



October 15, 2021

Subject: **Notification of January 2022 Updates to the Blue Shield *Medical Interface Manual***

Dear IPA/medical group:

We have revised our *Medical Interface Manual*. This manual details Blue Shield's protocols for coordinating the treatment of mental health and substance abuse disorders between behavioral health providers managed by the Blue Shield mental health service administrator (MHSA) and primary care physicians and is a resource for providing integrated care. The changes listed in the following provider manual sections are effective January 1, 2022.

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*.

The *Medical Interface Manual* 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 *Medical Interface Manual* and the agreement held by the IPA or medical group and Blue Shield, the agreement prevails.

If you have any questions about the revisions that will be published in the January 2022 version of the *Medical Interface 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

T12063 (10/21)

UPDATES TO THE JANUARY 2022 MEDICAL INTERFACE MANUAL

General Updates

The term "Behavioral Health" refers to Mental Health and Substance Use Disorder throughout this manual.

Section 2: Medical Care Solutions Interface Procedures

B. Triage Guidelines

The entire section has been **deleted and replaced** with the following:

The Triage Guidelines are designed to clarify the lines of behavioral health care management and IPA/medical group care management for patients with complex clinical conditions, as described in the Behavioral Health Services Agreement between Blue Shield MHSA and Blue Shield. IPA/medical group and Blue Shield MHSA are responsible for coordinating care for these complex members to ensure timely access to care and coverage of care rendered.

The following guidelines determine the assignment of care management and financial responsibility in the majority of mixed service cases.

1. **Place of service - medical / surgical v. Behavioral Health unit / facility**

Based on the place of service (medical/surgical floor vs behavioral health unit/facility), Blue Shield MHSA assumes responsibility for coverage of Behavioral Health professional services.

Below are common scenarios of responsible party coverage:

- Facility charges related to medical treatment in a medical/surgical setting (ambulatory or inpatient) for the treatment of gender dysphoria, eating disorder, or substance use disorder are the responsibility of the IPA/medical group regardless of mental health diagnosis. Blue Shield and the IPA/medical group will be responsible for the care management and assume financial responsibility provided to the member depending on the contract.
 - See #2 below for Behavioral Health Consultation delineation of responsibility.
- Facility charges related to treatment in a behavioral health unit or facility for the treatment of modifiable behavioral health conditions is the responsibility of Blue Shield MHSA.

2. **Type of professional (attending, consultant) primary care / medical – surgical v. Behavioral Health**

Blue Shield MHSA assumes responsibility for coverage of professional services rendered by in-network MHSA Behavioral Health providers. Below are common scenarios of coverage responsibility:

- If a Behavioral Health consultation is required in a medical/surgical setting, Blue Shield MHSA will assume the care management and financial responsibility of the consultative service, including special procedures, and tests associated with the Blue Shield MHSA consultative service.
- If the Behavioral Health consultant identifies a condition may have an organic component that would require formal diagnostic tests (e.g., EEG, MRI, CAT SCAN, EKG, Genetic Testing, etc.), these tests would continue to be the responsibility of the IPA/medical group **and requires** the express authorization of the member's IPA/medical group.

3. **Primary clinical condition / focus of Outpatient Behavioral Health treatment**

Payment for outpatient behavioral health services are subject to eligibility at the time of service, benefit limitations, medical policies, and prior authorization, if applicable. Below is a common scenario of coverage responsibility:

As an example, if a member has a traumatic head injury with cognitive changes resulting in a mental health disturbance, Blue Shield MHSA, where appropriate, requires notification and preauthorization. Blue Shield MHSA will assume responsibility for mental health services provided by Blue Shield MHSA psychiatrist/ psychologist/ behavioral specialist. Treatment for moderate to severe traumatic brain injury (TBI) must be coordinated with the neurologist since the etiology of the behavioral changes may be related to structural changes in the brain.

C. Covered MHSA Services

The introduction language has been **deleted and replaced** with the following:

The following chart provides a useful reference to covered Behavioral Health services. The specific clinical situation must be evaluated within the context of place of service, the attending provider's area of specialty, and the primary diagnosis, pursuant to Section B above. Payment for services are subject to eligibility at the time of service, benefit limitations, and prior authorization, if applicable.

