

Payment Policy | Covered Health Services



EFFECTIVE DATE: 11 | 15 | 2011
POLICY LAST UPDATED: 11 | 15 | 2011

OVERVIEW

This reimbursement policy serves only for documentation of non-Emergency covered health services

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Although BCBSRI may change provider networks, BCBSRI will provide the Hospital with at least thirty (30) days' advance notice on material changes to those Covered Health Services likely to be performed by Hospital.

BCBSRI will not reimburse the hospital for tests or procedures performed by the hospital:

- if such tests or procedures are duplicative of tests or procedures performed by the hospital, OR
- if the hospital knew or should have known that such tests or procedures have been performed elsewhere within forty-eight (48) hours prior to admission,

unless the performance of such duplicative tests, or procedures have been approved by duly authorized personnel of BCBSRI or ordered by a physician and are medically necessary.

BCBSRI also shall not reimburse the hospital for tests conducted and billed individually:

- if such tests could have been conducted “as a package”; and
- the reimbursement for such “package test” would have been less than the reimbursement for the individual tests.

In such event, BCBSRI will reimburse the hospital for the lower of the reimbursement for the individual tests or for the “package tests.”

MEDICAL CRITERIA

Not Applicable

BACKGROUND

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COVERAGE

**BlueCHiP for Medicare |
Commercial |**

Benefits may vary. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable benefits/coverage.

CODING

Not applicable

RELATED POLICIES

None

PUBLISHED

Provider Update Jan 2012

REFERENCES

Not applicable

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