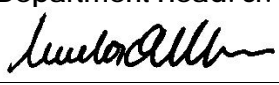
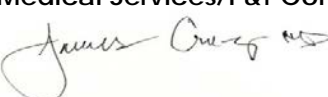


<b>Policy Title: Covered and Non-Covered Services (Medicare)</b>		<b>POLICY #: 50.2.19</b>	
		<b>Line of business: Medicare Adv</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 9/06	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable)</b> 			<b>Date: 3/21</b>

**PURPOSE**

To define those Medicare services which are covered and excluded for the prepaid Medicare members by Blue Shield of California Promise Health Plan (Blue Shield Promise).

**POLICY**

**Overview:**

Blue Shield Promise will provide, or arrange for, health care services to its members, including health education and emergency and urgent care services.

**Covered Medicare Services:**

Members are covered for Medicare services that are medically necessary and stipulated by the Center for Medicare Services through Medicare. Below is an overview of these services.

- **Physician Services**
  - **Physician visits and examinations and surgical procedures**
    - Physician services provided in a physician's office, including preventive care such as, immunizations and physical examinations
  - **Specialty Physician Services**
  - **Allergist Services**
  - **Home Care Services**
    - Provided under the direction of a physician by an appropriate health care provider as medically necessary
  - **Hospital or skilled nursing facility**
    - Physician visits and examinations during a stay
  - **Voluntary sterilization services**
    - Subject to the conditions set forth in Medicare regulations
  - **Podiatry**
- **Outpatient physician services**
- **Physician services in a hospital**
- **Hospital services**
- **Hemodialysis (in and out of area)**
  - Hospital inpatient services are covered when medically indicated, subject to the approval of the Primary Care Physician and Blue Shield Promise.
- **Wellness Services**
  - Services which are covered as part of health education and nutritional services
- **Preventive Care Services**

- **Cancer Screening**
  - Blue Shield Promise follows the standards established by the United States Preventative Services Task Force. In addition, annual Cervical cancer screening includes the conventional Pap test and the option of any cervical cancer screening test approved by the FDA, upon the referral of the patient's health care provider.
- **Eye and ear examinations**
  - Including refractions to determine a prescription for corrective lenses, to determine the need for sight or hearing corrections. Eye examinations are limited to one every two years unless otherwise medically indicated.
- **Health promotion and education programs**
- **Any AIDS vaccine that is approved for marketing by FDA and is recommended by the United States Public Health Service**
- **Pediatric Health Examinations**
  - An initial health assessment will be provided within 120 days of enrollment
- **Ancillary Health Professional Services**
  - Audiology
  - Vision Care (including eyewear every two years)
  - Hearing Aids
  - Occupational Therapy
  - Physical Therapy
  - Respiratory Therapy
  - Speech Therapy
- **Blood and Blood Derivatives**
- **Emergency Medicare Care**
  - Emergency services in an emergency room, or urgent care center are covered only in a Medicare emergency to the point that the member is medically stable
  - A Medicare screening examination/evaluation/triage by a physician to determine if a Medicare emergency exists is a covered Emergency Service
  - Follow-up care for an illness, injury or condition which required emergency treatment must be obtained from, or authorized by, the Primary Care Physician or the Plan Partner/
- **Emergency Hospitalization**
  - If a member is hospitalized as the result of an emergency is covered, however, Blue Shield Promise may elect to transfer the member to a Blue Shield Promise participating hospital as soon as it is medically appropriate in the opinion of the attending physician, in consultation with the member's Primary Care Physician and/or Blue Shield Promise Utilization Management staff. Emergency Medicare services and Medicare follow-up are not covered services if the member chooses to remain in a non-participating facility after Blue Shield Promise has notified the member that it intends to transfer the member to a participating provider facility and the member is medically stable for that transfer.
- **Emergency Medicare Transportation (Ambulance) Services**
  - Ambulance services are covered in the case of a Medicare emergency or when authorized by Blue Shield Promise.
- **Home Health Care Services**
  - Medically necessary home health services are covered subject to approval by Blue Shield Promise.
- **Hospice Care**
- **Hospital Inpatient Rehabilitation Services**
  - Hospital inpatient services primarily for the purpose of physical rehabilitation, whether provided in a specialized rehabilitation hospital or as part of a

rehabilitation program in an acute general hospital, are covered when medically indicated and subject to prior approval by Blue Shield Promise. These services are covered only if they are expected to result in the significant improvement of the member's condition within a reasonable time frame. Services provided in a special treatment facility other than a licensed hospital are not covered.

