



601 12th Street
Oakland, CA 94607

April 23, 2025

Subject: Notification of July 2025 Updates to the Blue Shield *Independent Physician and Provider Manual*

Dear Provider:

Blue Shield is revising the *Independent Physician and Provider Manual* (Manual). The changes in each provider manual section listed below are effective July 1, 2025.

On that date, you can 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 *Independent Physician and Provider Manual* be emailed to you once it is published, by emailing providermanuals@blueshieldca.com.

The *Independent Physician and Provider Manual* is included by reference in the agreement between Blue Shield of California (Blue Shield) and those physicians and other healthcare professionals who are contracted with Blue Shield. If a conflict arises between the *Independent Physician and Provider Manual* and the agreement held by the individual and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the July 2025 version of this Manual, please contact Blue Shield Provider Information & Enrollment at (800) 258-3091.

Sincerely,

A handwritten signature in black ink, appearing to read "Aliza Arjoyan", followed by a horizontal line.

Aliza Arjoyan
Senior Vice President
Provider Partnerships and Network Management

**Updates to the July 2025
Independent Physician and Provider Manual**

Section 1: Introduction

Member Grievance Process

Added the following language regarding the use of the AOR form to submit an appeal or grievance on the member's behalf:

The Appointment of Representative (AOR) form is a Blue Shield branded privacy form that allows members to appoint a representative to act on their behalf through the appeals and grievance process. This includes providers, brokers, non-members, and parents of a minor appealing confidential information. This form, or an equivalent, will need to be submitted prior to the requestor being able to submit an appeal or grievance on behalf of the member. A copy of the AOR form can be found on Provider Connection at www.blueshieldca.com/provider under *Guidelines & resources, Forms*, then *Patient care forms*.

Section 2: Provider Responsibilities

Credentialing and Recredentialing

Credentialing Application and Supporting Documentation

Deleted and *replaced* with the following language to comply with NCQA standards:

Practitioners are required to submit a completed approved application (e.g., California Participating Practitioner Application (CPPA)) appropriate to their specialty, with the following supporting documentation:

1. A copy of a current and valid medical or professional state licensure, certification, or registration, including a Physician's Certificate of Registration while practicing medicine within the constraints of Section 2113 of the California Business and Professions Code.
2. A copy of a valid Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificate with a California address, if applicable. If the applicant has not been granted a DEA, is in the process of obtaining a DEA with a California address or in the process of renewal, the applicant will need to provide written documentation allowing another practitioner with a valid DEA certificate to write all prescriptions requiring the covering practitioner name and a DEA number for the prescribing practitioner until applicant has a valid DEA certificate.
3. A copy of a current and valid Conscious Sedation, Oral Sedation, and/or General Anesthesia Permit, if applicable.
4. Documentation of education and training completed.
5. Board Certification, if applicable.
6. A current curriculum vitae (CV) or documentation of work history for the previous 5 years with written explanation of any discrepancy or gaps greater than six months.
7. A copy of an Educational Commission for Foreign Medical Graduates (ECFMG), if applicable.
8. Written explanation of any occurrences in the last five (5) years: sanction activity, felony convictions, malpractice judgments or settlements exceeding \$300,000, pending malpractice lawsuits, loss of license or limitations of privileges or disciplinary actions, and pending civil, regulatory, and criminal investigations.

