

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Lyme Disease Diagnosis and Treatment Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	5/1/2005	Policy Last Updated:	6/18/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy documents the Rhode Island General Law (RIGL) 27-20-48 for certain lyme disease treatments.

§ 27-20-48 Mandatory coverage for certain lyme disease treatments. – Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state on or after January 1, 2004 shall provide coverage for diagnostic testing and long-term antibiotic treatment of chronic lyme disease when determined to be medically necessary and ordered by a physician acting in accordance with chapter 37.5 of title 5 entitled "lyme disease diagnosis and treatment" after making a thorough evaluation of the patient's symptoms, diagnostic test results and response to treatment. Treatment otherwise eligible for benefits pursuant to this section shall not be denied solely because such treatment may be characterized as unproven, experimental, or investigational in nature.

Medical Criteria:

None

Policy:

All Products:

In accordance with Rhode Island General Law § 27-20-48, coverage is provided for diagnostic testing and long-term antibiotic treatment of chronic lyme disease.

To qualify for payment, services must be ordered by a physician after evaluation of symptoms, diagnostic test results, and response to treatment. Benefit payment for lyme disease treatment will not be denied solely because such treatment may be characterized as unproven, experimental, or investigational.

Rhode Island mandated benefits generally do not apply BlueCHIP for Medicare, however we follow this mandate for all products.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreement for applicable infusion, diagnostic testing and/or pharmacy benefits/coverage.

Coding:

None

Also Known As:

None

Related Topics:

None

Published:

Provider Update, September 2013

Provider Update, Jul 2012

Provider Update, Mar 2011

Provider Update, Jun 2010

Provider Update, Oct 2009

Provider Update, Feb 2009

Policy Update, Jan 2008

Policy Update, Jan 2007

Policy Update, Jan 2005

Policy Update, Jan 2004

References:

<http://webserver.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-48.HTM>

History:

May 2013 - Annual Review

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.