- **Interpreter Services**
- **Laboratory and Radiology**
- **Medicare Supplies, Durable Medicare Equipment and Prosthetic Devices**
  - **Medicare Supplies:**
    - Such as bandages, tape, and dressings, used in a physician's office, home or a health care facility which are prescribed by a physician and authorized by IPAs/Medicare groups or Blue Shield Promise Health Plan are covered when medically necessary. Common household items are not covered
  - **Prosthetic Devices**
    - Such as artificial limbs and eyes necessary for the restoration of function or replacement of body parts are covered for the initial purchase when the device is necessary as a result of injury, sickness, or a congenital anomaly. However, braces or other devices used primarily in athletic competition or recreational activities are not covered.
  - **Durable Medicare Equipment**
    - Such as crutches and wheelchairs are covered if prescribed by a physician and authorized by Blue Shield Promise
      - Covered equipment includes but is not limited to: Mechanical appliances for orthopedic use; oxygen and the rental of equipment for the administration of oxygen; crutches, canes and standard wheelchairs; mechanical equipment necessary for the treatment of chronic or acute respiratory failure. Air-conditioners, humidifiers, dehumidifiers and other personal comfort items are not covered.
      - Covered devices and equipment are limited to initial devices. However, replacement, repair or adjustment required because of a change in physical condition is covered. The selection of devices and equipment and the decision whether to purchase or rent will be made by the Primary Care Physician and Blue Shield Promise and subject to prior authorization. Equipment will be purchased or rented from a provider designated by Blue Shield Promise.
      - Inhaler spacer is covered when medically necessary for the management and treatment of pediatric asthma
- **Medicare Transportation, Non-Emergency**
  - Ambulance, litter van and wheelchair van Medicare transportation are covered when a member needs transportation to obtain medically necessary health care services, but a member's medical and physical condition is such that transportation by ordinary means of public or private vehicle is not medically advisable. Non-emergency Medicare transportation requires the prior approval of the Primary Care Physician and/or Blue Shield Promise.
- **Medications**
  - Prescription medications and some over-the-counter medications, as contained in the Blue Shield Promise Drug Formulary, which have been prescribed by a participating physician and obtained through a participating pharmacy, are

covered. Some outpatient prescription medications require the prior approval of Blue Shield Promise before dispensing.

- **Non-Physician Medicare Practitioner Services**
  - Are covered to the extent permitted by professional licensing statutes, State Department of Health Services.
- **Acupuncture and Acupressure**
- **Chiropractic services other than spinal manipulation for subluxation**
- **Out-of-Area Benefits**
  - If a member is outside of Blue Shield Promise Service Area and unable to obtain services from the Primary Care Physician, the member has coverage for transportation, physician, hospital and related services required in connection with medically necessary emergency or urgent care.
- **Rehabilitation Center Outpatient Services**
  - Inpatient and outpatient rehabilitation services including cardiac rehabilitation, physical, speech, audiology and occupational therapy, as medically necessary, in the judgment of a subject of the prior authorization from the member's Primary Care Physician and Blue Shield Promise's Medicare Director.
- **Major organ transplants (including kidney and corneal)**
  - Referrals for transplant evaluation are covered.
- **Testing for and Treatment of Sexually Transmitted Diseases and HIV**
- **Skilled Nursing Facility/ Intermediate Care Facility**
- **Health Education Services**

#### **Individual Assessment:**

It is a requirement that each member complete a process assessment of health behaviors and health education needs. The individual assessment is to be completed in conjunction with the initial physical health assessment and is part of the Initial Health Education/Cultural Linguistic Assessment.

The individual assessment is to be conducted according to established guidelines. These guidelines are specific to age and gender and are to be provided in Blue Shield Promise's Provider Manual, initial training, and the provider newsletter. Changes in guidelines are to be updated in the Provider Manual, provider agreements (when necessary) and the provider newsletter.

Office personnel will be available to assist the member in completing the form. The Primary Care Physician and/or an allied health professional will be responsible for the review of the individual health education behavioral assessment results and working with the member to develop an individual health education plan. Review of the health behavior assessment information will take place in the examination room by the physician or allied health professional along with other health assessment information collected from the physical health assessment and follow-up.

The completed assessment form and the results are to be maintained in the member's Medicare record.

The health education plan for each member will:

- Prioritize and address health needs;
- Identify desired outcomes and risk status; and
- Determine specific educational interventions, timeliness, and procedures for follow-up.

