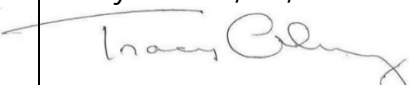
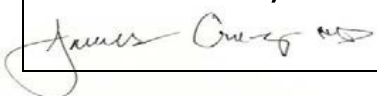


Policy Title: Covered and Non-Covered Services		POLICY #: 10.2.26	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 4/11	Effective Date 11/22	Revision Date 12/18, 3/22, 10/22, 2/23
VP Approval: Tracy Alvarez, VP, Medical Care Solutions 		Date of Approval: 2/17/2023	
Medical Services/P&T Committee: (If Applicable) PHP CMO 		Date of Committee Review: 2/9/2023	

A. PURPOSE:

To define the policy and procedure and provide guidance on how Blue Shield Promise Health Plan (BSCPHP) to define those medical services which are covered and excluded for Medi-Cal members by BSCPHP.

B. DEFINITIONS:

1. "Medically Necessary" include all covered services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to alleviate pain through the diagnosis or treatment of disease, illness, or injury.
 - a. Medical necessity of covered services for Medi-Cal beneficiary under the age 21 is expanded to include the standards set forth in 22 CCR 51340 and 51340.1.

C. POLICY

- I. BSCPHP shall provide or arrange for members all medically necessary covered services. Covered services are those set forth in Title 22, CCR Chapter 3, Article 4, beginning with Section 51301, and Title 17, CCR, Division 1, Chapter 4, Subchapter 13, beginning with Section 6840, unless otherwise excluded. BSCPHP shall ensure that the covered services and other services are provided to a member in an amount no less than what is required to beneficiaries under the Medi-Cal Fee-For-Service Program.
- II. BSCPHP may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because the diagnosis, type of illness, or condition. BSCPHP may place appropriate limits on a service based on criteria such as medical necessity, or for utilization control, provided the services furnished can reasonably be expected to achieve purpose.
- III. BSCPHP will provide, or arrange for, health care services to its members, including health education and emergency and urgent care services.

D. PROCEDURES:

I. Covered Medical Services

Members are covered for medical services that are medically necessary and stipulated by the Department of Health Care Services (DHCS) through Medi-Cal. These Covered Services are available and accessible to all Members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, and that all Covered Services are provided in a culturally and linguistically appropriate manner. Below is an overview of these services.

- a. AIDS Vaccines
 - i. That are approved for marketing by FDA and is recommended by the United States Public Health Service
- b. Ancillary Health Professional Services
 - i. Audiology
 - ii. Vision Care (including eyewear every two years)
 - iii. Hearing aids
- c. Blood and Blood Derivatives
- d. Cancer Screening
 - i. BSCPHP follows the standards established by the United States Preventative Services Task Force. In addition, annual Cervical Cancer Screening includes the conventional Pap Test, a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the FDA, upon the referral of the Patient's health care provider.
 - ii. Cancer biomarker testing for members with advanced or metastatic stage 3 or 4 cancer.
 - iii. Cancer biomarker testing for cancer progression or recurrence in members with advanced or metastatic stage 3 or 4 cancer.
- e. Care of newborn child
 - i. Inpatient services are covered for the child under the mother's eligibility during the month of birth and the month following birth.
- f. Emergency Hospitalization
 - i. If a member is hospitalized as the result of an emergency is covered, however, BSCPHP may elect to transfer the member to a BSCPHP 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 BSCPHP Utilization Management staff. Emergency medical services and medical follow-up services rendered by non-participating providers or in nonparticipating facilities are not covered services if the member chooses to remain in a nonparticipating facility after BSCPHP 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.

