Payment Policy | Hospital Duplicate Services

EFFECTIVE DATE: 11|15|2011
POLICY LAST UPDATED: 11|19|2019

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

MEDICAL CRITERIA
Not applicable.

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 duplicate tests or procedures performed if the following occurs:

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

BCBSRI will reimburse the hospital for duplicate tests or procedures performed if the following occurs:

- If procedures have been approved by BCBSRI or ordered by a physician and are medically necessary.

BCBSRI will not reimburse the hospital for tests conducted and billed individually if the following occurs:

- 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."

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

BACKGROUND
Not applicable.

CODING
Not applicable.

RELATED POLICIES
None.

PUBLISHED

Provider Update, January 2019
Provider Update, February 2018
Provider Update, May 2013
Provider Update, January 2012

REFERENCES

None

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