

Medical Coverage Policy



Drugs and Biologicals

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	7/17/2012	Policy Last Updated:	7/17/2012
------------------------	------------------	-----------------------------	------------------

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Blue Cross Blue Shield of Rhode Island has payment policies for various drugs and biologicals that are covered under the members medical coverage. This will ensure that claims are paid in accordance with industry standard coding practices, generally accepted clinical guidelines and in a consistent manner across the network. These edits do not take the place of prior authorization when that is required. They are applied to claims in order to screen for coding errors and dosage that exceeds generally accepted limits. Claims denials are subject to utilization review processes if the denial reason is one of medical necessity (e.g. diagnosis or unusual dosage). If there is no specific policy for an agent Blue Cross Blue Shield of Rhode Island will rely upon the following sources:

- Manufacturer's prescribing information (FDA approved label)
- Elsevier Gold Standard's Clinical Pharmacology
- Thomson MICROMEDEX® (DRUGDEX®, DrugPoints®)
- American Hospital Formulary System (AHFS) DI
- National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium
- Local Coverage Determinations (LCD's)

These policies will address diagnostic indications, the appropriate dose and the appropriate frequency of administration as well as other industry standard guidelines.

All claim submissions remain subject to Blue Cross Blue Shield of Rhode Island prior authorization requirements

Related Topics:

None

Published:

Provider Update, September 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.