies and Devices-General Classification** – syringe, alcohol wipes, disposable endoscope sheath
- **0271 Medical/Surgical Supplies and Devices-Nonsterile Supply** -Paraffin, electrodes, lead wires
- **0272 Medical/Surgical Supplies and Devices-Sterile Supply** - Catheter, electrophysiology, diagnostic, Tissue marker, probe detectable any method (implantable), with delivery system, guidewire
- **0273 Medical/Surgical Supplies and Devices-Take-Home Supplies** -ostomy pouch, slings, intermittent urinary catheter
- **0274 Medical/Surgical Supplies and Devices-Prosthetic/Orthotic Devices** - Insertion tray without

drainage bag with indwelling catheter, compression stockings, Speech generating device, synthesized speech,

- **0275 Medical/Surgical Supplies and Devices-Pacemaker** - Cardioverter-defibrillator, Pacemaker, dual chamber, Pacemaker, single chamber
- **0276 Medical/Surgical Supplies and Devices-Intraocular Lens** - Anterior chamber intraocular lens, Posterior chamber intraocular lens
- **0277 Medical/Surgical Supplies and Devices-Oxygen-Take-Home**

**Coding**

Revenue Code	Description
0278	Medical/Surgical Supplies and Devices-Other Implants

**References and Resources**

American Hospital Association
National Uniform Billing Committee

**Related Documents**

N/A
-----

**Revision History**

Version	Date	Summary of Revisions
001	9/1/2021	Initial version
002	9/1/2022	Annual review, there were no updates, or changes made to this policy
003	9/1/2023	Annual Review, there were no updates or changes made to this policy
004	9/1/2024	Annual review, Removed revenue code 0624 (noncovered item or service) as inappropriate.
005	9/1/2025	Annual review, Name of policy was changed to Facility Billing – Implants. Food and Drug definition of an implant was added to policy. Examples of supplies and services under revenue codes 0270 – 0277 were given.