



EFFECTIVE DATE: 12 | 20 | 2001
POLICY LAST UPDATED: 01 | 21 | 2020

OVERVIEW

Coordination of Benefits (COB) is a provision used to establish the order in which health insurance plans pay claims when more than one plan exists. This reimbursement policy was written to document coordination of benefits and to outline the payment policies of Blue Cross & Blue Shield of Rhode Island (BCBSRI) when coordinating benefits due to the presence of other coverage.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

When BCBSRI is the secondary payer for a claim, we will provide benefit consideration for the lesser of our allowance, or the outstanding member liability after payment by the primary payer, not to exceed charges in accordance with the member's contract.

If BCBSRI is the secondary payor to a Medicare plan (original Medicare or MAO) and the servicing provider has opted out of Medicare, BCBSRI will pay 20% of the rate per the Rhode Island Medicare Fee Schedule.

If BCBSRI is the secondary payor to Medicare, and the servicing provider is ineligible to participate with Medicare, BCBSRI will process the claim as if we were primary payor.

In the event BCBSRI determines, after payment, that BCBSRI is not the primary insurer, a retraction of that claim payment may occur. The claim should then be billed to the primary insurer and resubmitted to BCBSRI with the primary insurer's EOB for secondary coverage.

BACKGROUND

Not applicable

COVERAGE

BlueCHiP for Medicare and Commercial Products

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable coordination of benefit services.

CODING

Not applicable

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2020

Provider Update, March 2018
Provider Update, June 2017
Provider Update, March 2012

REFERENCES

Not applicable

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

