



601 12th Street
Oakland, CA 94607

October 17, 2025

Subject: Notification of January 2026 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 January 1, 2026.

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 the *Guidelines & resources* tab.

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 January 2026 version of this Manual, please contact Blue Shield Provider Information & Enrollment at (800) 258-3091.

Sincerely,

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

Kimberli Robinson
Vice President, Network Operations

blueshieldca.com

**Updates to the January 2026
Independent Physician and Provider Manual**

Beginning January 1, 2026, Blue Shield will administer all behavioral health services (mental health and substance use disorder services) that were previously administered by Magellan Health, Inc. **Updates** were made throughout this manual for behavioral health services administration. Additional information will be provided prior to January 1, 2026 via Blue Shield provider education and communications.

Section 1: Introduction

Member Grievance Process

Updated to delineate Commercial vs Medicare Advantage member grievance processes.
Added language that the Potential Quality Issue (PQI) Referral Form can be found on Blue Shield's provider portal at www.blueshieldca.com/provider in the *Find forms* section at the bottom of the page, then *Reporting forms*.

Section 2: Provider Responsibilities

General Blue Shield Agreement Terms and Conditions

Changed limits on PCP in-person practice locations from 7 to 6 and specialty practice locations from 11 to 10.

Provider Certification

Removed email address BSCProviderInfo@blueshieldca.com as a place to send forms to establish record with Blue Shield for billing and claims purposes. Forms can either be faxed to (916) 350-8860 or mailed to Provider Information and Enrollment, P. O. Box 272854, Chico, CA 95927-2854.

Medical Record Review

Sensitive Health Information

Updated the term "transgender services" to "gender-affirming care" pursuant to AB 352.

Sensitive Services

Clarified that claims submitted for services related to rape and/or sexual assault are excluded from any cost sharing or patient liability pursuant to AB 2843.

Service Accessibility Standards for Commercial and Medicare

Deleted and **replaced** the following standards:

CATEGORY	STANDARD
Preventive Care Appointments	Within 10 business days
Regular and routine care PCP	Within 10 business days Within 30 calendar days (Medicare only)

Geographic Distribution

Added the following standard:

CATEGORY	STANDARD	COMPLIANCE STANDARD
Home Health Agency	Urban: 1 within 15 miles of each member Suburban: 1 within 20 miles of each member Rural: 1 within 30 miles of each member	Urban: 90% Suburban: 85% Rural: 75%

Provider Availability Standards for Medicare Advantage Products

Deleted the Facility Time and Distance Requirements, Provider Time and Distance Requirements, and Provider Minimum Number Requirements tables and **replaced** with the following language:

Please navigate to www.cms.gov/medicare/health-drug-plans/medicare-advantage-application to view CMS requirements.

Language Assistance for Persons with Limited English Proficiency

Renamed section to **Cultural and Linguistic Program Overview** to align with program name and **deleted** and **replaced** entire section to improve clarity and conciseness.

Section 3: Medical Care Solutions

Changed section name to Medical Care Solutions/Behavioral Health Services.

Prior Authorization

Added language regarding prior authorization online solution, as follows:

Providers have the option to complete, submit, attach documentation, track status, and receive determinations for prior authorizations through the Availity Essentials portal. Registered Availity users may access Availity directly at www.availity.com/authorizations.

Prior Authorization Response Times

Added the following response times for Medicare prior authorizations:

Medical Services (Medicare)

Non-urgent: Within seven (7) business days after receipt of request if all the necessary information is received at the time of the request.

Urgent: Within 72 hours after receipt of request if "urgent" criteria definition is met.

Prior Authorization List for Network Providers

Updated/added authorization request information for the following services:

TYPE OF SERVICE / PROCEDURE	PPO AND DIRECT CONTRACT HMO
Mental Health and substance use disorder	Effective January 1, 2026, authorization requests for mental health and substance use disorder treatment, including BHT/ABA, will be managed by Blue Shield. To request prior authorization, contact Blue Shield Behavioral Health Solutions at (800) 541-6652 or submit online by going to www.blueshieldca.com/provider under <i>Authorizations, Authorization tools</i> , then <i>Request a medical authorization</i> .
Oncology Drugs FDA-approved oncology drugs provided as part of a medical service and administered in the physician office, outpatient facility, or ambulatory infusion center are managed by Evolent.	Prior authorization required for Commercial and IFP PPO, group Medicare PPO, Administrative Services Only (ASO) and Shared Advantage PPO, HMO with Blue Shield directly contracted PCP, and Trio HMO with a virtual PCP.
Oncology Drugs (cont'd.) A complete list of medications and their authorization	Submit oncology drug authorization requests online at www.evolent.com/provider-portal .

