

Medical Coverage Policy



Coordination of Benefits

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	12/20/2012	Policy Last Updated:	12/20/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

NOTE: The effective date of this policy relates to the date BCBSRI created documentation to reflect reimbursement processes that are established and do not indicate a change in the payment process.

Description:

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.

Policy:

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

Coverage:

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

Published:

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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.