- g. Emergency Medical Care
 - i. Emergency services in an emergency room, or urgent care center are covered only in a medical emergency to the point that the member is medically stable
 - ii. A medical screening examination/evaluation/triage by a physician to determine if a medical emergency exists is covered Emergency Service.
 - iii. 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
- h. Emergency Medical Transportation (Ambulance) Services
 - i. Ambulance services are covered in the case of a medical emergency or when authorized by BSCPHP .
- i. Eye and ear examinations
 - i. 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.
- j. Family Planning Services
 - i. Members can access family planning services through any family planning provider, including out-of-plan family planning providers without prior authorization.
 - ii. Members are advised of their options for all contraceptive methods to allow them to provide informed consent for their choice of contraceptive method, including sterilization, as required by 22 CCR sections 51305.1 and 51305.3.
- k. Health Education Services
 - i. Health promotion and education programs
- l. Hemodialysis Services (in and out of area)
- m. HIV - Diseases and Testing
 - i. BSCPHP will comply with Health and Safety Code Regulation, Section 1367.45, which requires that health care service plans and health insurers that covers hospital, medical, or surgery expenses shall provide human immunodeficiency virus (HIV) testing, regardless of whether the testing is related to a primary diagnosis.
- n. Home Health Care Services
 - i. Medically necessary home health services are covered subject to approval by BSCPHP .
- o. Hospice and Palliative Care
- p. Hospital Inpatient Services

- i. Hospital inpatient services and covered when medically indicated, subject to the approval of the Primary Care Physician and BSCPHP.
- q. Hospital Inpatient Rehabilitation Services
 - i. 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 BSCPHP .
 - ii. 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.
- r. Hospital Outpatient Department and Organized Outpatient Clinical Services
 - i. Hospital outpatient department and organized outpatient clinic services are covered when medically indicated and subject to the approval of the Primary Care Physician and BSCPHP, except in the case of emergency services.
- s. Hospital Services
 - i. Services for prenatal care, delivery, and antepartum and postpartum care of the mother including conditions resulting from pregnancy and complications thereof.
- t. Indian Health Service Programs (IHS)
 - i. Qualified Members have timely access to IHS Providers within its Network, where available, as required by 42 USC section 1396j.
 - ii. IHS Providers, whether in the Network or out-of-Network, can provide referrals directly to Network Providers without requiring a referral from a Network PCP or Prior Authorization in accordance with 42 CFR section 438.14(b).
 - iii. BSCPHP will also allow for access to an out-of Network IHS Provider without requiring a referral from a Network PCP or prior authorization in accordance with 42 CFR section 438.14(b).
- u. Interpreter Services
- v. Initial Comprehensive Health Assessment as per Quality Improvement Policies 70.1.1.14 and 70.1.1.24
- w. Laboratory and Radiology
- x. Long Term Services and Supports to include Community Based Adult Services (CBAS), In-Home Supports and Services (IHSS) and Multi-Service Senior Program (MSSP)
- y. Major Organ Transplant (10.2.9)
- z. Medical Supplies, Durable Medical Equipment and Prosthetic Devices
 - i. Medical 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/medical groups or BSCPHP are covered when medically necessary. Common household items are not covered.

- ii. 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 competitions or recreational activities are not covered.
 - iii. Durable Medical Equipment - Such as crutches and wheelchairs are covered if prescribed by a physician and authorized by BSCPHP .
 - iv. 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.
 - v. Covered devices and equipment are limited to initial devices. However, replacement, repair or adjustment required because of 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 BSCPHP and subject to prior authorization. Equipment will be purchased or rented from a provider designated by BSCPHP. Inhaler spacer is covered when medically necessary for the management and treatment of pediatric asthma.
- aa. Medications
- i. Prescription medications and some over-the-counter medications, as contained in the BSCPHP 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 BSCPHP before dispensing.
 - ii. Injectables prescribed by participating physician as stated in Pharmacy Policy 70.11.3.5
- bb. Moral Objects. In the event that a Network Provider, Subcontractor, or Downstream Subcontractor has religious or ethical objections to perform or otherwise support the provision of Covered Services, BSCPHP will arrange for, coordinate, and ensure the Member receives the Covered Services in a timely manner through a Provider with no moral objections.
- cc. Non-Emergency Medical Transportation (NEMT)/Non-Medical Transportation (NMT)
- i. NEMT services are a covered Medi-Cal benefit when they are prescribed in writing by a physician, dentist, podiatrist, mental health provider, substance use disorder provider, or a physician extender, for the purposes of enabling a member to obtain medically necessary covered services or pharmacy prescriptions authorized by Medi-Cal Rx
 - ii. NMT services are covered for members to obtain covered Medi-Cal services under the MCP Contract, subject to utilization controls and permissible time or distance standards. Additionally, federal law allows for

