DRAFT Medical Coverage Policy | Joint Replacement, Shoulder

EFFECTIVE DATE: 11|01|2026
POLICY LAST REVIEWED: 07|15|2026

OVERVIEW

Shoulder arthroplasty is when surgery is performed to replace the shoulder joint. The damaged part of the shoulder joint is removed, and metal and plastic parts are put in its place. A common reason for people to need this surgery is very bad pain from overuse, and not being able to do normal daily activities. Some people may need only a part of their shoulder replaced, which is when the shoulder head or ball is replaced with metal or plastic parts, but the socket is left as is. Sometimes the implanted parts need to be reversed. This is called reverse shoulder arthroplasty.

This medical policy addresses the following procedures:

- Arthroplasty, Partial, Shoulder
- Arthroplasty, Reverse, Shoulder
- Arthroplasty, Total, Shoulder
- Hemiarthroplasty, Shoulder
- Reverse Total Joint Replacement (TJR), Shoulder
- Total Joint Replacement (TJR), Shoulder

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Osteoarthritis or Posttraumatic Arthritis

Total joint arthroplasty of the shoulder for individuals 18 years and older who have osteoarthritis or posttraumatic arthritis is considered medically necessary when ALL of the following medical criteria is met:

1. Must have at least TWO of the following conditions:
   a. Pain interferes with ADLs; OR/AND,
   b. Pain increased with initiation of activity; OR/AND,
   c. Pain with ROM; AND,
2. At least one of the following conditions:
   a. Limited ROM; OR/AND,
   b. Crepitus with glenohumeral joint rotation; AND,
3. Arthritis by imaging with at least TWO of the following findings:
   a. Subchondral cysts; OR/AND,
   b. Subchondral sclerosis; OR/AND,
   c. Periarticular osteophytes; OR/AND,
   d. Joint subluxation; OR/AND,
   e. Joint space narrowing; OR/AND,
   f. Bony glenoid deformity; AND,
4. At least ONE of the following treatments within the last year:
   a. NSAIDs or acetaminophen ≥ 3 weeks; OR/AND,
   b. Corticosteroid injection; AND,
5. BOTH of the following treatments within the last year:
   a. Physical therapy (PT) or occupational therapy (OT) or home exercise program ≥ 6 weeks; AND,

DRAFT

b. Activity modification ≥ 6 weeks; AND,

6. ALL of the following:
   a. Continued symptoms or findings after treatment; AND,
   b. Tobacco use: 4 weeks off of tobacco use prior to scheduled surgery; AND,
   c. Diabetes control: HgbA1C < 8.1% OR not diabetic; AND,
   d. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

Avascular Necrosis (Osteonecrosis), Humeral Head

Total joint arthroplasty of the shoulder for individuals 18 years and older who have avascular necrosis (osteonecrosis) of the humeral head is considered medically necessary when the following medical criteria is met:

1. At least TWO of the following conditions:
   a. Pain interferes with ADLs; OR/AND,
   b. Pain increased with initiation of activity; OR/AND
   c. Pain with ROM; AND,
2. At least ONE of the following conditions:
   a. Limited ROM; OR/AND,
   b. Crepitus with glenohumeral joint rotation; AND,
3. Avascular necrosis without humeral head collapse by imaging; AND,
4. ALL of the following treatments within the last year:
   a. NSAIDs or acetaminophen ≥ 3 weeks; AND,
   b. PT or OT or home exercise ≥ 12 weeks; AND,
   c. Activity modification ≥ 12 weeks; AND,
5. ALL of the following:
   a. Continued symptoms or findings after treatment; AND,
   b. Tobacco use: 4 weeks off of tobacco use prior to scheduled surgery; AND,
   c. Diabetes control: HgbA1C < 8.1% OR not diabetic; AND,
   d. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