TYPE OF SERVICE / PROCEDURE	PPO AND DIRECT CONTRACT HMO
<p>requirements for coverage in the medical benefit can be found on Provider Connection at www.blueshieldca.com/provider under Authorizations, Clinical policies & guidelines, then Medication policy.</p>	<p>Providers to select CarePro or contact Evolent at (888) 999-7713. Providers to select Option 2 for medical oncology.</p>
<p>Oncology – Radiation Therapy</p> <p>The following radiation therapy procedures are managed by Evolent in the office/outpatient setting:</p> <ul style="list-style-type: none"> • Brachytherapy • Conformal • IMRT • IGRT • Stereotactic Radiation • Proton and Neutron Beam Therapy 	<p>Prior authorization required for Commercial and IFP PPO, group Medicare PPO, Administrative Services Only (ASO) and Shared Advantage PPO, HMO with Blue Shield directly contracted PCP, and Trio HMO with a virtual PCP.</p> <p>Submit radiation therapy authorization requests online at www.evolent.com/provider-portal. Providers to select CarePro or contact Evolent at (888) 999-7713. Providers to select Option 3 for radiation oncology.</p>
<p>Radiology</p> <p>Radiology services for a given geographic area may be directed to specific providers. The process may differ depending upon the network structure in an individual geographic area or for procedures managed by Evolent.</p> <p>The following radiologic procedures are managed by Evolent:</p> <ul style="list-style-type: none"> • CT, All Examinations • MRI/MRA, All Examinations • Nuclear Cardiology Imaging • PET (Positron Emission Tomography) <p>Select radiology services provided to members in HMO and Blue Shield Medicare Advantage plans continue to be reviewed by Blue Shield Medical Care Solutions. Prior authorization may be required.</p>	<p>Prior authorization is required for Commercial and IFP PPO, group Medicare PPO, certain Administrative Services Only (ASO) and Shared Advantage PPO, HMO with Blue Shield directly contracted PCP, and Trio HMO with a virtual PCP.</p> <p>Submit authorization requests online at www.evolent.com/provider-portal. Providers to select RadMD or contact Evolent at (888) 642-2583.</p>
<p>Spine surgery and pain management</p> <p>Spine surgery and pain management services for a given geographic area may be directed to specific providers. The process may differ depending upon the network structure in an individual geographic area or for procedures managed by Evolent.</p> <p>The following spine surgery and pain management procedures are managed by Evolent:</p> <ul style="list-style-type: none"> • Lumbar and cervical spine surgeries • Epidurals, joint blocks, and joint injections <p>Select spine surgery and pain management services provided to members in HMO and Blue Shield Medicare Advantage plans continue to be reviewed by Blue Shield Medical Care Solutions. Prior authorization may be required.</p>	<p>Prior authorization is required for Commercial and IFP PPO, group Medicare PPO, certain Administrative Services Only (ASO) and Shared Advantage PPO, HMO with Blue Shield directly contracted PCP, and Trio HMO with a virtual PCP.</p> <p>Submit authorization requests online at www.evolent.com/provider-portal. Providers to select RadMD or contact Evolent at (888) 642-2583.</p>

Section 4: Billing and Payment

Provider Payment

Blue Shield Provider Allowances

Added language in boldface type to align the Blue Shield medical drug cost plus strategy with that of the pharmacy drug benefit cost plus strategy, as follows:

With the exception of new and deleted codes and drug and immunization allowances, Blue Shield Provider Allowances are reviewed no more often than annually. New and deleted codes are reviewed quarterly as new CPT-4 and HCPCS Level II Codes are added or existing codes change, per the American Medical Association. Blue Shield Provider Allowances for drugs and immunizations reimbursed using Average Sales Price (ASP) , **Wholesale Acquisition Cost (WAC)** or Average Wholesale Price (AWP) methodologies are also reviewed quarterly.

