

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Hospital Duplicate Services

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	11/15/2011	Policy Last Updated:	2/19/2013
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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:

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

Medical Criteria:

Not applicable.

Policy:

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:

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

Also Known As:

Not applicable

Related Topics:

Not applicable

Published:

Provider Update, May 2013

Provider Update, January 2012

History:

2/19/13 Annual review

11/15/11 New policy approved

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.