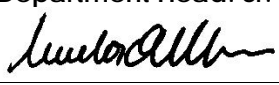
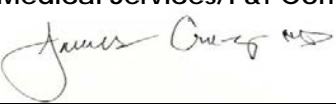


<b>Policy Title: Covered and Non-Covered Services</b>		<b>POLICY #: 10.2.100.24</b>	
		<b>Line of business: Medi-Cal</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 4/11	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b> 			<b>Date: 3/21</b>

**PURPOSE**

To define those medical services which are covered and excluded for Medi-Cal members by Blue Shield of California Promise Health Plan (Blue Shield Promise).

**POLICY**

Blue Shield Promise shall provide or arrange for members all medically necessary covered services. Covered services are those set forth in Title 22, CCR Chapter 3, Article 4, beginning with Section 51301, and Title 17, CCR, Division 1, Chapter 4, Subchapter 13, beginning with Section 6840, unless otherwise excluded. Blue Shield Promise shall ensure that the covered services and other services are provided to a member in an amount no less than what is required to beneficiaries under the Medi-Cal Fee-For-Service Program.

Blue Shield Promise may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because the diagnosis, type of illness, or condition. Blue Shield Promise may place appropriate limits on a service on the basis of criteria such as medical necessity, or for utilization control, provided the services furnished can reasonably be expected to achieve purpose.

**OVERVIEW**

Blue Shield Promise will provide, or arrange for, health care services to its members, including health education and emergency and urgent care services.

“Medically Necessary” include all covered services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to alleviate pain through the diagnosis or treatment of disease, illness or injury.

Medical necessity of covered services for Medi-Cal beneficiary under the age 21 is expanded to include the standards set forth in 22 CCR 51340 and 51340.1.

**Covered Medical Services**

Members are covered for medical services that are medically necessary and stipulated by the State Department of Health Services through Medi-Cal. Below is an overview of these services.

1. Physician services
  - a. Physician visits and examinations and surgical procedures

- b. Physician services provided in a physician's office, including preventive medical care such as well-baby care, immunizations, physical examinations, and voluntary family planning.
  - c. Specialty Physician Services
  - d. Allergist Services
  - e. Provided under the direction of a physician by an appropriate health care provider as medically necessary
  - f. Hospital or skilled nursing facility
  - g. Physician visits and examinations during a stay
  - h. Voluntary sterilization services
  - i. Subject to the conditions set forth in Medi-Cal regulations
  - j. Podiatry Services
  - k. Pregnancy and Maternity Services
2. Outpatient Physician Services
    - a. Services including routine prenatal care, antepartum and postpartum care, and care for conditions resulting from pregnancy or resulting from childbirth and any complications.
  3. Physician Services in a Hospital
    - a. Medically necessary inpatient care of the mother and newborn. Physician services for the care of the newborn child are covered for the month of delivery and the month following delivery, by which time the newborn should have received an eligibility determination apart from the mother's.
  4. Prenatal Diagnostic Procedures
    - a. Covered in cases of high-risk pregnancy
  5. Nurse Mid Wife Services
  6. Hospital Services
    - a. Services for prenatal care, delivery, and antepartum and postpartum care of the mother including conditions resulting from pregnancy and complications thereof.
  7. Wellness Services
    - a. Services which are covered as part of prenatal and postpartum care include health education and nutritional services.
  8. Care of newborn child
    - a. Inpatient services are covered for the child under the mother's eligibility during the month of birth and the month following birth.
  9. Voluntary termination of pregnancy (abortion)
    - a. Usually covered as an outpatient service
  10. Preventive Care Services
  11. Cancer Screening
    - a. Blue Shield Promise follows the standards established by the United States Preventative Services Task Force. In addition, annual Cervical Cancer Screening includes the conventional Pap Test, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration, and the option of

any cervical cancer screening test approved by the FDA, upon the referral of the Patient's health care provider.

