

February 25, 2021

Subject: **Notification of May 2021 Updates to the Blue Shield *Independent Physician and Provider Manual***

Dear Provider:

We have revised our *Independent Physician and Provider Manual*. The changes listed in the following provider manual sections are effective May 1, 2021.

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 *Guidelines & resources*.

You may also request a CD version of the revised *Independent Physician and Provider Manual* be mailed to you, once it is published, by emailing providermanuals@blueshieldca.com.

The *Independent Physician and Provider Manual* is referenced in the agreement between Blue Shield of California (Blue Shield) and those physicians and other healthcare professionals who are contracted with Blue Shield. If a conflict arises between the *Independent Physician and Provider Manual* and the agreement held by the individual and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the May 2021 version of this manual, please contact Blue Shield Provider Information & Enrollment at (800) 258-3091.

Sincerely,



Hugo Florez
Vice President, Provider Network Management
Blue Shield Promise and PPO Specialty Networks

T11671 (02/21)

UPDATES TO THE MAY 2021 INDEPENDENT PHYSICIAN AND PROVIDER MANUAL

General Updates

The terms “mental health and substance use disorder services” and “behavioral health” are used interchangeably throughout this manual. All instances of “substance abuse” have been replaced with “substance use disorder.”

All instances of “prudent layperson” have been replaced with “reasonable person” in the context of urgent and emergency services.

Section 3: Medical Care Solutions

MEDICAL CARE SOLUTIONS PROGRAM OVERVIEW

*This section has been **deleted and replaced** with the following language to align with SB 855 regulations which expands the coverage scope for medically necessary treatment of Mental Health and Substance Use Disorder services:*

The Medical Care Solutions Department within Blue Shield’s Health Care Quality and Affordability (HCQA) division is established to provide oversight of the delivery of care to members. The Blue Shield Medical Care Solutions professional staff includes California-licensed physicians, and nurses who monitor healthcare services delivered by contracted-physicians and providers for timeliness, appropriateness, and quality of care.

The Blue Shield Medical Care Solutions program consists of active ongoing coordination and evaluation of requested or provided health services to promote delivery of medically necessary, appropriate health care services and quality, and cost-effective clinical outcomes. The Medical Care Solutions Program is designed to assist Blue Shield contracted physicians, providers, and hospitals in ensuring the coverage of medically necessary services.

Definition of Medical Necessity for Medical Services (applies to all lines of business)

Benefits are provided only for services which are medically necessary.

Services that are medically necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are:

- Consistent with Blue Shield Medical Policy;
- Consistent with the symptoms or diagnosis;
- Not furnished primarily for the convenience of the patient, the attending physician, or other provider;
- Furnished at the most appropriate level which can be provided safely and effectively to the patient; and
- Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member’s illness, injury, or disease.

Hospital Inpatient Services that are medically necessary include only those services that satisfy the above requirements, require the acute bed-patient (overnight) setting, and could not have been

provided in a physician's office, the Outpatient department of a hospital, or in another lesser facility without adversely affecting the patient's condition or the quality of medical care rendered.

Inpatient admission is not medically necessary for certain services, including, but not limited to, the following:

- Diagnostic studies that can be provided on an Outpatient basis;
- Medical observation or evaluation;
- Personal comfort;
- Pain management that can be provided on an outpatient basis; and
- Inpatient rehabilitation that can be provided on an Outpatient basis.

Blue Shield reserves the right to review all services to determine whether they are medically necessary, and may use the services of physician consultants, peer review committees of professional societies or Hospitals, and other consultants.

Definition of Medical Necessity for Mental Health and Substance Use Disorder Services (applies to Fully-Insured only)

Coverage for medically necessary treatment of mental health and substance use disorders, is provided under the same terms and conditions applied to other medical conditions. "Medically necessary treatment of a mental health or substance use disorder" means a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of an illness, injury, condition, or its symptoms, in a manner that is all of the following:

- In accordance with the generally accepted standards of mental health and substance use disorder care;
- Clinically appropriate in terms of type, frequency, extent, site, and duration; and
- Not primarily for the economic benefit of the health care service plan and subscribers or for the convenience of the patient, treating physician, or other health care provider.

The goal of the Blue Shield Medical Care Solutions Program is to promote the efficient and appropriate utilization of medical services and to monitor the quality of care given to members. To accomplish this goal, the program requires systematic monitoring and evaluation of the medical necessity and level of care of the services requested and provided. Blue Shield determines medical necessity and the appropriateness of the level of care through the prospective review of care requested and the concurrent and retrospective review of care provided. These reviews are conducted by Blue Shield nurse reviewers, medical directors, pharmacists, peer review committees, physician peer reviewers and other consultants.

Blue Shield may also delegate UM activities to subcontracted entities. Blue Shield approval of the delegated entity's UM program is based on a review of its policies and procedures, demonstration of compliance with stated policies and procedures, and the ability to provide services to our members in keeping with various accreditation and regulatory requirements. All delegated activities are monitored and evaluated by the Blue Shield Health Care Quality and Affordability teams and the appropriate oversight committee to assist the delegated entity in improving its processes. Blue Shield retains the authority and responsibility for the final determination in UM medical necessity decisions and ensures appeals related to utilization issues are handled in a timely and efficient manner.