OR

1. At least TWO of the following conditions:
   a. Pain interferes with ADLs; OR/AND,
   b. Pain increased with initiation of activity; OR/AND
   c. Pain with ROM; AND,
2. At least ONE of the following conditions:
   a. Limited ROM; OR/AND,
   b. Crepitus with glenohumeral joint rotation; AND,
3. Avascular necrosis with humeral head collapse by imaging; AND,
4. ALL of the following:
   a. Tobacco use: 4 weeks off of tobacco use prior to scheduled surgery; AND,
   b. Diabetes control: HgbA1C < 8.1% OR not diabetic; AND,
   c. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

Irreparable or Massive Rotator Cuff Tear

Total joint arthroplasty of the shoulder for individuals 18 years and older who have a massive irreparable rotator cuff tear (MIRCT) is considered medically necessary when the following medical criteria is met:

1. BOTH of the following conditions (a and b):

DRAFT

a. Evidence of massive rotator cuff tear (MRCT) by magnetic resonance imaging (MRI) or arthroscopy with at least ONE of the following:
    i. Tear size greater than 5 cm in an anterior-posterior or medial-lateral orientation, OR
    ii. Tears of 2 or more tendons, OR
    iii. Retraction of the tendon to the glenoid rim with greater than 2/3 of the greater tuberosity exposed on imaging in the sagittal plane; AND,
b. Pseudoparalysis or pseudoparesis by physical examination; rotator cuff pathology that results in active elevation of less than 90 degrees but full passive elevation; AND,

2. ALL of the following treatments within the last year:
    a. NSAIDs or acetaminophen ≥ 3 weeks; AND,
    b. PT or OT or home exercise ≥ 12 weeks; AND,
    c. Activity modification ≥ 12 weeks; AND,
3. ALL of the following:
    a. Continued symptoms or findings after treatment; AND,
    b. Tobacco use: 4 weeks off of tobacco use prior to scheduled surgery; AND,
    c. Diabetes control: HgbA1C < 8.1% OR not diabetic; AND,
    d. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

Rheumatoid Arthritis

Total joint arthroplasty of the shoulder for individuals 18 years and older who have rheumatoid arthritis is considered medically necessary when the following medical criteria is met:

1. At least TWO of the following conditions:
    a. Pain increased with initiation of activity; OR/AND,
    b. Pain interferes with ADLs; OR/AND,
    c. Pain with ROM; OR/AND,
    d. Pain at night: AND,
2. At least ONE of the following conditions:
    a. Limited ROM; OR/AND,
    b. Crepitus with glenohumeral joint rotation; AND,
3. Arthritis by imaging that includes at least TWO of the following findings:
    a. Subchondral cysts; OR/AND,
    b. Marginal erosions; OR/AND,
    c. Periarticular osteopenia; OR/AND,
    d. Joint space narrowing; OR/AND,
    e. Joint subluxation; OR/AND,
    f. Bony glenoid deformity; AND,
4. ALL of the following treatments within the last year:
    a. Disease–modifying antirheumatic drugs (DMARDs) ≥ 12 weeks; AND,
    b. PT or OT or home exercise ≥ 12 weeks; AND,
    c. Activity modification ≥ 12 weeks; AND,
5. ALL of the following:
    a. Continued symptoms or findings after treatment; AND,
    b. Tobacco use: 4 weeks off of tobacco use prior to scheduled surgery; AND,
    c. Diabetes control: HgbA1C < 8.1% OR not diabetic; AND,
    d. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

Intra-articular fracture by imaging

Total joint arthroplasty of the shoulder for individuals 18 years and older who have an intra-articular fracture by imaging is considered medically necessary when ALL of the following medical criteria is met:

DRAFT

1. Humeral head fracture ≥ 3 parts; AND,
2. Repair not achievable by open reduction and fixation; AND,
3. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

Nonunion or Malunion, Articular Fracture

Total joint arthroplasty of the shoulder for individuals 18 years and older who have a nonunion or malunion, articular fracture is considered medically necessary when BOTH of the following medical criteria is met:

1. Symptomatic nonunion or malunion of fracture by imaging; AND,
2. No active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

Bone Tumor Involving Shoulder by Imaging

Total joint arthroplasty of the shoulder for individuals 18 years and older who have a bone tumor involving shoulder by imaging is considered medically necessary when there is no active infection in any location (e.g., urinary tract, dental, skin) may spread hematogenously and seed a new prosthesis.

