



601 12<sup>th</sup> Street  
Oakland, CA 94607

October 14, 2022

**Subject: Notification of January 2023 Updates to the Blue Shield *HMO Benefit Guidelines***

Dear IPA/medical group:

We have revised our *HMO Benefit Guidelines*. The changes listed in the following benefit guidelines sections are effective January 1, 2023.

On that date, you can search and download the revised manual on Provider Connection at [www.blueshieldca.com/provider](http://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](mailto: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 2023 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 2023 HMO BENEFIT GUIDELINES

### Ambulatory Surgeries and Procedures

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**Added** the following procedure codes:

42975	Dise eval slp do brth flx dx
53454	Tprnl balo cntnc dev adjmt

**Deleted** the following procedure code:

0551T	Tprnl balo cntnc dev adjmt
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### Chemotherapy

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**Added** language to Benefit Coverage section in boldface type below:

Chemotherapy **or other drugs used to treat cancer related illnesses** is a covered benefit when medically necessary for appropriate treatment of disease or illness and can be provided in a physician's office, facility, or other outpatient or home setting.

Chemotherapy **and other drugs used for the treatment of cancer and services** require prior authorization.

**Added** language to Benefit Exclusions section in boldface type below:

Experimental/investigational chemotherapy drugs **or services unless specifically related to an approved Clinical Trial. All Clinical Trials require prior authorization.**

### Dental – Blue Shield HMO Plans (DHMO)

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#### Benefit Coverage

**Updated** language in this section and **clarified** that the Blue Shield of California Dental Director will be the final arbiter (the person who makes the final decision) on what category (dental or medical) the treatment best fits based on the information provided to the Blue Shield of California Dental Director from the attending dentist.

**Added** language to indicate that this guideline is a summary of plan benefits and does not cover all of the various specific plan benefits, dental codes, exclusions, limitations, medical-dental treatment rationale and restrictions (the totality of all utilization guidelines is maintained in the Blue Shield of California Utilization Management Matrix).

## Dental – Blue Shield Smile Basic Dental Plan (DPPO)

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### Benefit Coverage

**Added** language to indicate that this guideline is a summary of plan benefits and does not cover all of the various specific plan benefits, dental codes, exclusions, limitations, medical-dental treatment rationale and restrictions (the totality of all utilization guidelines is maintained in the Blue Shield of California Utilization Management Matrix).

**Updated** language in this section and **clarified** that the Blue Shield of California Dental Director will be the final arbiter (the person who makes the final decision) on what category (dental or medical) the treatment best fits based on the information provided to the Blue Shield of California Dental Director from the attending dentist.

### Diabetes Care

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**Updated** language in the Benefit Coverage section to clarify that drugs and supplies are a covered benefit and are covered by the Outpatient Prescription Drug benefit, however, in order to be covered by this benefit, the member's physician must order the drugs and supplies and they must be processed by a pharmacy.

**Updated** language in the Benefit Exclusion section in boldface type below:

- Routine foot care (**see exceptions under covered services**)

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

- Podiatric 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**

### Durable Medical Equipment (DME)

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**Added** breast pumps as an example of a covered service.

### Emergency Benefits

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#### Benefit Exclusion

**Expanded** the definition of emergent care to the mouth as follows. These services are excluded from the benefit.

Examples of emergency, initial and immediate first aid care to the mouth following an accident are:

1. The immediate emergency removal, temporary stabilization, reduction of tooth/teeth fragments, avulsed teeth, and mobile teeth to prevent aspiration of foreign bodies into the lungs.

2. The immediate emergency stabilization of fractured alveolus, fractured jaws, and displaced jaws.
3. The immediate emergency treatments for pain and swelling.
4. The immediate emergency treatments to stop bleeding.
5. The immediate emergency suturing and bandaging of soft tissue of the mouth, tongue, cheeks, and face.
6. Emergency first aid treatments to adjacent facial structures involved in an accident.
7. Medically necessary radiographs needed to image oral or dental problems directly caused by an accident.

