Physician Services

Benefit Coverage

Outpatient

Professional office visits for examination, diagnosis, and treatment of a medical condition, disease, or injury including specialist office visits, consultations, counseling, education, urgent care visits, second medical opinions, diabetic counseling, asthma self-management training, administration of injectable medications, office surgery, outpatient chemotherapy, and radiation therapy are covered. This benefit includes services delivered via telehealth.

Medically necessary home visits by a physician are covered.

Inpatient

Physician services in a hospital, residential treatment center, emergency room, or skilled nursing facility for examination, diagnosis, treatment, and consultation including the services of a specialist, surgeon, assistant surgeon, anesthesiologist, pathologist, and radiologist are covered when the inpatient stay has been authorized by the Blue Shield HMO. Physician services must either be provided by, or referred by, the member's Primary Care Physician (PCP), including services for members who are admitted for detoxification.

Access+ Specialist Services

The member may arrange an Access+ *Specialist* office visit with a plan specialist in the same IPA/medical group as the Primary Care Physician’s without a referral when the IPA/medical group participates as an Access+ Provider. Each visit is subject to a copayment, including follow-up visits that are not referred or authorized by the Primary Care Physician. The Access+ *Specialist* visit includes:

- An office visit examination or consultation provided by a specialist in the same IPA/medical group as the Primary Care Physician.
- Conventional X-rays, but does not include diagnostic imaging such as CT, MRI, or bone density measurement.
- Routine laboratory services.
- Diagnostic or treatment procedures which a plan specialist would routinely provide under a referral from the Primary Care Physician. Only minor office based surgical procedures will be included as part of the Access+ *Specialist* visit (e.g., minor dermatology procedures, casting of minor fractures, removal of foreign body of the eye, etc.). If the Access+ *Specialist* believes that additional surgical or other treatment is necessary, authorization should be requested through the Primary Care Physician.

Physician Services

Benefit Coverage *(cont'd.)*

Access+ Specialist Visit for Mental Health and Substance Use Disorder Services

The member may arrange an Access+ *Specialist* office visit for mental health and substance use disorder services without a referral (except for psychological testing) from the Blue Shield mental health services administrator (MHSA) as long as the provider is a MHSA Participating Provider. Each visit is subject to a copayment, including follow-up visits that are not referred or authorized by the MHSA.

Adverse Childhood Experiences (ACEs) Screening

An ACEs screening, as defined by California Health and Safety Code Section 1367.34, is a screening for all individuals covered under fully-insured plans with Blue Shield. Training to perform ACEs screenings, approved by the California Department of Healthcare Services, is available on the ACEs website at https://www.acesaware.org/wp-content/uploads/2019/12/ACE-Clinical-Workflows-Algorithms-and-ACE-Associated-Health-Conditions.pdf.

Coverage for ACEs screenings for commercial fully-insured plans is based on the requirements set forth in California Health and Safety Code Section 1367.34. Consistent with those requirements, the ACEs screenings will be covered as follows:

- An ACEs screening is covered and included as part of the annual health appraisal for members based on time utilization. There is no separate reimbursement for an ACEs screening. (See the Preventive Benefit Policy on Provider Connection at blueshieldca.com/provider for annual health appraisal procedure codes.)
- If the ACEs screening is performed as the only covered service performed, the ACEs screening can be billed as an office visit based on time utilization utilizing Evaluation and Management codes published by the American Medical Association.

OB/GYN Physician Services

Female members may arrange for obstetrical and gynecological physician services directly from an OB/GYN or family practice physician, designated as providing gynecological services, in the same IPA/medical group as her Primary Care Physician without obtaining a referral from the Primary Care Physician. Obstetrical and gynecological services are defined as:

- Physician services related to preconception, prenatal, perinatal, and postnatal (pregnancy) care
- Physician services provided to diagnose and treat disorders of the female reproductive system and genitalia
- Physician services for treatment of disorders of the breast
- Routine annual gynecological examinations/annual well-woman examinations

Mental Health and Substance Use Disorder Services

Members may arrange for mental health and substance use disorder services by calling the MHSA directly at (877) 263-9952. Members may also ask their Primary Care Physician to call MHSA and make the arrangements for them.

Physician Services

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for members copayment for:

Infertility Services

Mental Health and Substance Use Disorder Services

Physician (Professional) Services

Pregnancy and Maternity Care

Preventive Health Services

Benefit Exclusion

Any physician service which:

- is not a covered benefit of the Blue Shield HMO Plan
- includes dental and oral surgery services of any kind
- has not been provided or authorized by the member's Primary Care Physician except when it is a covered by a:
    - Access+ *Specialist* visit or
    - Maternity and gynecological physician service.

An Access+ *Specialist* visit does not include:

- Services which are not covered, not medically necessary, or provided by any provider other than the plan specialist providing the Access+ *Specialist* visit (such as podiatry and physical therapy), except for routine x-ray and laboratory services
- Allergy testing, endoscopic procedures, infertility, emergency, or urgent services
- Any diagnostic imaging, except routine X-rays
- Injectables, chemotherapy, or other infusion drugs, other than vaccines and antibiotics
- Inpatient services, or any services which result in a facility charge, except for routine x-ray and laboratory services
- Women's preventive health, maternity, and gynecological physician services, or services for which the IPA/medical group routinely allows the member to self-refer without authorization from the Primary Care Physician

Physician Services

Examples of Covered Services

- Office visits with the Primary Care Physician
- Office visits/consultations with specialists when referred by the Primary Care Physician
- Office visits for asthma self-management training and education to enable a member to properly use asthma-related medication and equipment such as inhalers, spacers, nebulizers and peak flow meters
- Access+ *Specialist* office visits/consultations
- Nutritional counseling provided by the treating physician as part of an office visit, and nutritional counseling for the treatment of diabetes

Examples of Non-Covered Services

- Office visits/consultations with specialists that are not referred by the Primary Care Physician, or the MHSA, except an Access+ *Specialist* visit and visits for maternity and gynecological physician services
- Professional services that are an exclusion of the plan
- Physician services performed by a close relative of the member, by a person who ordinarily resides in the member's home or by hospital officers, residents, interns, and others in training.

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Health & Safety Code, Section 1367.695

HMO Benefit Guidelines for:

Mental Health and Substance Use Disorder

Preventive Health Services

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