PRIOR AUTHORIZATION

Medicare Advantage Plans and Commercial Products

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products and is obtained via the online portal for participating providers.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Total joint arthroplasty of the shoulder is considered medically necessary when the medical criteria, above, is met.

Total joint arthroplasty of the shoulder is considered not covered for Medicare Advantage Plans and not medically necessary for Commercial Products when the medical criteria, above, is not met.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage or Subscriber Agreement for applicable surgical benefits/coverage.

BACKGROUND

Total shoulder arthroplasty (replacement) (aka anatomic shoulder arthroplasty) is a surgical procedure in which damaged bone and cartilage is removed from the glenohumeral joint and replaced with artificial implant (prosthetic) components made usually of metal and plastic. The head of the humerus is replaced with a ball component and the glenoid surface is replaced with a socket component. Reverse shoulder arthroplasty, as the name implies, reverses the implant components. The ball component is attached to the shoulder blade and the socket component is attached to the upper arm bone. This procedure is usually performed when the rotator cuff is severely damaged. Hemiarthroplasty (partial arthroplasty) is a procedure where only the ball component (the humeral head) is replaced with an artificial implant component, the glenoid is left intact. The goal of these procedures is to reduce pain and secondarily to restore mobility and function of the shoulder in order for an individual to return to an activity level as close to normal as possible.

Shoulder arthroplasty (replacement) has become a common surgical procedure for joint replacement due to joint degeneration leading to pain and functional impairment that is not improved by conservative medical management such as non-steroidal anti-inflammatories, injections of corticosteroids, or physical therapy. It is considered the gold standard for treatment for shoulder disorders such as osteoarthritis, rheumatoid arthritis, complex fractures, avascular necrosis, and rotator cuff arthropathy.

DRAFT

The prevalence of shoulder arthroplasty in the US has increased from 0.031% in 1995 to 0.083% in 2005 according to the National Inpatient Sample query taken from 1988 to 2017. In 2017 an estimated 823,361 individuals were living in the US with a shoulder replacement. This represents a prevalence of 0.258%, which is projected to continue to grow to 174,000 to 350,000 shoulder replacement procedures annually by 2025. Currently, it is estimated that more than 100,000 individuals have shoulder replacement surgery each year. Glenohumeral osteoarthritis, one of the main indications for shoulder joint degeneration, occurs more commonly in women and increases with age, especially over age 60.

The shoulder is made up of three bones: the humerus (upper arm bone), the scapula (the shoulder blade) and the clavicle (collar bone). Like the hip joint, the shoulder is a ball and socket joint. The ball, or the head of the upper arm bone fits into the socket of the shoulder blade, called the glenoid. When the articular cartilage covering these bones becomes damaged one of the types of shoulder arthroplasty described above may be needed.

Indications for Shoulder Arthroplasty
Osteoarthritis of the shoulder is a condition that usually occurs in individuals over the age of 55. It is usually brought on by wear-and tear of the shoulder joint when the cartilage that cushions the bones of the shoulder wears down. This wearing down of the cartilage causes the bones to rub against one another which leads to the development of pain in that area.

Rheumatoid arthritis of the shoulder is a disorder where the synovial membrane (the tissue that helps lubricate the cartilage surrounding the shoulder joints and allows for easy movement of the joints), becomes inflamed. When this inflammation is chronic, it can damage the cartilage bringing about pain and stiffness.

Traumatic arthritis is a condition that can occur after a major shoulder injury. It may stem from a fracture, dislocation, or tears of the shoulder tendons or ligaments. These injuries can also lead to damage to the cartilage bringing on pain and limiting shoulder functionality.

Avascular necrosis (osteonecrosis) occurs when there is a loss of blood supply to the shoulder bones which causes the bones to die and leads to destruction of the shoulder joints. Common causes for avascular necrosis are long-term steroid use, heavy alcohol use, sickle cell anemia, fracture, and radiation therapy. It is more common in individuals between the ages of 30 and 50.