- DHCS to require MCPs to cover transportation-related travel expenses as set forth in 42 CFR section 440.170(a)(1) and (3), and the MCP Contract.
- dd. Non-Physician Medical Practitioner Services
 - i. Are covered to the extent permitted by professional licensing statutes, State Department of Health Services
 - ee. Nurse Mid Wife Services
 - i. BSCPHP will ensure that its Members have access to CNM services as required by 42 USC section 1396d(a)(17) and 22 CCR section 51345.
 - ii. BSCPHP will ensure its Members have access to Certified Nurse Practitioner (CNP) services as required in 22 CCR section 51345.1.
 - iii. BSCPHP will inform its Members that they have a right to obtain out-of-Network CNM services if CNM services are not available in- Network.
 - ff. Out-of-Area Benefits
 - i. If a member is outside of BSCPHP 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.
 - gg. Outpatient Physician Services
 - i. Services including routine prenatal care, antepartum and postpartum care, and care for conditions resulting from pregnancy or resulting from childbirth and any complications.
 - hh. Pediatric (not covered by Vaccines for Children – VFC) and adult immunizations
 - ii. Periodic Health Examinations
 - i. An initial health assessment will be provided within 120 days of enrollment
 - jj. Physician
 - i. Physician visits and examinations and surgical procedures
 - ii. Physician services provided in a physician’s office, including preventive medical care such as well-baby care, immunizations, physical examinations, and voluntary family planning.
 - iii. Specialty Physician Services
 - iv. Allergist Services
 - v. Provided under the direction of a physician by an appropriate health care provider as medically necessary
 - vi. Hospital or skilled nursing facility
 - vii. Physician visits and examinations during a stay
 - viii. Voluntary sterilization services
 - ix. Subject to the conditions set forth in Medi-Cal regulations
 - x. Podiatry Services
 - xi. Pregnancy and Maternity Services
 - kk. Physician Services in a Hospital
 - i. Medically necessary inpatient care of the mother and newborn. Physician services for the care of the newborn child are covered for the month of delivery and the month following delivery, by which time the newborn should have received an eligibility determination apart from the mother.

- ll. Prenatal Diagnostic Procedures
 - i. Covered in cases of high-risk pregnancy
- mm. Preventive Care Services
 - i. BSCPHP provides comprehensive wellness and prevention programs to all Members and in accordance with DHCS guidance.
 - ii. BSCPHP provides wellness and prevention programs that meet NCQA Population Health Management (PHM) standards, including for the provision of evidence-based self-management tools;
 - iii. BSCPHP ensure that the wellness and prevention programs align with the DHCS Comprehensive Quality Strategy;
 - iv. BSCPHP provides wellness and prevention programs in a manner specified by DHCS, and in collaboration with Local Government Agencies (LGAs) as appropriate, that include the following, at a minimum:
 - 1. Members can access Local Health Department (LDH) Clinics for immunizations regardless of whether the LHD is in BSCPHP Network or not , without a prior authorization.
 - 2. Identification of specific, proactive wellness initiatives and programs that address Member needs as identified in the PNA;
 - 3. Evidence-based disease management programs including, but not limited to, programs for diabetes, asthma, and obesity that incorporate health education interventions, target members for engagement and seek to close care gaps for Members participating in these programs;
 - 4. Initiatives, programs, and evidence-based approaches to improving access to preventative health visits, developmental screenings, and services for Members less than 21 years of age
 - 5. Initiatives, programs, and evidence-based approaches on improving pregnancy outcomes for women, including through 12 months post-partum;
 - 6. Initiatives, programs, and evidence-based approaches on ensuring adults have access to preventive care, in compliance with all applicable state and federal laws;
 - 7. A process for monitoring the provision of wellness and preventive services by PCPs as part of BSCPHP process;
 - 8. Health education materials, in a manner that meets Members' health education and cultural and linguistic needs; and
 - 9. Initiatives and programs that implement evidence-based best practices that are aimed at helping Members set and achieve wellness goals.
- nn. Rehabilitation Inpatient and Outpatient
 - i. 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 BSCPHP Medical Director
- oo. Skilled Nursing Facility/Intermediate Care Facility/Long Term Care

