Payment Policy | Drugs and Biologicals

EFFECTIVE DATE: 07│12│2017
POLICY LAST UPDATED: 04│18│2017

OVERVIEW

This is a payment policy for various drugs and biologicals that are covered under the member's medical coverage. It also documents the process for review of newly approved FDA drugs.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

not applicable

POLICY STATEMENT

Blue Cross Blue Shield of Rhode Island has payment policies for various drugs and biologicals that are covered under the member's medical coverage. This will ensure that claims are paid in accordance with industry standard coding practices, generally accepted clinical guidelines and in a consistent manner across the network. These edits do not take the place of prior authorization when that is required. They are applied to claims in order to screen for coding errors and dosage that exceeds generally accepted limits. Claims denials are subject to utilization review processes if the denial reason is one of medical necessity (e.g. diagnosis or unusual dosage). If there is no specific policy for an agent Blue Cross Blue Shield of Rhode Island will rely upon the sources such as but not limited to:

- Manufacturer's prescribing information (FDA approved label)
- Elsevier Gold Standard's Clinical Pharmacology
- National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium
- Local Coverage Determinations (LCD's)

These policies will address diagnostic indications, the appropriate dose and the appropriate frequency of administration as well as other industry standard guidelines.

All drugs must be filed with an administration code.

All claim submissions remain subject to Blue Cross Blue Shield of Rhode Island prior authorization requirements

Newly FDA approved Drugs

For medications that are administered by physicians and covered under the medical benefit, reimbursement may be based on the lowest cost drug among clinically comparable drugs within a therapeutic class. Expert knowledge used in the development and execution of this policy is derived from the same sources as used by the BCBSRI Pharmacy and Therapeutics committee.

For medications that are administered by physicians and covered under the medical benefit there may be drugs that are therapeutically similar but are more cost effective . BCBSRI reserves the right to limit coverage based on those considerations.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable drug coverage benefits/coverage

CODING
Not applicable

RELATED POLICIES
None

PUBLISHED

Provider Update, June 2017
Provider Update, September 2012

REFERENCES:
Not applicable

Related Policies
None

Published
Provider Update, September 2012