*Note:* Definitive restoration of teeth, hard tissue, soft tissues, replacement of dental appliances, broken veneers, damaged crowns, fixed bridgework, implants are not considered, for the purpose of this guideline, emergency dental services.

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

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*Added* language to Benefit Coverage section in boldface type below:

Medically necessary FDA-approved self-administered medications when prescribed by the Primary Care Physician or Specialist and prior authorized by Blue Shield. Self-injectable medications may be obtained from a Blue Shield participating Specialty Pharmacy under their outpatient prescription benefit. Specialty drugs that require a clinician to monitor the patient during the administration of a drug or cannot be self-administered are covered under the medical benefit and can 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.**

## Hospital Services – Inpatient Care

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*Added* language to Benefit Coverage in boldface type below:

For mental health and substance use disorder services, benefits are provided for inpatient hospitalization, professional services related to hospitalization, and **residential treatment** when prior authorized by the Blue Shield mental health services administrator (MHSA) and obtained from MHSA Participating Providers.

**Members may call MHSA directly at (877) 263-9952 to arrange for mental health and substance use disorder services. Members may also ask their Primary Care Physicians to contact MHSA to arrange these services for them.**

*Added* the following to Examples of Covered Services:

- Specialized care units, including adult intensive care, coronary care, pediatric and neonatal intensive care, and subacute care;

## Hospital Outpatient Care

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*Added* the following to Examples of Covered Services in boldface type below:

- Chemotherapy or other infused/injected medications

*Added* the following to Examples of Non-Covered Services:

- Administration of select infused or injected medications that require are not approved for outpatient hospital administration

## Infertility – CalPERS and Infertility - FEHBP

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The CalPERS/FEHBP Infertility guideline was broken out into two separate guidelines and the edits below were applied to both guidelines.

The definition of infertility has been *deleted* and *replaced* with the following:

1. A demonstrated condition recognized by a licensed physician and surgeon as a cause for infertility; or
2. The inability to conceive a pregnancy or to carry a pregnancy to a live birth after a year of regular sexual relations without contraception.

*Updated* the list of covered injectable medications.

## Medical Supplies

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*Added* examples of non-covered Dental Services.

## Mental Health and Substance Use Disorder

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*Updated* the descriptions of the following outpatient mental health and substance use disorder services:

- Intensive Outpatient Program – outpatient care for Mental Health and/or Substance Use Conditions when the condition requires structure, monitoring, and medical/psychological intervention that may be in a free-standing or Hospital-based facility and provides services at least three hours per day, three days per week.
- Partial Hospitalization Program – outpatient care for Mental Health and/or Substance Use Conditions when the condition requires structure, monitoring, and medical/psychological intervention that may be in a free-standing or Hospital-based facility and provides services at least five hours per day, four days per week.

## Orthoses

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*Added* the following to Examples of Non-Covered Services:

- Backup or alternate items
- Repair or replacement due to loss or misuse

## Physician Services

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*Added* the following to Examples of Non-Covered Services:

- All dental and routine oral surgery services to include but limited to extractions of teeth, biopsies of oral tissues, oral facial pain, trigger point injections for jaw joint problems, oral pathology services, oral medicine services, etc. performed by licensed dentists (DDS or DMD). The Blue Shield of California Dental Director will make the final determination as to whether or not a service is considered a medical issue or a dental issue.

## Prostheses

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*Added* the following to Benefit Exclusions:

- Lost or broken: Dentures (full or partial), orthodontic retainers, fixed dental bridgework, removable orthodontic aligners, Obstructive Sleep Apnea oral appliances (within the warranty period of 5 years), TMJ appliances, oral obturators, radiation shields used to cover the face and jaws during radiation treatment, and oral medicament carriers.
- Any and all dental "prosthodontic" appliances.

*Added* the following to Examples of Non-Covered Services:

- Any and all dental prosthetic devices to include, but not limited to, fixed bridgework, dentures (full or partial), facial-jaw prosthesis provided primarily for cosmetic reasons

## Teeth, Jaws, and Jawbones – Basic Plan

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*Updated/clarified* language throughout the Benefit Coverage section.

*Updated* language in the Examples of Covered and Non-Covered Services sections.