12. Eye and ear examinations
  - a. Including refractions to determine a prescription for corrective lenses, to determine the need for sight or hearing corrections. Eye examinations are limited to one every two years unless otherwise medically indicated.
13. Health promotion and education programs
14. AIDS Vaccines
  - a. That are approved for marketing by FDA and is recommended by the United States Public Health Service
15. Pediatric (not covered by Vaccines for Children – VFC) and adult immunizations
16. Periodic Health Examinations
  - a. An initial health assessment will be provided within 120 days of enrollment
17. Voluntary family planning services
18. Voluntary sterilization services (including vasectomy and tubal ligation)
19. Well-Child Care
20. Ancillary Health Professional Services
  - a. Audiology
  - b. Vision Care (including eyewear every two years)
  - c. Hearing aids
21. Therapy
  - a. Physical
  - b. Respiratory
  - c. Speech
22. Blood and Blood Derivatives
23. Emergency Medical Care
  - a. Emergency services in an emergency room, or urgent care center are covered only in a medical emergency to the point that the member is medically stable
  - b. A medical screening examination/evaluation/triage by a physician to determine if a medical emergency exists is covered Emergency Service.
  - c. Follow-up care for an illness, injury or condition which required emergency treatment must be obtained from, or authorized by, the Primary Care Physician or the Plan Partner
24. Emergency Hospitalization
  - a. If a member is hospitalized as the result of an emergency is covered, however, Blue Shield Promise may elect to transfer the member to a Blue Shield Promise participating hospital as soon as it is medically appropriate in the opinion of the attending physician, in consultation with the member's Primary Care Physician and/or Blue Shield Promise Utilization Management staff. Emergency medical

services and medical follow-up services rendered by non-participating providers or in nonparticipating facilities are not covered services if the member chooses to remain in a nonparticipating facility after Blue Shield Promise has notified the member that it intends to transfer the member to a participating provider facility and the member is medically stable for that transfer.

25. Emergency Medical Transportation (Ambulance) Services

- a. Ambulance services are covered in the case of a medical emergency or when authorized by Blue Shield Promise.

26. Family Planning Services

- a. Members can access family planning services through any family planning provider, including out-of-plan family planning providers without prior authorization.

27. Home Health Care Services

- a. Medically necessary home health services are covered subject to approval by Blue Shield Promise.

28. Hospice and Palliative Care

29. Hemodialysis Services (in and out of area)

30. Hospital Inpatient Services

- a. Hospital inpatient services are covered when medically indicated, subject to the approval of the Primary Care Physician and Blue Shield Promise.

31. Hospital Inpatient Rehabilitation Services

- a. Hospital inpatient services primarily for the purpose of physical rehabilitation whether provided in a specialized rehabilitation hospital or as part of a rehabilitation program in an acute general hospital, are covered when medically indicated and subject to prior approval by Blue Shield Promise.
- b. These services are covered only if they are expected to result in the significant improvement of the member's condition within a reasonable time frame. Services provided in a special treatment facility other than a licensed hospital are not covered.

32. Hospital Outpatient Department and Organized Outpatient Clinical Services

- a. Hospital outpatient department and organized outpatient clinic services are covered when medically indicated and subject to the approval of the Primary Care Physician and Blue Shield Promise, except in the case of emergency services.

33. Interpreter Services

34. Laboratory and Radiology

35. Long Term Services and Supports to include Community Based Adult Services (CBAS), In-Home Supports and Services (IHSS) and Multi-Service Senior Program (MSSP)

36. Medical Supplies, Durable Medical Equipment and Prosthetic Devices

- a. Medical Supplies - Such as bandages, tape, and dressings, used in a physician's office, home or a health care facility which are prescribed by a physician and

authorized by IPAs/medical groups or Blue Shield Promise Health Plan are covered when medically necessary. Common household items are not covered.