A severe fracture or multiple fractures of the shoulder may be difficult to treat and put back together. A fracture(s) may also lead to disruption of the blood supply to the affected bones. This condition may best be treated with a shoulder replacement.

A tumor(s) requiring resection of the affected shoulder is also a condition which may require a shoulder replacement.

Rotator cuff tear arthropathy is a condition that develops from a very large tear or from the long-term presence of a tear that leads to arthritis and destruction of the shoulder joint cartilage requiring the shoulder joint to be replaced as the tear itself was not able to be repaired. This condition is best treated with a reverse shoulder replacement.

Failed previous shoulder replacement surgery may require a revision shoulder replacement due to implant loosening, wearing down of the implant components, a fracture around the prosthetic component, infection, instability, or dislocation.

American Academy of Orthopaedic Surgeons (AAOS)
In 2020, the AAOS updated clinical practice guideline for management of glenohumeral joint osteoarthritis recommendation states that there is strong evidence that supports total shoulder arthroplasty demonstrates

DRAFT

more favorable function and pain relief in the short-to mid-term compared to hemiarthroplasty for the treatment of glenohumeral osteoarthritis.

It was the opinion of the work group that individuals with glenohumeral osteoarthritis undergoing arthroplasty should be imaged with axillary and true AP radiographs. Advanced imaging should be performed at the discretion of the clinician.

It was the opinion of the work group that either total shoulder arthroplasty or reverse shoulder arthroplasty be used for the treatment of glenohumeral osteoarthritis with excessive bone loss and/or rotator cuff dysfunction.

National Institute for Health and Care Excellence (NICE)
In 2020 the NICE guideline for joint replacement (primary) elective shoulder replacement made the following recommendation:

- If glenoid bone is adequate, a total shoulder replacement for treatment of osteoarthritis with no rotator cuff tear should be offered.

The committee was unable to make a recommendation for shoulder replacement for pain and loss of function for individuals with a previous proximal humeral fracture.

Regulatory Status
Shoulder arthroplasty procedures are surgical procedures and as such, are not subject to regulation by the FDA. Several implants and instruments used during the surgery require FDA approval.

CODING

Medicare Advantage Plans and Commercial Products
The following CPT code(s) are medically necessary when the medical criteria above is met:

23470 Arthroplasty, glenohumeral joint; hemiarthroplasty
23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))

RELATED POLICIES

Prior Authorization of Services, Treatments or Procedures

PUBLISHED

Provider Update, September 2026

REFERENCES

1. Geervliet et al., Arch Orthop Trauma Surg 2017, 137: 771-8
2. Soudy et al., Orthop Traumatol Surg Res 2017, 103: 415-20
3. American Academy of Orthopaedic Surgeons (AAOS), Management of Rotator Cuff Injuries Clinical Practice Guideline. 2019
4. Leroux et al., Am J Orthop (Belle Mead NJ) 2018, 47
5. Palsis et al., Orthopedics 2018, 41: e416-e23
6. Schairer et al., J Shoulder Elbow Surg 2015, 24: 91-7American Academy of Orthopaedic Surgeons (AAOS). Shoulder joint replacement. Rosemont, IL: AAOS; Last reviewed May 2024. Available at URL: https://orthoinfo.aaos.org/en/treatment/shoulder-joint-replacement/.
7. American Academy of Orthopaedic Surgeons (AAOS). American Academy of Orthopaedic Surgeons clinical practice guideline: Management of glenohumeral joint osteoarthritis. Rosemont, IL: American Academy of Orthopaedic Surgeons (AAOS); March 23, 2020. Available at: https://www.aaos.org/globalassets/quality-and-practice-resources/glenohumeral/gjo-cpg.pdf .