Medical necessity reviews (for both authorizations and non-authorizations) made by Blue Shield use a hierarchy of criteria. (The specific hierarchy can be found on page 24 of the Utilization Management Program Description.) These criteria include internal medical policies established by the Blue Shield Medical Policy Committee, nationally recognized evidence-based criteria and

guidelines, Milliman Care Guidelines (MCG), National Imaging Associates (NIA) Radiology Clinical Guidelines, Advisory Committee on Immunization Practices (ACIP), and Medication Policies (for non-self-administered drugs such as Injectable and Implantable drugs) established by the Blue Shield Pharmacy & Therapeutics Committee (these criteria and guidelines are adopted with input from network physicians and are regularly reviewed for clinical appropriateness). Where applicable, criteria established by the Center for Medicare & Medicaid Services (CMS) and DME coverage criteria are utilized. IPA/medical groups must use the most current version of the policies and manage updates to their UM review processes. These policies may be found on blueshieldca.com/provider and may be updated quarterly as needed.

For Fully-Insured commercial plans, Mental Health and Substance Use Disorder medical necessity review is conducted by Blue Shield’s MHA and utilizes the American Society of Addiction Medicine (ASAM) criteria, Level of Care Utilization System (LOCUS) guidelines, Child and Adolescent Level of Care Utilization System (CALOCUS) guidelines, Early Childhood Service Intensity Instrument (ECSII) guidelines and World Professional Association for Transgender Health (WPATH) guidelines. The MHA may add additional guidelines as they become available from non-profit professional associations in accordance with California law.

MENTAL HEALTH AND SUBSTANCE USE DISORDER CLINICAL MANAGEMENT PROGRAM FOR SELF-INSURED ACCOUNTS (ASO)

*This section and all applicable sub-sections have been **deleted**. ASO accounts do not have a separate clinical management program from commercial accounts.*

PRIOR AUTHORIZATION LIST FOR NETWORK PROVIDERS

*This section describing mental health authorizations has been **deleted and replaced** with the following language:*

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| <p>Mental Health and Substance Use Disorder For commercial plans managed by Blue Shield’s mental health service administrator (MHA). This includes fully-insured HMO, PPO, EPO and self-funded plans.</p> <p>Prior authorization is required for:</p> <ul style="list-style-type: none"> • Non-emergency mental health or substance use disorder Hospital admissions, including acute and residential care. • Other Outpatient Mental Health and Substance Use Disorder Services, as listed below: <ul style="list-style-type: none"> • Behavioral Health Treatment (BHT) including Applied Behavior Analysis (ABA). • Electro-convulsive Therapy (ECT) and associated anesthesia. • Intensive Outpatient Program. • Office-based Opioid Treatment. • Partial Hospitalization Program. • Psychological Testing for a mental health disorder. • Transcranial Magnetic Stimulation. | <p>Contact MHA (800) 378-1109</p> |
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Section 5: Blue Shield Benefit Plans and Programs

MENTAL HEALTH

This section name has been **changed** to **MENTAL HEALTH AND SUBSTANCE USE DISORDERS** and has been **deleted and replaced** with the following language:

The terms “mental health and substance use disorder services” and “behavioral health” are used interchangeably throughout this manual.

Blue Shield provides coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders. This includes conditions that fall under any diagnostic categories of the World Health Organization’s *International Statistical Classification of Diseases and Related Health Problems* or that are listed in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Blue Shield’s mental health service administrator (MHSA) for commercial HMO and PPO members is Human Affairs International of California (HAI-CA).

Members must utilize the Blue Shield MHSA provider network to access mental health and substance use disorder covered services. The MHSA participating provider must obtain prior authorization from the MHSA for services listed under the section Blue Shield MHSA Covered Services for PPO Commercial Plan Members below.

Mental health and substance use disorder office visits **do not** require prior authorization.

Blue Shield MHSA Covered Services for PPO Commercial Plan Members

The Blue Shield MHSA will utilize ASAM, LOCUS, CALOCUS, ESCII, and World Professional Association for Transgender Health (WPATH) for mental health and substance use disorder reviews for commercial HMO members. The MHSA may add additional MH/SUD guidelines as they become available from non-profit professional associations in accordance with California law.

Blue Shield’s MHSA is responsible for authorizing services and paying claims for the following services:

- Non-emergency mental health or substance use disorder Hospital inpatient admissions, including acute and residential care
- Other Outpatient Mental Health and Substance Use Disorder Services when provided by a MHSA contracted provider, as listed below:
 - Behavioral Health Treatment (BHT) including Applied Behavior Analysis (ABA).
 - Electro-convulsive Therapy (ECT) and associated anesthesia.
 - Intensive Outpatient Program.
 - Office-based Opioid Treatment.
 - Partial Hospitalization Program.
 - Psychological Testing for a mental health disorder.
 - Transcranial Magnetic Stimulation.
- Non-emergency inter-facility transports.

For the following other services, please see the member's health plan benefits:

- Outpatient radiology, laboratory, speech therapy, occupational therapy, and physical therapy services associated with a mental health and substance use disorder diagnosis.
- Medical consultations requested by the MHSA.
- Structured Pain Management Program.
- Nutritional counseling.
- Experimental or investigational treatments.
- Outpatient prescription medications.

Mental Health and Substance Use Disorder Services for Self-Funded Accounts (ASO) and the Federal Employee Program (FEP) (PPO)

Self-Funded Accounts (ASO) and the Federal Employee Program (FEP) use Blue Shield of California's network of contracted mental health and substance use disorder providers. Claims are billed to Blue Shield.

For additional mental health and substance use disorder information for ASO and FEP PPO accounts, see the following sections within this manual:

Section 2: Service Accessibility Standards for Behavioral Health

Section 5: Federal Employee Program (FEP) (PPO); Mental Health and Substance Use Disorder Services for FEP

CARE MANAGEMENT – ADDITIONAL CARE MANAGEMENT PROGRAMS

*The Expanded Managed Behavioral Health program has been **deleted** as it no longer a valid program.*