- b. Prosthetic Devices - Such as artificial limbs and eyes necessary for the restoration of function or replacement of body parts are covered for the initial purchase when the device is necessary as a result of injury, sickness, or a congenital anomaly. However, braces or other devices used primarily in athletic competition or recreational activities are not covered.
- c. Durable Medical Equipment - Such as crutches and wheelchairs are covered if prescribed by a physician and authorized by Blue Shield Promise.
  - i. Covered equipment includes but is not limited to: Mechanical appliances for orthopedic use; oxygen and the rental of equipment for the administration of oxygen; crutches, canes and standard wheelchairs; mechanical equipment necessary for the treatment of chronic or acute respiratory failure. Air-conditioners, humidifiers, dehumidifiers and other personal comfort items are not covered.
  - ii. Covered devices and equipment are limited to initial devices. However, replacement, repair or adjustment required because of change in physical condition is covered. The selection of devices and equipment and the decision whether to purchase or rent will be made by the Primary Care Physician and Blue Shield Promise and subject to prior authorization. Equipment will be purchased or rented from a provider designated by Blue Shield Promise. Inhaler spacer is covered when medically necessary for the management and treatment of pediatric asthma.

#### 37. Medical Transportation, Non-Emergency

- a. Ambulance, litter van, wheelchair van and by air medical transportation are covered when a member needs transportation to obtain medically necessary health care services but a member's medical and physical condition is such that transportation by ordinary means of public or private vehicle is not medically advisable.
- b. Non-emergency medical transportation requires the prior approval of the Primary Care Physician and/or Blue Shield Promise.

#### 38. Non-Emergent Non-Medical Transportation as per Member Services Policy 10.3.20

#### 39. Medications

- a. Prescription medications and some over-the-counter medications, as contained in the Blue Shield Promise Drug Formulary, which have been prescribed by a participating physician and obtained through a participating pharmacy, are covered. Some outpatient prescription medications require the prior approval of Blue Shield Promise before dispensing.
- b. Injectables prescribed by participating physician as stated in Pharmacy Policy 70.11.3.5

#### 40. Non-Physician Medical Practitioner Services

- a. Are covered to the extent permitted by professional licensing statutes, State Department of Health Services

#### 41. Out-of-Area Benefits

- a. If a member is outside of Blue Shield Promise Service Area and unable to obtain services from the Primary Care Physician, the member has coverage for transportation, physician, hospital and related services required in connection with medically necessary emergency or urgent care.
42. Rehabilitation Center Outpatient Services
43. Inpatient and outpatient
- a. Rehabilitation services including cardiac rehabilitation, physical, speech, audiology and occupational therapy, as medically necessary, in the judgment of an subject of the prior authorization from the member's Primary Care Physician and Blue Shield Promise's Medical Director
44. Testing for and Treatment of Sexually Transmitted
45. Diseases and Testing for HIV
- a. Blue Shield Promise will comply with Health and Safety Code Regulation, Section 1367.45, which requires that health care service plans and health insurers that covers hospital, medical, or surgery expenses shall provide human immunodeficiency virus (HIV) testing, regardless of whether the testing is related to a primary diagnosis.
  - b. Reimbursement shall be provided according to the respective principles and policies set forth by Blue Shield Promise Health Plan.
46. Skilled Nursing Facility/Intermediate Care Facility/Long Term Care
47. Health Education Services
48. Initial Comprehensive Health Assessment as per Quality Improvement Policies 70.1.1.14 and 70.1.1.24

#### **Exclusions and Limitations of services**

Exclusions on covered services are stipulated by the State Department of Health Services (SDHS) through Medi-Cal. Below is an overview of services excluded from SDHS contract.

1. Services not received from or prescribed, referred, or authorized by the Blue Shield Promise Primary Care Physician or participating specialist except in the case of emergency or urgent care, emergency or urgent care when outside of service area, for family planning services, HIV testing, the initial treatment of a sexually transmitted disease, or when specifically authorized in advance by a Primary Care Physician or Blue Shield Promise.
2. Services not specifically included in the Combined Evidence of Coverage and Disclosure (Member Handbook) as covered services.
3. Services rendered prior to beginning date as a member of Blue Shield Promise, or coverage on or after the date membership terminates.
4. Hospital or medical services which are not medically necessary.

