



**PROVIDER BULLETIN**  
#28-2013

**TO:** Participating hospitals and ambulatory surgical centers  
**FROM:** Contracting and Provider Networks  
**DATE:** December 5, 2013  
**SUBJECT:** Submission of outpatient implantable device reimbursement requests

The purpose of this bulletin is to reinforce the proper procedure for submission of outpatient implantable device reimbursement requests.

Independence Blue Cross (IBC) will not accept implant reimbursement requests through the mail. The base service and implant must be submitted with applicable charge(s) for each. After the base service has been paid, the following documentation must be faxed to 215-238-7088 to have the implant considered for reimbursement:

- operative report
- implant record
- implant manufacturer's invoice (not purchase order)
- *Implant Reimbursement Request Form*

Please note that a separate *Implant Reimbursement Request Form* should be used for each claim submitted. A copy of the form can be found on our website at [www.ibx.com/providerforms](http://www.ibx.com/providerforms) or through the NaviNet<sup>®</sup> web portal on the IBC Plan Central page by selecting *Forms (IBC)* in the Administrative Tools & Resources section.

Please refer to Section 7 of the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers* for additional information on billing for outpatient implantable devices.

If you have any questions about these billing procedures, please contact your Network Coordinator.

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**We encourage you to share this information with appropriate members of your staff.**

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