

WHAT IS MEDICAL NECESSITY AND HOW DOES IT AFFECT YOU?

Medical necessity refers to the idea that any healthcare services you receive are medically appropriate and proven effective in diagnosing and/or treating your medical condition.

At Blue Cross & Blue Shield of Rhode Island (BCBSRI), we work with your healthcare provider to ensure that you get the care you need at the right time and in the appropriate setting. For some types of care, it is required that you get **prior approval** (also known as **preauthorization**) from BCBSRI.

- Preauthorization ensures that the proposed test or service is medically appropriate and necessary, as determined by generally accepted standards of practice in the medical community.
- It also ensures that the test or service is covered by your health plan and will be paid according to the terms of your plan.

What types of care might require preauthorization?

Your primary care provider (PCP) or specialist may contact BCBSRI or one of our service providers for preauthorization for certain kinds of care. This care could include, but is not limited to, the following:

- Pre-scheduled, elective hospital admissions, such as surgery
- Certain injectable drugs (if covered by medical)

Your specific health plan documents will tell you which services are covered benefits under your health plan and which require preauthorization. You can also call the **State of Rhode Island Employee CARE Center** at **(401) 429-2104** or **1-866-987-3705** for more information.

What if I have a test or procedure that is not considered medically necessary?

There may be times when we review your care and decide that it could have taken place in a more appropriate setting or determine that it is not a covered benefit under your plan. In these cases, we would deny coverage for the service or procedure. **This is why it is so important to understand the details of your specific health plan and wait to receive any required preauthorization approvals before scheduling a test or procedure.** Please note that if we deny coverage for a service, you may appeal our decision. (You can learn more about this process in your member benefit booklet.)

[More helpful information >](#)

Network prior authorization list. It is the **provider's** responsibility to obtain authorization. This list includes many common services but is not intended to be all-inclusive. For additional details, please refer to the member benefit booklet.

- Clinical trials
- Genetic testing
 - BRCA testing
- Home Health Services
- Injectable medication
- Non-emergency transport
- Potentially unproven services
- Select DME items
 - Bone growth stimulator
 - Orthotics
 - Prosthetics
- Surgical and other select procedures
 - Arthroplasty
 - Bariatric surgery
 - Breast reconstruction, non-mastectomy
 - Cosmetic and reconstructive procedures
 - Gender reassignment
 - Intensity modulated radiation therapy (IMRT)
 - Orthognathic surgery
 - Proton beam therapy
 - Rhinoplasty
 - Sleep apnea procedures and surgeries
 - Sleep studies, facility based
 - Spinal stimulator for pain management
 - Spine surgeries
 - Vagus nerve stimulation
 - Vein procedures
 - Ventricular assist devices

Out-of-network prior authorization list. It is the **member's** responsibility to obtain authorization. This list includes many common services but is not intended to be all-inclusive. For additional details, please refer to the member benefit booklet.

- Behavioral health
 - Inpatient and intensive outpatient services
- Clinical trials
- Genetic testing
 - BRCA testing
- Home Health Services
- Injectable medication
- Non-emergency transport
- Potentially unproven services
- Select DME items
 - Bone growth stimulator
 - Orthotics
 - Prosthetics
- Surgical and other select procedures
 - Arthroplasty
 - Bariatric surgery
 - Breast reconstruction, non-mastectomy
 - Cosmetic and reconstructive procedures
 - Gender reassignment
 - Intensity modulated radiation therapy (IMRT)
 - Orthognathic surgery
 - Proton beam therapy
 - Rhinoplasty
 - Sleep apnea procedures and surgeries
 - Sleep studies, facility based
 - Spinal stimulator for pain management
 - Spine surgeries
 - Vagus nerve stimulation
 - Vein procedures
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Helpful healthcare terms to know

Benefit: A service covered by your health insurance plan, such as a doctor visit or X-ray.

Benefit Booklet: A document that provides information about your plan, including:

- How your health coverage works
- How BCBSRI processes claims for the healthcare services you receive
- Your rights and responsibilities as a BCBSRI member
- BCBSRI's rights and responsibilities
- Tools and services to help you stay healthy and save money

Claim: The bill that a doctor sends to your health insurance company after they treat you. In some cases, members may submit claims for reimbursement.

Coinsurance: A portion of the cost you pay when you get healthcare. Example: A doctor might charge \$100 for a visit. Since your health insurance has a 10% coinsurance, you would pay the doctor \$10 and your insurance would pay the doctor \$90.

Copay: Specific dollar amount you pay when you get healthcare. Example: A doctor might charge \$100 for a visit. With your \$15 PCP copay, you would pay \$15 and your insurance would pay the doctor \$85.

Deductible: If you need medical care, a deductible is the amount you pay for your care before the health insurance company starts to pay its share.

Network: A group of hospitals, pharmacies, doctors, and others who sign contracts with your health insurance company to provide you with healthcare. They have agreed to care for you at a lower price than if you didn't have your health insurance plan. Different plans can have different networks of providers.

Out-of-network: Services provided by doctors, hospitals, and other healthcare providers who have not contracted with your insurance company. These services may have different copays or coinsurance than in-network services, or they may not be covered at all (meaning that the member is responsible for the full cost of the services).

Summary of benefits and coverage: A quick summary of the key benefits of your plan.

Making the most of your benefits

Take a few minutes to connect with us and learn how to make the most of your health plan.

Register your account at myBCBSRI.com and enjoy convenient access to your personal health plan information—and a quicker online experience—from your phone or computer.

Text BCBSRI to 73529 to sign up for Your Blue Wire mobile messaging. We'll send occasional health reminders and plan updates to help you stay informed*.

*Standard mobile phone carrier and data usage charges apply.



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