5. Dental Surgery, Treatment or Care (including such as for overbite or underbite, maxillary and osteotomies and temporomandibular joint syndrome except when medically necessary), or dental x-rays, supplies and appliances (including occlusal splints) and all associated expenses arising out of such dental surgery, treatment or care including hospitalizations
  - a. Note: Dental screening within the scope of practice of a Primary Care Physician and hospital, physician, and dental services and supplies and anesthesiology
  - b. Services recommended by a participating physician and approved in writing in advance by the Plan Partner, necessary to safeguard the health of a member because of a specific non-dental physiological impairment are covered.
6. Personal comfort and convenience items or services such as television, telephone, air conditioning, barber or beauty service, guest service and similar incidental services and supplies which are not medically necessary.
7. Health services for cosmetic procedures including, but not limited to, pharmacological regimes, nutritional procedures or treatments, plastic surgery, and non-medically necessary reconstructive surgery.
8. Acupuncture for treatment other than the prevention, modification or alleviation of severe, persistent chronic pain resulting from a generally recognized medical condition, and Acupressure
9. Chiropractic services other than when provided at a Federally Qualified Healthcare Center or for spinal manipulation for subluxation
10. Healing by prayer or spiritual means
11. Services which are not Medi-Cal benefits
12. Experimental services (will be evaluated in accordance with State Department of Health Services Medi-Cal regulations)
13. Investigation services are not covered, unless the conditions of Title 22, California Code of Regulations, Section 51303 (h) are met and prior authorization is received from Blue Shield of California Promise.
14. Major organ transplants (excluding kidney and corneal) are not covered. Members needing major organ transplants will be disenrolled from Blue Shield Promise and receive services through fee-for-service Medi-Cal. Referrals for transplant evaluation are covered.
15. Health Services for removal of an organ from a member for purposes of transplantation into another person who is not a member
16. Health services for infertility services and treatment, including in vitro fertilization, gamete intrafallopian transfer (GIFT), embryo transport, and donor semen, and non-medically necessary amniocentesis.
17. Reversal of voluntary sterilizations

18. Health services for military service-related disabilities for which the Member is legally entitled to services and for which facilities are reasonably available to the Member from the Veterans Administration.
19. Specialty mental health services (those outside the scope of practice of a Primary Care Physician).
20. Alcohol and drug abuse treatment or rehabilitation services other than when a member meets Voluntary Inpatient Detox (VID) criteria
21. Physical, psychiatric, or psychological examinations or testing, or treatments not otherwise covered under the contract with the State Department of Health Services, when such services are for purposes of obtaining, maintaining or otherwise relating to career education, employment or insurance, marriage or adoption, or relating to judicial or administrative proceedings or orders, or which are conducted for purposes of medical research, or to obtain or maintain a license of any type.
22. Health services otherwise covered when a member has refused to comply with or has terminated the scheduled service or treatment against the advice of a Participating Physician or other participating health care professional if the issue has been reviewed and upheld by Blue Shield Promise Quality Improvement Committee.
23. Health services otherwise covered, but rendered after the date the individual coverage terminates, including Health Services for medical conditions arising prior to the termination date. However, if a member is hospitalized or undergoing treatment at the time of termination, Blue Shield Promise will continue to provide all covered services in accordance with generally accepted medical practice standards in effect at the time of the member's treatment until the member's discharge or until alternative coverage is obtained by the State Department of Health Services.

#### **REFERENCES**

Title 22 CCR 51340 and 51340.1

Title 22 CCR Chapter 3, Article 4, Section 51301

Title 17 CCR Division 1 Chapter 4 Subchapter 13 Section 6840

Duals Demo Readiness Assessment Feb 2013

Welfare and Institutions Code §14131.10 and 14132