



601 12th Street
Oakland, CA 94607

October 13, 2023

Subject: Notification of January 2024 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, 2024.

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 2024 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

Allergy Testing and Immunotherapy

Added the following to examples of covered services:

- Immuno-peroxidase (IP testing)
- Fluorescent Allergosorbent test (FAST)

Ambulatory Surgeries and Procedures

Added the following procedure codes:

C7513	Cath/angio dial cir w/aplasty
C7514	Cath/angio dial cir w/stents
C7515	Cath/angio dial cir w/embol

Dental – Blue Shield Smile Basic Dental Plan (DPPO)

Added the following to the Benefit Exclusions section:

- Charges for photographs of the face, mouth, teeth, and jaws.

Diabetes Care

Updated language in the Examples of Covered Services section in boldface type below:

- Podiatric **footwear** and devices to prevent or treat diabetes-related complications, including extra-depth orthopedic shoes-including medically necessary foot care, with the exception of items listed under exclusion and limitations (such as, corn paring or excision, callus treatment, toenail trimming, etc. that is not medically necessary).
- When authorized, blood glucose monitors, including continuous blood glucose monitors **and those designed to help the visually impaired, and all related necessary supplies** for self-management of diabetes.

Durable Medical Equipment (DME)

Added language in the Exceptions section in boldface type below:

When authorized as DME, other covered items include peak flow monitor for self-management of asthma, glucose **monitor including continuous blood glucose monitor and all related necessary supplies** for the self-management of diabetes, apnea monitors for management of newborn apnea, and the home prothrombin monitor for specific conditions as determined by Blue Shield. Rental charges for ventilators for long- term use are covered when authorized.

Family Planning Counseling

Updated the Benefit Coverage section as follows:

- Counseling, consulting services, and education for prescribing, monitoring, fitting, and administering of contraceptive devices, medications, and side effects
- Injectable or implantable contraceptives
- Intrauterine device (IUD) insertion and removal
- Diaphragm fitting
- Follow-up services for counseling for continued adherence or side effects
- Tubal Ligation
- Vasectomy

Removed the following from Benefit Limitations and Non-Covered Services sections as these services are now covered:

- No benefits are provided for the insertion or removal of an IUD when used for non-contraceptive reasons, except the medically necessary removal of the IUD to treat related complications.
- Male condoms

Home Health Care (HHC) Services – CalPERS and Home Health Care (HHC) Services

Added language to Benefit Coverage section as follows:

Medically necessary FDA-approved medications, that are prescribed by the PCP or specialist and require a clinician to monitor the patient during the administration of the drug or cannot be self-administered, may require prior authorization by Blue Shield. These drugs, also known as Specialty Drugs, are covered under the medical benefit, and are listed in Blue Shield Medication Policy. They may be obtained from a home infusion pharmacy for home administration or from the physician if the drug is being given in the office. Specialty drug administration in an outpatient facility may require additional prior authorization as part of the site of service redirection program.

Infertility – Additional Benefits

Updated benefit coverage information to include language from additional benefit riders as described below.

The diagnosis and treatment of the cause of infertility are considered covered services under the medical plan benefits. Additional infertility services are covered services when defined as a benefit on the member's *Summary of Benefits and Coverage* document. These additional benefits are described in two different levels of coverage through the Base Assisted Reproductive Technology (ART) Benefit Rider and the Additional Assisted Reproductive Technology Benefit Rider (ART) that are a separate purchased benefit.

Infertility – Diagnosis and Treatment

Added to the definition of infertility in boldface type below:

The treatment of the cause of infertility does not include pregnancy by artificial means **or assisted reproductive technology procedures.**

Newborns

Added the following to Examples of Covered Benefits:

- Apnea monitors for the management of newborn apnea.

Orthoses

Updated the following covered service in boldface type below:

- Knee brace **for post-operative rehabilitation following ligament surgery, instability due to injury, and to reduce pain and instability for patients with osteoarthritis**

Removed the following example of Covered Services:

- Foot orthotic every two years, except for children under age 18 who are allowed a new foot orthotic every 6 months if their provider has documented that the child has outgrown his or her previous foot orthotic

Physician Services

Added "administration of radiopharmaceutical medications" to list of outpatient benefits that are covered.

Adverse Childhood Experiences (ACEs) Screening

Removed benefit coverage for ACEs screenings and **added** a link to the Preventive Benefit Policy which contains detailed benefit coverage, that is updated more frequently, at www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_BP_Preventive_Health_1B_Current_Preventive_Services.pdf.

Vision Care (VPA Optional Benefit)

Deleted and replaced the following sections:

Benefit Coverage

Blue Shield HMO offers optional vision plans through Blue Shield's Vision Plan Administrator (VPA) to group members. The plan provides payments based on prevailing fees not to exceed amounts calculated under the VPA's Schedule of Allowances. Covered benefits vary by plan and may include the following services:

- Comprehensive eye examination
- Pair of standard lenses
- Standard frames up to the amount specified by the plan
- Contact lenses
- Medically necessary contact lenses

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

Benefit Exclusions

- Services and supplies in connection with special procedures such as vision training and subnormal vision aids (for example, magnifying glass).