- pp. Testing for and Treatment of Sexually Transmitted
- qq. Therapy
 - i. Physical
 - ii. Respiratory
 - iii. Speech
- rr. Voluntary family planning services
- ss. Voluntary sterilization services (including vasectomy and tubal ligation)
- tt. Voluntary termination of pregnancy (abortion)
 - i. Usually covered as an outpatient service
- uu. Well-Child Care
 - i. Screening, preventive and Medically Necessary diagnostic, and treatment services for Members under 21 years of age including services listed under 42 USC Section 1396d(r), and Welfare and Institutions Code, Section 14132 (v), unless otherwise excluded under this Contract.
- vv. Wellness Services
 - i. Services which are covered as part of prenatal and postpartum care include health education and nutritional services.

II. Exclusions and Limitations of services

Exclusions on covered services are stipulated by DHCS through Medi-Cal. Below is an overview of services excluded from SDHS contract.

- a. Acupuncture for treatment other than the prevention, modification or alleviation of severe, persistent chronic pain resulting from a generally recognized medical condition, and Acupressure
- b. Alcohol and drug abuse treatment or rehabilitation services other than when a member meets Voluntary Inpatient Detox (VID) criteria
- c. Chiropractic services other than when provided at a Federally Qualified Healthcare Center or for spinal manipulation for subluxation
- d. 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
 - i. Note: Dental screening within the scope of practice of a Primary Care Physician and hospital, physician, and dental services and supplies and anesthesiology
 - ii. 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.
- e. Experimental services (will be evaluated in accordance with DHCS Medi-Cal regulations)
- f. Healing by prayer or spiritual means

- g. Health services for cosmetic procedures including, but not limited to, pharmacological regimes, nutritional procedures or treatments, plastic surgery, and non-medically necessary reconstructive surgery.
- h. Health services for infertility services and treatment, including in vitro fertilization, gamete intrafallopian transfer (GIFT), embryo transport, and donor semen, and non-medically necessary amniocentesis.
- i. 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.
- j. 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 BSCPHP Quality Improvement Committee.
- k. Health services are 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, BSCPHP will continue to provide all covered services in accordance with generally accepted medical practice standards in effect at the time of the member's treatment until the member's discharge or until alternative coverage is obtained by the Department of Health Care Services.
- l. Hospital or medical services which are not medically necessary.
- m. Investigation 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 BSCPHP.
- n. 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.
- o. Physical, psychiatric, or psychological examinations or testing, or treatments not otherwise covered under the contract with DHCS, 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 medical research, or to obtain or maintain a license of any type.
- p. Reversal of voluntary sterilizations
- q. Services not specifically included in the Combined Evidence of Coverage and Disclosure (Member Handbook) as covered services.
- r. Services not received from or prescribed, referred, or authorized by the BSCPHP Primary Care Physician or participating specialist except in the case of emergency or urgent care, emergency, or urgent care when outside of service area, for family planning services, HIV testing, the initial treatment of a sexually transmitted disease, or when specifically authorized in advance by a Primary Care Physician or BSCPHP.
- s. Services rendered prior to beginning date as a member of BSCPHP, or coverage on or after the date membership terminates.
- t. Services which are not Medi-Cal benefits



- u. Specialty mental health services (those outside the scope of practice of a Primary Care Physician).

E. MONITORING: N/A

F. REPORTING: N/A

G. REFERENCES & ATTACHMENTS:

1. Title 22 CCR §51340 and §51340.1
2. Title 22 CCR Chapter 3, Article 4, §51301
3. Title 17 CCR Division 1 Chapter 4 Subchapter 13 §6840
4. 42 U.S.C. §1396a(a)(70), 42 CFR §440.170,
5. Welfare and Institutions Code §14131.10 and §14132
6. Penal Code §422.56
7. Major Organ Transplant Policy and Procedures (10.2.9)
8. Non-Emergent Non-Medical Transportation Policy and Procedures (70.2.100)
9. Quality Improvement Policies 70.1.1.14 and 70.1.1.24
10. APL 22-010 Cancer Biomarker Testing
11. APL 22-008 Non-Emergency Medical and Non-Medical Transportation
12. 22 California Code of Regulations (CCR) §51323, §51231.1, and §51231.2.5

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
2/2023	Updated Regulatory Requirements DHCS	