DRAFT

8. American Academy of Orthopaedic Surgeons. Humeral component design during primary anatomic total shoulder arthroplasty appropriate use criteria. Published March 6, 2023. https://www.aaos.org/humeralcomponentdesignauc.
9. American Academy of Orthopaedic Surgeons. Treatment for shoulder OA with intact rotator cuff and severe glenoid retroversion appropriate use criteria. Rosemont, IL. American Academy of Orthopaedic Surgeons (AAOS). March 6, 2023. https://www.aaos.org/globalassets/quality-and-practice-resources/glenohumeral/shoulderoaauc.pdf .
10. Walch G, Badet R, Boulahia A, Khoury A. Morphologic study of the glenoid in primary glenohumeral osteoarthritis. J Arthroplasty. 1999; 14(6):756-760. PMID: 10512449.
11. Sanchez-Sotelo J. Total shoulder arthroplasty. Open Orthop J. 2011(5):106-114. PMID: 21584206
12. Singh JA, Sperling J, Buchbinder R, McMaken K. Surgery for shoulder osteoarthritis: Cochrane database systematic review. 2010 Oct 6;(10):CD008089. PMID: 20927773.
13. Sandow MJ, David H, Bentall SJ. Hemiarthroplasty vs total shoulder replacement for rotator cuff intact osteoarthritis: how do they fare after a decade? J Shoulder Elbow Surg. 2013; 22(7):877-885. PMID: 23333174
14. van den Bekerom MP, Geervliet PC, Somford MP, et. al., Total shoulder arthroplasty versus hemiarthroplasty for glenohumeral arthritis: A systematic review of the literature at long-term follow-up. Int J Shoulder Surg. 2013 7(3): 110-115. PMID: 24167403.
15. Sebastiá-Forcada E, Cebrián-Gómez R, Lizaur-Utrilla A, Gil-Guillén V. Reverse shoulder arthroplasty versus hemiarthroplasty for acute proximal humeral fractures. A blinded, randomized, controlled, prospective study. J Shoulder Elbow Surg 2014; 23(10): 1419-1426. PMID: 25086490
16. Ferrel JR, Trinh TQ, Fischer RA. Reverse total shoulder arthroplasty versus hemiarthroplasty for proximal humeral fractures: A systematic review. J Orthop Trauma. 2015;29(1):60-68. PMID: 25186842.
17. Gupta AK, Harris JD, Erickson BJ, et al. Surgical management of complex proximal humerus fractures-a systematic review of 92 studies including 4500 patients. J Orthop Trauma. 2015;29(1):54-59. PMID: 25162974.
18. Samitier G, Alentorn-Geli E, Torrens C, Wright TW. Reverse shoulder arthroplasty. Part 1: Systematic review of clinical and functional outcomes. Int J Shoulder Surg. 2015;9(1):24-31. PMID: 25709242.
19. Alentorn-Geli E, Samitier G, Torrens C, Wright TW. Reverse shoulder arthroplasty. Part 2: Systematic review of reoperations, revisions, problems, and complications. Int J Shoulder Surg. 2015;9(2):60-67. PMID: 25937717.
20. Schairer WW, Nwachukwu BU, Lyman S, et al. National utilization of reverse total shoulder arthroplasty in the United States. J Shoulder Elbow Surg. 2015: 24(1):91-97. PMID: 25440519.
21. Bercik MJ, Kruse K 2nd, Yalizis M, et. al., A modification to the Walch classification of the glenoid in primary glenohumeral osteoarthritis using three-dimensional imaging. J Shoulder Elbow Surg. 2016 Oct;25(10):1601-1606. PMID: 27282738.
22. Petrillo S, Longo UG, Papalia R, Denaro V, et al. Reverse shoulder arthroplasty for massive irreparable rotator cuff tears and cuff tear arthropathy: A systematic review. Musculoskelet Surg. 2017;101(2):105-112. PMID: 28444541.
23. Sevivas N, Ferreira N, Andrade R, et al. Reverse shoulder arthroplasty for irreparable massive rotator cuff tears: A systematic review with meta-analysis and meta-regression. J Shoulder Elbow Surg. 2017;26(9): e265-e277. PMID: 28684233.
24. Ernstbrunner L, Andronic O, Grubhofer F, et. al., Long-term results of reverse total shoulder arthroplasty for rotator cuff dysfunction: a systematic review of longitudinal outcomes. J shoulder Elbow Surg. 2019; 28(4): 774-781. PMID: 30674426
25. Craig RS, Goddier H, Singh JA, et al. Shoulder replacement surgery for osteoarthritis and rotator cuff tear arthropathy. Cochrane Database Syst Rev 2020 Apr 21;4(4):CD012879. PMID: 32315453.
26. Gauci MO, et al. Revision of failed shoulder arthroplasty: epidemiology, etiology, and surgical options. J Shoulder Elbow Surg 2020 ;29(3):541-549. PMID: 31594726.
27. Farley, KX, Wilson JM, Kumar A. et. al., Prevalence of shoulder arthroplasty in the United States and the increasing burden of revision shoulder arthroplasty. JB JS Open Access. 2021; 6(3): e20.00156. PMID: 34278185.

