



601 12th Street
Oakland, CA 94607

October 16, 2024

Subject: Notification of January 2025 Updates to the Blue Shield *HMO Benefit Guidelines*

Dear IPA/medical group:

Blue Shield is revising the *HMO Benefit Guidelines Manual* (Manual). The changes in each benefit guideline section listed below are effective January 1, 2025.

On that date, you can search and download the revised manual on Provider Connection at www.blueshieldca.com/provider in the *Provider Manuals* section under the *Guidelines & Resources* tab.

You may also request a PDF version of the revised *HMO Benefit Guidelines* be emailed to you or mailed to you in CD format, once it is published, by emailing providermanuals@blueshieldca.com.

The *HMO Benefit Guidelines* is included by reference in the agreement between Blue Shield of California (Blue Shield) and those IPAs and medical groups contracted with Blue Shield. If a conflict arises between the *HMO Benefit Guidelines* and the agreement held by the IPA or medical group and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the January 2025 version of this Manual, please contact your Blue Shield Provider Relations Coordinator.

Sincerely,

A handwritten signature in black ink, appearing to read "Aliza Arjoyan".

Aliza Arjoyan
Senior Vice President
Provider Partnerships and Network Management

Updates to the January 2025 HMO Benefit Guidelines Manual

Ambulatory Surgeries and Procedures

Added the following CPT codes:

31242	Nasal/sinus ndsc dstrj ablation
31243	Nasal/sinus ndsc dstrj cryoablation
52284	Cysto w/dilat rx balo cath
58580	Trnscervical abltn uterine fibroid
64596	Insj/rplcmt perq eltrd rap n w/nstim

Removed the following procedure codes:

0465T	Supchr dl njx rx w/o supply
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BlueCard

Removed the guideline and moved applicable information to the Out-of-Area Services guideline.

Dental – Blue Shield HMO Plans (DHMO)

Added the following to the General Exclusions section:

- Any service, procedure, or supply which is received, or expenses incurred prior to the patient’s effective date of coverage. For the purpose of this limitation, the date on which a procedure shall be considered to have had expenses incurred is defined as follows:
 - o For full dentures or partial dentures: on the date the final impression is taken;
 - o For fixed bridges, crowns, inlays, onlays: on the date the teeth are first prepared;
 - o For root canal therapy: on the later of the date the pulp chamber opened, or the date canals are explored to the apex;
 - o For periodontal surgery: on the date the surgery is actually performed;
 - o For all other services: on the date the service is performed.

Updated the address where emergency claims should be mailed to:

Blue Shield of California
P.O. Box 30567
Salt Lake City, UT 84130-0567

Dental – Blue Shield Smile Basic Dental Plan (DPPO)

Updated the address that should be used in the following circumstance:

Before any course of treatment expected to cost more than \$250 is started, the member is advised to obtain precertification of benefits. The dentist should submit the recommended treatment plan and fees together with appropriate diagnostic x-rays to Blue Shield’s Dental Plan Administrator (DPA) at:

Blue Shield of California
Dental Plan Administrator
P.O. Box 272540
Chico, CA 95927-2540

Gynecological Examinations

Updated the Benefit Limitations section in boldface type as follows:

Referral for genetic risk assessment and evaluation for BRCA mutation testing for breast and ovarian cancer susceptibility is a covered service for patients who meet the criteria outlined in the Medical Policy for ***Oncology: Circulating Tumor DNA and Circulating Tumor Cells (Liquid Biopsy)***. This policy can be found on Provider Connection under ***Authorizations, then Clinical policies and guidelines***.

Mental Health and Substance Use Disorder

Added language to the Benefit Coverage section, as follows:

If the member is unable to schedule an appointment with a participating provider for mental health and substance use disorder services, the MHSA will help either schedule an appointment with a participating provider or select a non-participating provider in the area within five calendar days and contact the member regarding available appointment times. For any covered services, the member will be responsible for no more than the cost share for using an MHSA participating provider. The MHSA may work with the member to transition to a participating provider when one becomes available.

Upon request to MHSA Customer Service, and at no cost to the member, MHSA Customer Service will provide the clinical review criteria, and any training materials or resources used to conduct utilization reviews for mental health and substance use disorder benefits and services.

Updated the term “gender dysphoria” to “gender affirming care.”

Newborns

Added language in the Benefit Coverage section about PCP assignments for those enrolled in the Virtual PCP Program, as follows:

If the mother of the newborn, or subscriber if the mother is not enrolled, has selected a virtual PCP with Accolade Care (available to Trio HMO plan members), the newborn will be assigned to an in-person PCP with a different IPA.

Out-of-Area Services

Added sections under Benefit Coverage addressing the following:

- Urgent Services within California
- Urgent Services within the United States
- Urgent Care and Emergency Services outside of the United States
- Urgent Mental Health and Substance Use Disorder Services

Added the following to Benefit Exclusions:

- Follow-up care to urgent or emergency services that is not medically necessary is not covered.

Physician Services

Benefit Coverage - Outpatient

Added language in bold to specify that the administration of injectable medications is a covered benefit **when it is administered by a health care provider**.

Vision Care (VPA Optional Benefit)

Benefit Exclusions

Added the following to list of excluded eye services:

- Orthoptics or vision training except when medically necessary

Vision Screening - Basic Plan

Benefit Exclusions

Added the following to list of excluded eye services:

- Orthoptics or vision training except when medically necessary