The individual values, beliefs, and cultural traditions of the member will be considered during this process through the review of the member's responses in the assessment; the ability of the

member to select a provider based on language preference, and the ability of the provider to obtain linguistically-appropriate health education materials and referrals with the help of Blue Shield Promise.

As appropriate and convenient for the member, the Primary Care Physician/allied personnel may refer the member to the provider organization's, the clinic's, or Blue Shield Promise's Health Education Department for further assistance.

Blue Shield Promise can assist Primary Care Physicians in flagging members for reassessment by producing a computer report from the eligibility/enrollment system prior to the anniversary date.

### **Exclusions and Limitations of Service**

Exclusions on covered services are stipulated by the Center for Medicare Services (CMS) through Medicare. Below is an overview of services excluded from CMS contract.

- Services not received from or prescribed, referred, or authorized by the Blue Shield Promise Primary Care Physician or participating specialist except in the case of emergency or urgent care, emergency or urgent care, HIV testing, the initial treatment of a sexually transmitted disease, or when specifically authorized in advance by a Primary Care Physician or Blue Shield Promise.
- Services not specifically included in the Combined Evidence of Coverage and Disclosure (Member Handbook) as covered services.
- Services rendered prior to beginning date as a member of Blue Shield Promise, or coverage on or after the date membership terminates.
- Hospital or Medicare services which are not medically necessary
- Dental Surgery, Treatment or Care (including such as for overbite or underbite, maxillary and osteotomies and temporomandibular joint syndrome except when medically necessary), or dental x-rays, supplies and appliances (including occlusal splints) and all associated expenses arising out of such dental surgery, treatment or care including hospitalizations.
  - Note: Dental screening within the scope of practice of a Primary Care Physician and hospital, physician, and dental services and supplies and anesthesiology services recommended by a participating physician and approved in writing in advance by the Plan Partner, necessary to safeguard the health of a member because of a specific non-dental physiological impairment are covered.
- Custodial care, domiciliary care, respite care or rest cures.
- Personal comfort and convenience items or services such as television, telephone, air conditioning, barber or beauty service, guest service and similar incidental services and supplies which are not medically necessary.
- Health services for cosmetic procedures including, but not limited to, pharmacological regimes, nutritional procedures or treatments, plastic surgery, and non-medically necessary reconstructive surgery.
- Adult day health care
- Healing by prayer or spiritual means
- Health services procedures intended primarily for the treatment of morbid obesity, including gastric bypasses, gastric balloons, stomach stapling, jejuna bypasses, wiring of the jaw, exercise programs and weight loss programs and health of a similar nature, unless medically necessary and approved by the Primary Care Physician and Blue Shield Promise.
- Services which are not benefits of the California Medicare Assistance (Medicare) Program
- Experimental services (will be evaluated in accordance with State Department of Health Services Medicare regulations)

- Investigational services are not covered, unless the conditions of Title 22, California Code of Regulations, Section 51303(h) are met, and prior authorization is received from Blue Shield Promise
- Health services for removal of an organ from a member for purposes of transplantation into another person who is not a member
- Health services for sex transformation operations and for reversal of voluntary sterilizations
- Travel or transportation expenses, except ambulance service and non-emergency Medicare transportation as specifically stated.
- Health services for military service-related disabilities for which the Member is legally entitled to services and for which facilities are reasonably available to the Member from the Veterans Administration
- Specialty mental health services (those outside the scope of practice of a Primary Care Physician)
- Alcohol and drug abuse treatment or rehabilitation services
- Physical, psychiatric, or psychological examinations or testing, or treatments not otherwise covered under the contract with the State Department of Health Services, when such services are for purposes of obtaining, maintaining or otherwise relating to career education, employment or insurance, marriage or adoption, or relating to judicial or administrative proceedings or orders, or which are conducted for purposes of Medicare research, or to obtain or maintain a license of any type.
- Health services otherwise covered when a member has refused to comply with or has terminated the scheduled service or treatment against the advice of a Participating Physician or other participating health care professional if the issue has been reviewed and upheld by Blue Shield Promise Quality Improvement Committee.
- Health services otherwise covered, but rendered after the date the individual coverage terminates, including Health Services for medical conditions arising prior to the termination date. However, if a member is hospitalized or undergoing treatment at the time of termination, Blue Shield Promise will continue to provide all covered services in accordance with generally accepted medical practices standards in effect at the time of the member's treatment until the member's discharge or until alternative coverage is obtained by CMS
- Inpatient pain management program or any pain management program in the absence of a diagnosed medical condition.

## REFERENCES

Duals Demonstration Assessment Tool