DRAFT

28. National Institute for Health and Care Excellence (NICE). Joint replacement (primary): hip, knee and shoulder. NICE guideline [NG157]. Published June 4, 2020. Available at URL: https://www.nice.org.uk/guidance/ng157.
29. National Institute for Health and Care Excellence (NICE). Joint replacement (primary): Hip, knee and shoulder. Quality standard [QS206]. Published March 29, 2022. Available at URL: https://www.nice.org.uk/guidance/qs206.
30. Davies A, Selmi H, Sabharwal S, et al., Revision shoulder hemiarthroplasty and total shoulder arthroplasty a systematic review and meta-analysis. J Shoulder Elb Arthroplast. 2022; April 26:6: 24715492221095991. PMID: 35692902.
31. Vij N, Tummala S, Shahriary E, Tokish J, Martin S. Total shoulder arthroplasty versus reverse shoulder arthroplasty in primary glenohumeral osteoarthritis with intact rotator cuffs: a meta-analyses. Cureus. 2024; 16(4). E57866. PMID: 38725735.
32. Zheng Y, Tang N, Zhang WJ, et.al., Comparative efficacy and safety of medical treatments for proximal humerus fractures: a systematic review and network meta-analysis. BMC Musculoskelet Disord. 2024; 25(1): 17. PMID: 38166758.
33. Schumaier A, Kovacevic D, Schmidt C, et al. Defi ning massive rotator cuff tears: A Delphi consensus study. J Shoulder Elbow Surg 2020;29(4):674-680.
34. Dickerson P, Pill SG, Longstaffe R, Shanley E, Thigpen CA, Kissenberth MJ. Systematic review of reversing pseudoparalysis of the shoulder due to massive, irreparable rotator cuff tears. J Shoulder Elbow Surg 2020;29(7S):S87-S91.
35. Shepet KH, Liechti DJ, Kuhn JE. Nonoperative treatment of chronic, massive irreparable rotator cuff tears: A systematic review with synthesis of a standardized rehabilitation protocol. J Shoulder Elbow Surg 2021;30(6):1431-1444.
36. Virk MS, Nicholson GP, Romeo AA. Irreparable rotator cuff tears without arthritis treated with reverse total shoulder arthroplasty. Open Orthop J 2016;10(Suppl 1:M5):296-308.
37. Petrillo S, Longo UG, Papalia R, Denaro V. Reverse shoulder arthroplasty for massive irreparable rotator cuff tears and cuff tear arthropathy: A systematic review. Musculoskelet Surg 2017;101(2):105-112.
38. Sevivas N, Ferreira N, Andrade R, et al. Reverse shoulder arthroplasty for irreparable massive rotator cuff tears: A systematic review with meta-analysis and meta-regression. J Shoulder Elbow Surg 2017;26(9):e265-e277.
39. Kang JR, Sin AT, Cheung EV. Treatment of massive irreparable rotator cuff tears: A cost-effectiveness analysis. Orthopedics 2017;40(1):e65-e76.
40. Ardebol J, Menendez ME, Narbona P, Horinek JL, Pasqualini I, Denard PJ. Reverse shoulder arthroplasty for massive rotator cuff tears without glenohumeral arthritis can improve clinical outcomes despite history of prior rotator cuff repair: A systematic review. J ISAKOS 2024;9(3):394-400.

DRAFT

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.