

October 11, 2019

Subject: **Notification of January 2020 Updates to the Blue Shield *HMO Benefit Guidelines***

Dear IPA/medical group:

We have revised our *HMO Benefit Guidelines*. The changes listed on the following pages are effective January 1, 2020.

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 CD version of the revised *HMO Benefit Guidelines* be mailed to you, once it is published, by emailing providermanuals@blueshieldca.com.

The *HMO Benefit Guidelines* is referenced 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 2020 version of this manual, please contact your Blue Shield Provider Relations Coordinator.

Sincerely,



Aliza Arjoyan
Vice President, Provider Network Management
Blue Shield of California

UPDATES TO THE JANUARY 2020 HMO BENEFIT GUIDELINES

General Reminders

In an effort to make sure providers have access to the most up-to-date information, please refer to our existing payment and medical policies that reside on Provider Connection at <http://www.blueshieldca.com/provider>. The Blue Shield payment and medical policies are reviewed and updated more frequently than the *HMO Benefit Guidelines*.

For member benefit coverage and copayments, please refer to the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* documents.

Ambulatory Surgeries and Procedures

Added the following procedure codes:

0525T	Insj/Rplcmt Compl IIMS
0529T	Interrog Dev Eval IIMS IP
0530T	Removal Complete IIMS

Removed the following procedure codes:

11100	Biopsy, skin lesion
11101	Biopsy, skin add on
64550	Apply neurostimulator
0190T	Place intraoc radiation src

Dental – Blue Shield HMO Plans (DHMO)

*Extensive **updates/additions** were made to the examples listed in the Benefit Exclusions and Benefits Limitations sections.*

Dental – Blue Shield Smile Basic Dental Plan (DPPO)

Updated language in the Benefit Coverage section in boldface type below:

Benefits are provided for services performed by **California** licensed dentists and oral surgeons for treatment of teeth, jaws, and their dependent tissues.

The member is **solely** responsible for assuring that the dentist chosen is a participating dentist. The member is also **solely** responsible for following the Precertification of Dental Benefits Program which includes **directing** the participating or non-participating dentist **to request and OBTAIN** Precertification of **ALL** Benefits **prior to the initiation of any dental treatment**.

*Extensive **updates/additions** were made to the examples listed in the Benefit Coverage, Benefit Exclusions and Benefits Limitations sections.*

Home Health Care (HHC) Services - CalPERS

Updated language in the Benefit Coverage section in boldface type below:

5. Home infusion therapy including parenteral and enteral nutrition services **for tube feedings** and associated supplies and solutions.
6. Medically necessary FDA-approved self-injectable medications when prescribed by the Personal Physician and prior authorized by Blue Shield. Self-injectable medications may be obtained from a home infusion agency **through the medical benefit** or from a Blue Shield participating Specialty Pharmacy **under their outpatient prescription benefit**. Refer to the *HMO Benefit Guideline for Medical Benefit Drugs* for additional details.

Removed Benefit Limitations for Group plans.

Home Health Care (HHC) Services

Updated language in the Benefit Coverage section in boldface type below:

4. Home infusion therapy including parenteral and enteral nutrition services **for tube feedings** and associated supplies and solutions. Benefits are also provided for infusion therapy provided in infusion suites associated with a participating Home Infusion agency.
5. Medically necessary FDA-approved self-injectable medications, also known as Specialty Drugs, when prescribed by the Personal Physician and prior authorized by Blue Shield. Self-injectable medications or Specialty Drugs may be obtained from a home infusion agency **under the medical benefit** or from a Blue Shield participating Pharmacy **under the outpatient pharmacy benefit**.

Infertility – Additional Benefits

Removed the following from the Benefit Coverage section:

- Gonal-F (Follitropin Alfa) to stimulate sperm production in the covered spouse or domestic partner in conjunction with the above procedures.

Removed language from the Benefit Limitations section and noted that providers view the member's Evidence of Coverage for benefit limitations.

Added the following to the list of Non-Covered Services:

- Intracytoplasmic sperm injection (ICSI) are excluded as a benefit
- Sterilization reversals are excluded as a benefit

Infertility – Basic Plan

Added the following to the list of Non-Covered Services:

- Sterilization reversals are excluded as a benefit

Infertility – CalPERS/FEHBP

Added the following to the list of Benefit Exclusions:

- Sterilization reversals are excluded as a benefit

Medical Benefit Drugs

Updated/added the Benefit Coverage language in boldface type below:

Medical benefit drugs are typically covered under capitation, unless contracted differently. When delegated for utilization management, Blue Shield requires the IPA/medical group to follow Blue Shield's medication coverage policies **including step therapy requirements** for Blue Shield members when administering prior authorizations. Refer to Section 2.8 - Pharmaceutical Benefits of the HMO IPA/Medical Group Procedures Manual for more details.

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

- Contraceptive **devices inserted by a licensed healthcare provider in the office** are a covered service.

Newborns

Removed the following Benefit Exclusion:

- Services for a newborn of a dependent unless legally adopted by the subscriber and added to the plan.

Outpatient Prescription Drugs

Updated/added the Prior Authorization and Exceptions language in boldface type below:

Prior authorization or step therapy exception requests may be submitted electronically through the electronic health record, if available. If electronic prior authorization capability is not available, then complete and fax the California Prescription Drug Prior Authorization or Step Therapy Exception Request Form 61-211 (Revised 12/2016) (available at blueshieldca.com/provider) to (888) 697-8122 or online at blueshieldca.com/provider under Authorization, then *Submit a Pharmacy Prior Authorization*. Evidence of medical necessity may include submission of studies published in major peer reviewed medical journals and/or a patient's medical records.

Updated/added the Benefit Limitations language in boldface type below:

- Medicare Part D plans provide 90-day supplies with reduced cost sharing when dispensed by a preferred cost-sharing pharmacy **for most maintenance medications. This does not apply to Specialty Tier drugs and controlled substances.**

Teeth Jaw and Jawbones

*Extensive **updates/additions** were made to the examples listed in the Benefit Coverage, Benefit Exclusions and Benefits Limitations sections.*