The services listed have been **deleted and replaced** with the following:

Description of Services	Services Included
Emergency Room	<ul style="list-style-type: none"> Behavioral Health consultations. Blue Shield MHSA will cover emergency screening exams as required by Health & Safety Code § 1371.4. All other emergency room professional, technical, and facility charges are excluded.
Outpatient Mental Health/ Substance Use Disorder	<ul style="list-style-type: none"> Behavioral health professional services Diagnostic assessment and outpatient treatment, including but not limited, to individual and group therapy, psychiatric consultations, and medication management After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request. Blue Shield MHSA will cover Neuropsychological testing when the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present) Behavioral Health consultations to evaluate a member prior to a surgical procedure provided that the member is referred to an in-network MHSA provider for consultation Intensive outpatient treatment programs (IOP) Specialized psychological treatment programs or service Electroconvulsive therapy (ECT) including anesthesiology Office-Based Opioid Treatment (OBOT) – Opioid detoxification and/or maintenance therapy, takes place in a provider's office Methadone Maintenance – Opioid Treatment Program (OTP) for heroin or other opiate addictions – Daily doses of methadone to block the euphoric and sedating effects of opiates, reduce the cravings, and relieve the symptoms associated with withdrawal Repetitive Transcranial Magnetic Stimulation (rTMS) and Theta Burst TMS - a non-invasive method of delivering electromagnetic stimulation to the brain for the treatment of severe depression Telehealth/telemedicine for behavioral health Behavioral Health counseling and other behavioral services related to the care of transgender/transsexual population With respect to members enrolled in HMO or POS benefit plans, diagnostic tests ordered/administered by an MHSA provider without the express authorization of the member's IPA/medical group (MHSA may require MHSA providers to be financially responsible for such costs as long as the member is held harmless)
Behavioral Health Treatments (BHT) including, Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> BHT – Professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs, which develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism BHT is covered when prescribed by a physician or licensed psychologist and treatment is provided under a treatment plan approved by the MHSA. BHT delivered in the home or other non-institutional setting must be obtained from MHSA Participating Providers. For PPO plans, always check member benefits to see if they have out-of-network ABA coverage

Partial Hospital Days or Day Treatment	<ul style="list-style-type: none"> • Facility services • Behavioral Health professional services • All partial hospital treatment or day treatment medically necessary to prevent full-time hospitalization or to provide transition services to allow early discharge from full-time hospitalization • Routine diagnostic procedures and services related to the admission diagnosis. After completion of a comprehensive Behavioral Health evaluation and neurological evaluation, if the Behavioral Health provider or neurologist determines the neuropsychological testing is required, the provider will request authorization and coordinate the request, Blue Shield MHSA will cover Neuropsychological testing when the purpose of testing is to clarify whether there is a psychiatric diagnosis (even when medical conditions are present)
Inpatient Medical/ Surgery	<ul style="list-style-type: none"> • Behavioral Health consultations for members in medical/surgical beds • With respect to members enrolled in HMO or POS benefit plans, diagnostic tests ordered/administered by the MHSA provider without the express authorization of the member's IPA/medical group (MHSA may require MHSA providers to be financially responsible for such costs as long as the member is held harmless)

D. Common Interface Scenarios and Examples

The scenarios listed have been **deleted and replaced** with the following:

Clinical Situation	Place of Service	Provider Type	Primary Diagnosis	Responsibility
Individual dependent on opioids	Office-Based Opioid Treatment	Licensed Physician with DEA waiver to prescribe buprenorphine	Substance Use Disorder with or without Mental Health comorbidity	Blue Shield MHSA when provided by an MHSA in-network Behavioral Health clinician or with MHSA prior authorization. Blue Shield/IPA when provided by an MHSA out-of-network Behavioral Health clinician or non-Behavioral Health Licensed Physician.
Transcranial Magnetic Stimulation (TMS) which is medically necessary and for FDA approved indications.	Physician's office	Licensed Physician with university-based training in TMS	Major Depressive Disorder, Severe	Blue Shield MHSA when provided by an MHSA in-network Behavioral Health clinician or with MHSA prior authorization. Blue Shield/IPA when provided by an MHSA out-of-network Behavioral Health clinician or non-Behavioral Health Licensed Physician.

Section 5: Frequently Asked Questions

Deleted and replaced the following:

11. How will neuropsychological testing be handled?

Blue Shield/IPA is responsible for examination and management of patients with medical diagnoses (e.g., head injury) in the absence of mental health concerns.

Blue Shield MHSA is responsible in those circumstances in which neuropsychological testing is to help determine if a mental disorder is due to a neurological or neuroendocrine medical condition or treatment (versus psychiatric disease alone) when the diagnosis cannot be made through standard psychiatric or medical/neurological examination. For individuals with psychiatric diagnoses for whom neuropsychological testing will facilitate treatment planning, or assist in the determination of a differential diagnosis, a comprehensive Behavioral Health evaluation should be completed by an in-network MHSA provider prior to a request for neuropsychological testing. If upon completion of the comprehensive Behavioral Health and neurological evaluations, either the in-network MHSA or neurology provider determines that neuropsychological testing is required, the provider will request authorization from Blue Shield MHSA.

Section 6: Laboratory Tests to Rule Out Physical Disorders and Monitor the Use of Psychotropic Medications

Updated language to indicate that Blue Shield and the IPA are financially responsible and coordinate care for laboratory tests ordered to rule out physical disorders and monitor medications.