

## Physician Services

### Benefit Coverage

#### Outpatient

Professional office visits for examination, diagnosis, and treatment of a medical condition, disease, or injury including specialist office visits, consultations, counseling, education, urgent care visits, second medical opinions, diabetic counseling, asthma self-management training, administration of injectable medications that must be administered by a health care provider, administration of radiopharmaceutical medications, office surgery, outpatient chemotherapy, and radiation therapy are covered. This benefit includes services delivered via telehealth.

Medically necessary home visits by a physician are covered.

#### Inpatient

Physician services in a hospital, residential treatment center, emergency room, or skilled nursing facility for examination, diagnosis, treatment, and consultation including the services of a specialist, surgeon, assistant surgeon, anesthesiologist, pathologist, and radiologist are covered when the inpatient stay has been authorized by the Blue Shield HMO. Physician services must either be provided by, or referred by, the member's Primary Care Physician (PCP), including services for members who are admitted for detoxification.

#### Access+ Specialist Services

The member may arrange an Access+ *Specialist* office visit with a plan specialist in the same IPA/medical group as the Primary Care Physician without a referral when the IPA/medical group participates as an Access+ Provider. Each visit is subject to a copayment, including follow-up visits that are not referred or authorized by the Primary Care Physician. The Access+ *Specialist* visit includes:

- An office visit examination or consultation provided by a specialist in the same IPA/medical group as the Primary Care Physician.
- Conventional X-rays, but does not include diagnostic imaging such as CT, MRI, or bone density measurement.
- Routine laboratory services.
- Diagnostic or treatment procedures which a plan specialist would routinely provide under a referral from the Primary Care Physician. Only minor office based surgical procedures will be included as part of the Access+ *Specialist* visit (e.g., minor dermatology procedures, casting of minor fractures, removal of foreign body of the eye, etc.). If the Access+ *Specialist* believes that additional surgical or other treatment is necessary, authorization should be requested through the Primary Care Physician.

## Physician Services

### Benefit Coverage (*cont'd.*)

#### **Access+ Specialist Visit for Mental Health and Substance Use Disorder Services**

The member may arrange an Access+ *Specialist* office visit for mental health and substance use disorder services without a referral (except for psychological testing) from the Blue Shield mental health services administrator (MHSA) as long as the provider is a MHSA Participating Provider. Each visit is subject to a copayment, including follow-up visits that are not referred or authorized by the MHSA.

#### **Adverse Childhood Experiences (ACEs) Screening**

An ACEs screening, as defined by California Health and Safety Code Section 1367.34, is a screening for all individuals covered under fully insured plans with Blue Shield. Training to perform ACEs screenings, approved by the California Department of Healthcare Services, is available on the ACEs website at <https://www.acesaware.org/wp-content/uploads/2019/12/ACE-Clinical-Workflows-Algorithms-and-ACE-Associated-Health-Conditions.pdf>. See the [Preventive Benefit Policy](#) for benefit coverage details.

#### **OB/GYN Physician Services**

Female members may arrange for obstetrical and gynecological physician services directly from an OB/GYN or family practice physician, designated as providing gynecological services, in the same IPA/medical group as her Primary Care Physician without obtaining a referral from the Primary Care Physician. Obstetrical and gynecological services are defined as:

- Physician services related to preconception, prenatal, perinatal, and postnatal (pregnancy) care.
- Physician services provided to diagnose and treat disorders of the female reproductive system and genitalia.
- Physician services for treatment of disorders of the breast.
- Routine annual gynecological examinations/annual well-woman examinations.

#### **Mental Health and Substance Use Disorder Services**

Members may arrange for mental health and substance use disorder services by calling the MHSA directly at (877) 263-9952. Members may also ask their Primary Care Physician to call MHSA and make the arrangements for them.

## Physician Services

### Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for members copayment for:

*Infertility Services*

*Mental Health and Substance Use Disorder Services*

*Physician (Professional) Services*

*Pregnancy and Maternity Care*

*Preventive Health Services*

### Benefit Exclusion

Any physician service which:

- Is not a covered benefit of the Blue Shield HMO Plan.
- Includes dental and oral surgery services of any kind.
- Has not been provided or authorized by the member's Primary Care Physician except when it is a covered by a:
  - Access+ *Specialist* visit, or
  - Maternity and gynecological physician service.

#### **An Access+ *Specialist* visit does not include:**

- Services which are not covered, not medically necessary, or provided by any provider other than the plan specialist providing the Access+ *Specialist* visit (such as podiatry and physical therapy), except for routine x-ray and laboratory services.
- Allergy testing, endoscopic procedures, infertility, emergency, or urgent services.
- Any diagnostic imaging, except routine X-rays.
- Injectables, chemotherapy, or other infusion drugs, other than vaccines and antibiotics.
- Inpatient services, or any services which result in a facility charge, except for routine x-ray and laboratory services.
- Women's preventive health, maternity, and gynecological physician services, or services for which the IPA/medical group routinely allows the member to self-refer without authorization from the Primary Care Physician.

## Physician Services

### Examples of Covered Services

- Office visits with the Primary Care Physician.
- Office visits/consultations with specialists when referred by the Primary Care Physician.
- Office visits for asthma self-management training and education to enable a member to properly use asthma-related medication and equipment such as inhalers, spacers, nebulizers, and peak flow meters.
- Access+ *Specialist* office visits/consultations.
- Nutritional counseling provided by the treating physician as part of an office visit, and nutritional counseling for the treatment of diabetes.

### Examples of Non-Covered Services

- Office visits/consultations with specialists that are not referred by the Primary Care Physician, or the MHSA, except an Access+ *Specialist* visit and visits for maternity and gynecological physician services.
- Professional services that are an exclusion of the plan.
- Physician services performed by a close relative of the member, by a person who ordinarily resides in the member's home or by hospital officers, residents, interns, and others in training.
- All dental and routine oral surgery services to include but limited to extractions of teeth, biopsies of oral tissues, oral facial pain, trigger point injections for jaw joint problems, oral pathology services, oral medicine services, etc. performed by licensed dentists (DDS or DMD). The Blue Shield of California Dental Director will make the final determination as to whether or not a service is considered a medical issue or a dental issue.

### References

*Evidence of Coverage*

*IFP Evidence of Coverage and Health Service Agreement*

*Health & Safety Code, Section 1367.695*

*HMO Benefit Guidelines for:*

*Mental Health and Substance Use Disorder*

*Preventive Benefit Policy*