9. A copy of a current malpractice liability insurance certificate in the minimum amounts required for the practitioner's respective specialty. Current malpractice insurance with minimum amounts of \$1 million per occurrence and \$3 million aggregate (\$1 million per occurrence and \$2 million aggregate for optometrists and audiologists or \$1 million per occurrence and \$1 million aggregate for behavioral analysts). For practitioners with federal tort coverage, a copy of the federal tort letter is required.
10. Reasons for inability to perform essential functions of the position for which they are submitting the application for participation.
11. Documentation of lack of present illegal drug use.
12. Current hospital privilege information, if applicable, or documentation of coverage arrangements (e.g., Hospitalist programs).
 - a. Hospital privilege information is not required for practitioners practicing in a specialty that typically does not require admitting privileges (e.g. Allergy & Immunology, Dermatology, Pathology, Radiology, Radiation Oncology, Psychology, Optometry, Dental Surgery, Physical Therapy, Audiology, Chiropractic, Acupuncture, etc.) and in counties where Blue Shield has not established a comprehensive hospital network.
 - b. For directly contracted practitioners and practitioners from those IPAs that have a shared-risk contract with Blue Shield, the Credentials Committee may, at its discretion, approve credentialing for practitioners who do not have admitting privileges at hospitals in the Blue Shield network.
13. National Provider Identifier (NPI) Number.
14. Requirements applicable to Non-Physician Medical Practitioners (NPMP):
 - a. Certified Nurse Midwives (CNM) must be board-certified.
 - b. NPMPs such as Physician Assistants (PA), Nurse Practitioners (NP), clinical nurse specialists (CNS) and Nurse Midwives (NMW), must include a delegation of service agreement or supervising practitioner agreement with a Blue Shield network practitioner.
 - i. **Exception:** Certified Nurse Midwives (CNM), and Nurse Practitioners that obtain license designation of 103NP or 104NP are exempted from this requirement.
 - c. Board Certified Assistant Behavioral Analysts must be board-certified and must include a delegation of service agreement or supervising practitioner agreement completed and signed by a Behavior Analyst Certification Board (BACB) certified supervising physician.
15. Current and signed attestation confirming the correctness and completeness of the application.

Medical Record Review

Added the following section under the Sensitive Health Information section to comply with AB 2843:

Sensitive Services

"Sensitive services" are health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, intimate partner violence, and rape or sexual assault.

Claims submitted for services related to rape and/or sexual assault are excluded from any cost sharing (pursuant to AB 2843). Blue Shield is prohibited from requiring that a police report be filed, for charges to be brought against the assailant, or for an assailant to be convicted; to provide the covered services.

Section 3: Medical Care Solutions

Utilization Management Criteria and Guidelines

Updated the following resources in boldface type to comply with SB 855:

- Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder; Council on Autism Providers (CASP) **as documented in the Blue Shield Medical Policy**
- Psychological and Neuropsychological Testing Billing and Coding Guide; American Psychological Association **as documented in the Blue Shield Medical Policy**

Section 5: Blue Shield Benefit Plans and Programs

Blue Shield Mental Health Service Administrator (MHSA) Covered Services for Commercial Fully-Insured Plan Members

Updated the following language in boldface type explaining practice guidelines for covered services:

The Blue Shield MHSA will utilize ASAM, LOCUS, CALOCUS, ECSII, **Council of Autism Service Providers ABA Therapy guidelines, American Psychological Association’s Neuropsychological Testing guidelines, Canadian Network of Mood and Anxiety Treatment for TMS guidelines, American Psychiatric Association’s ECT guidelines, and WPATH guidelines for the treatment of gender dysphoria.** Additional mental health and substance use disorder guidelines may be added as they become available from non-profit professional associations in accordance with California law.

Care Management

Maternity Management

Updated the following language to comply with AB 1936:

Screening for maternal mental health-related conditions is required during pregnancy with at least one additional screening during the first six weeks of the postpartum period. Additional postpartum screenings are strongly encouraged if determined to be medically necessary and clinically appropriate in the judgment of the treating provider. Blue Shield providers may connect a member to appropriate maternal mental health resources through accessing multiple pathways based on member’s needs. These include connecting directly to Maven, through Blue Shield Care Management, referring to behavioral health providers through the Blue Shield MHSA, or providers through the Blue Shield of California provider network. Physician referrals are an important component of Blue Shield’s Care Management Programs and may allow for identification of a member more quickly.

Appendices

Removed Appendix 2-B. Blue Shield Home Care Referral Form and Appendix 2-D. Palliative Care Patient Eligibility Screening Tool from the manual. These forms can be found on Provider Connection at www.blueshieldca.com/provider under *Guidelines & resources, Forms, then Patient care forms.*