

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Private Room Differential

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>11/1/2011</b>	<b>Policy Last Updated:</b>	<b>11/1/2011</b>
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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:**

The intent of this policy is to clarify the private room differential. Extra charges for a private room are not covered unless it is specific to the member's contract.

### **Policy:**

When a member with full semiprivate coverage occupies a private room, the hospital may bill a member the private room differential only:

- when the member requests a private room; and
- acknowledges in advance in writing the obligation to pay such differential.

Hospitals may not bill a member the private room differential if:

- a private room is medically necessary; or
- the member is placed in a private room for the convenience of the hospital.

### **Coverage:**

Benefits may vary between groups and contracts. Please refer to the appropriate subscriber agreement, evidence of coverage, or benefit booklet for applicable hospital coverage.

### **Related Topics:**

Not applicable

### **Published:**

*Provider Update, January 2012*

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.