



October 16, 2026

Subject: Notification of January 2027 updates to the *Blue Shield of California*
HMO Benefit Guidelines Manual

Dear Provider:

Blue Shield of California (Blue Shield) is revising the *HMO Benefit Guidelines Manual* ("Manual"). The changes in each *Manual* listed below are effective January 1, 2027.

On that date, you may search and download the revised *Manual* on Provider Connection at www.blueshieldca.com/provider in the *Provider Manuals* section under *Guidelines & resources*.

You may also request a PDF version of the revised *HMO Benefit Guidelines Manual* to be emailed to you once it is published by emailing providermanuals@blueshieldca.com.

The *HMO Benefit Guidelines Manual* is included by reference in the agreement between Blue Shield of California and those IPAs and medical groups contracted with Blue Shield. If a conflict arises between the *HMO Benefit Guidelines Manual* 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 2027 version of this *Manual*, please contact your Blue Shield Provider Relations Representative.

Sincerely,

A handwritten signature in black ink that reads "Kimberli Robinson".

Kimberli Robinson
Vice President, Network Operations

blueshieldca.com

Diabetes Care

Updated Benefit Exclusions for Routine Foot Care to include items and services that are not medically necessary, including: callus treatment; corn paring or excision; toenail trimming; over-the-counter shoe inserts or arch supports; or any type of massage procedure on the foot.

Gynecological Examinations

Updated the Blue Shield Medical Policy name that providers should use when determining criteria for BRCA mutation testing for breast and ovarian cancer susceptibility to *Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA1, BRCA2, PALB2)*.

Hospital Services - Inpatient

Updated the following Benefit Exclusion in boldface type below:

- Hospitalization or confinement in a health facility primarily for rest, custodial, maintenance, domiciliary care, or for personal **or** comfort (e.g., **TV, computer set up, phone charger, etc.**).

Added "hospital-at-home" programs to Benefit Exclusions.

Infertility – Additional Benefits

Updated the Benefit Coverage section with levels of coverage described below per Senate Bill 729 and All Plan Letter 25-021:

- 1) Base Assisted Reproductive Technology (ART) Benefit through SB 729 and APL 25-021. ART Services are provided for Large Group Health Plans through medical benefits. It is important to verify the members' coverage and available ART benefits prior to authorizing or providing ART services.
- 2) ART Services are provided for Small Group Health Plans through a separately purchased benefit rider, and the coverage is only provided to members of the small group health plan if the members employer purchases the ART benefit rider. It is important to verify the members' available infertility benefits prior to authorizing or providing ART services.

Updated Examples of Covered services and Benefit Exclusions per SB 729/APL 25-021.

Infertility – California Public Employees' Retirement System (CalPERS)

Updated Benefit Coverage for injectable medications to treat infertility as follows: When a member is approved for a home self-administered injectable medication, the member can obtain it from a Blue Shield participating pharmacy and will pay the medication's applicable tier cost share.

Infertility – San Francisco Health Service System (SFHSS)

Added the following to Covered Services: Oocyte (egg) retrievals and unlimited embryo transfers

Deleted the following Covered Service in strikethrough font below:

- Cryopreservation of embryos, oocytes, ovarian tissue, or sperm retrieved from the subscriber, spouse, or domestic partner. ~~Includes one year of storage.~~

Mental Health or Substance Use Disorders

Updated to align with *Evidence of Coverage*: Psychological testing no longer requires prior authorization and benefits do not include treatment not supported by current generally accepted standards of mental health and substance use disorder care.