- The majority of J Code allowances are determined using an Average Sales Price (ASP) plus reimbursement methodology, which promotes the use of value-based, cost-effective therapies by paying a greater percentage above ASP for generic therapies, biosimilars, multi-source therapies, and therapies preferred by Blue Shield as compared to single-source branded therapies. Allowances are reviewed quarterly using drug pricing data submitted to CMS by drug manufacturers and may be adjusted without notification to reflect changes in ASP. CMS published ASP pricing will continue to apply unless CMS discontinues the HCPCS code. This reimbursement approach provides a reasonable margin over the acquisition cost for the drugs. Allowances for drugs without a published ASP or billed using an "unclassified" HCPCS Code (such as J3490 or J9999), will be based on **a Wholesale Acquisition Cost (WAC)**, or Average Wholesale Price (AWP) less methodology, which are also reviewed quarterly.
- Immunization allowances are AWP-based, unless specified as ASP or **WAC**.

Special Billing Situations

Genetic and Molecular Testing

Deleted and **replaced** the section with the following:

Please refer to the Genetic and Molecular Testing Payment Policy on Provider Connection at www.blueshieldca.com/en/provider under *Claims, Policies and Guidelines*, then *Payment Policies and Rules*. Blue Shield Payment Policies are updated periodically to reflect the addition of newly released, revised, or deleted codes without notification.

Provider Dispute Resolution

Unfair Payment Patterns

Updated the following bullet points describing unjust payment patterns, in strikethrough and boldface type pursuant to AB 3275:

- Failing to allow providers ~~30 working calendar~~ days, at least 95% of the time over the course of any three-month period, of their right to dispute a request to recover an overpayment.
- Failing to process PPO and POS II, III clean claims within ~~30 working~~ **30 calendar** days or HMO and POS I claims within ~~45 working~~ **30 calendar** days at least 95% of the time over the course of any three-month period.

Section 5: Blue Shield Benefit Plans and Programs

Medicare Part D

Medication Therapy Management Program (MTMP)

Added additional criteria that would allow a member to qualify for the MTMP, as follows:

2. Are determined to be an at-risk beneficiary (ARB), as defined by 42 CFR § 423.100, due to utilization of opioid and potentially benzodiazepine medications.

Blue Shield Medicare Advantage PPO Plans

Added the following language:

Beginning January 1, 2026, Blue Shield Medicare (PPO) is also an MA-PD Part B only plan. This plan is only open to members who are eligible for Original Medicare Part B. While this is the case, they will receive services covered under Original Medicare Parts A and D as well as supplemental benefits like vision, fitness, and others. Blue Shield Medicare (PPO) is offered to group Medicare beneficiaries retired from employer groups/unions who have selected the product as an option. Blue Shield Medicare (PPO) is not available to individual Medicare beneficiaries.

Expanded section to include details and contract numbers of each Medicare Advantage PPO plan that Blue Shield offers.

Federal Employee Program (FEP PPO)

Renamed section to **Federal Employees Health Benefits (FEHB) Program and Postal Service Health Benefits Program (PSHB)**. **Added** details of each program.

Mental Health and Substance Use Disorder Services

Beginning January 1, 2026, Blue Shield will administer all behavioral health services (mental health and substance use disorder services) that were previously administered by Magellan Health, Inc.

Updates were made throughout this section related to prior authorization, utilization management, care management, and contact information for behavioral health services administration.

Additional information will be provided prior to January 1, 2026 via Blue Shield provider education and communications.

Ancillary Benefits

Removed "and subsequent visits" from list of benefits from Acupuncture and Chiropractic services benefits.

Care Management

Updated the email address for submitting Blue Shield Care Management program referrals to EDHCCMReferral@blueshieldca.com.

Wellness and Prevention Programs

Removed online nurse help as one of the programs within the NurseHelp 24/7 program.

Appendices

Appendix 1-A Glossary

Updated definitions.

Appendix 4-A Special Billing Guidelines and Procedures

Additional Claims Submission Pointers

Added the following language about injectable medications:

Injectables may be available in different vial sizes. Providers are expected to dispense or acquire and administer the vial size that is as close to the prescribed target dose as possible avoiding excess waste. Units in excess of unavoidable or reasonable drug waste can be denied.

Drug Requirements - 837 Professional Claims

Removed Genetic and Molecular Testing section to align with update in Section 4: Genetic and Molecular Testing.

Appendix 5-A The BlueCard® Program

Updated to align with the *BlueCross Blue Shield Association BlueCard Program Provider Manual*.

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