



**HEALTH CARE REFORM**

# Preventive Care

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BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

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## Preventive Care



There was a time when “an apple a day ...” was the best preventive care advice around. But for many years, BlueCross BlueShield of South Carolina and BlueChoice HealthPlan have done much more than offer advice. They’ve actually provided coverage — at little or no cost to members — for preventive health care services ... long before the Patient Protection and Affordable Care Act (PPACA) took effect.

But now that health care reform is here, it has brought more attention to the importance of getting preventive care screenings and other specific services.

### WHAT THE LAW REQUIRES

The health care reform law requires health plans to provide coverage to **non-grandfathered plans** with no cost-sharing (copayments, coinsurance and deductibles) for “Recommended Preventive Services” when furnished by an **in-network provider**. These services are described in the United States Preventive Services Task Force A and B Recommendations, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration

guidelines including the American Academy of Pediatric Bright Futures recommendations. These are all summarized in this booklet, but you should visit this website for a more complete and detailed list of all recommended preventive services: <http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html>

### GRANDFATHERED VS. NON-GRANDFATHERED?

A grandfathered health plan is one that was in effect when the health care reform law was enacted on March 23, 2010. It remains a grandfathered plan as long as it does not reduce your benefits to diagnose or treat a condition or increase your out-of-pocket spending above certain thresholds. A non-grandfathered plan is one that took effect after the law was enacted or has decreased its benefits or increased your out-of-pocket costs since the law was enacted. Many provisions of the health care reform law do not apply to grandfathered plans. To learn more about this topic, go to: <http://www.healthreform.gov/about/grandfathering.html>.

For more information on the women’s preventive services that were added on Aug. 1, 2012, go to: <http://www.hrsa.gov/womensguidelines/>.

## Preventive Services Task Force Grade A and B Recommendations

Abdominal aortic aneurysm screening (one-time for men ages 65–75 who have smoked)

Alcohol misuse screening and counseling

Anemia screening (pregnant women)

Aspirin to prevent cardiovascular disease (men ages 45–79; women ages 55–79)

Bacteriuria screening (pregnant women)

Blood pressure screening (age 18 and over)

BRCA screening counseling (women with family history/risk factors)

Breast cancer chemoprevention discussion

Breast cancer screening [mammography] (women ages 40 and over)

Breast feeding (lactation) support/counseling and supplies

Cervical cancer screenings (sexually active women and those at higher risk)

Chlamydial infection screenings (pregnant or sexually active women under age 24 or those at increased risk)

Cholesterol screening:

- Men ages 35 and older
- Women ages 45 and older
- Men and women at risk for heart disease: ages 20 and over

Colorectal cancer screening: fecal occult blood testing, sigmoidoscopy or colonoscopy (ages 50–75)

Congenital hypothyroidism (newborns)

Contraceptive methods and counseling\*

Dental carries chemoprevention [oral fluoride] (preschool children w/fluoride-deficient water sources)

Depression screening (adults)

Depression screening: major depressive disorder (adolescents)

Diabetes screening (adults with sustained blood pressure of 135/80 mm Hg or greater)

Folic acid supplements (women planning or capable of a pregnancy)

Gestational diabetes screening

Gonorrhea prophylactic eye medicine (newborns)

Gonorrhea screening (sexually active women)

Healthy diet counseling (adults with hyperlipidemia and other risk factors)

Hearing loss screening (newborns)

Hepatitis B screening (pregnant women)

HIV screening (adolescents and adults at increased risk)

Human papillomavirus (HPV) testing

Interpersonal and domestic violence counseling and screening

Iron supplements (children ages 6–12 months at increased risk for iron deficiency)

Obesity screening and counseling (adults and children over age 6)

Osteoporosis screening (women ages 65 and over; age 60 if at increased risk)

PKU screening (newborns)

Rh incompatibility (pregnant women)

Sexually transmitted infections (STIs) counseling (sexually active adolescents and women; adults at increased risk)

Sickle cell screening (newborns)

Syphilis screenings (people at increased risk; pregnant women)

Tobacco use screening and intervention (adults and pregnant women)

Well-woman preventive care visits

Visual acuity (children under age 5)

*Note: the 2002 — and not the 2009 — recommendations regarding breast cancer screening, mammography and prevention are considered current.*

To see a more detailed explanation of these recommendations, please visit this website: <http://www.healthcare.gov/law/resources/regulations/prevention/taskforce.html>

*\*Generic oral contraceptives are covered without cost-sharing; other oral contraceptives are covered as regular prescription benefits as shown on the member's schedule. Some non-oral contraceptives are covered without cost-sharing, but may be limited to specific brands or types, also shown in a member's schedule.*

Immunizations Recommended at the CDC



These immunizations are recommended for routine use:

CHILDREN AGES 0–6	CHILDREN AGES 7–18
Hepatitis B	Tetanus, Diphtheria, Pertussis
Rotavirus	Human Papillomavirus
Diphtheria, Tetanus, Pertussis	Meningococcal
Haemophilus influenzae type b	Influenza
Pneumococcal	Pneumococcal
Inactivated Poliovirus	Hepatitis A
Influenza	Hepatitis B
Measles, Mumps, Rubella	Inactivated Poliovirus
Varicella	Measles, Mumps, Rubella
Hepatitis A	Varicella
Meningococcal	

To view the **Recommended Immunization Schedule for Persons Ages 0 Through 6 Years**, go to: [http://www.vaccines.gov/who\\_and\\_when/infant/index.html](http://www.vaccines.gov/who_and_when/infant/index.html).

To view the **Recommended Immunization Schedule for Persons Recommended Immunization Schedule for Children and Teens Ages 7 to 18 Years**, go to: [http://www.vaccines.gov/who\\_and\\_when/teens/index.html](http://www.vaccines.gov/who_and_when/teens/index.html).

These immunizations are recommended as “catch-up immunizations” for children ages 4 months to 18 years who start receiving their immunizations late or are more than one month behind.

**4 MONTHS – 6 YEARS**

Hepatitis B  
Rotavirus  
Diphtheria, Tetanus, Pertussis  
Haemophilus influenzae type b  
Pneumococcal  
Inactivated Poliovirus  
Measles, Mumps, Rubella  
Varicella  
Hepatitis A

**AGES 7-18**

Tetanus, Diphtheria/Tetanus,  
Diphtheria, Pertussis  
Human Papillomavirus  
Hepatitis A  
Hepatitis B  
Inactivated Poliovirus  
Measles, Mumps, Rubella  
Varicella

To view the **Catch-up Immunization Schedule for Children and Teens Ages 4 Months Through 18 Years**, go to: [http://www.vaccines.gov/who\\_and\\_when/child/index.html](http://www.vaccines.gov/who_and_when/child/index.html)

These immunizations are recommended for adults:

Tetanus, Diphtheria, Pertussis  
Human Papillomavirus  
Varicella  
Zoster  
Measles, Mumps, Rubella

Influenza  
Pneumococcal  
Hepatitis A  
Hepatitis B  
Meningococcal

To view the **Recommended Adult Immunization Schedule**, go to: [http://www.vaccines.gov/who\\_and\\_when/adults/index.html](http://www.vaccines.gov/who_and_when/adults/index.html)

# Comprehensive Guidelines Supported by the Health Resources and Services Administration

## WELL BABY/WELL CHILD

### HISTORY

#### MEASUREMENTS

- Length/height/weight
- Head circumference
- Weight for length
- Body mass index (BMI)
- Blood pressure

#### SENSORY SCREENING

- Vision
- Hearing

#### DEVELOPMENTAL/BEHAVIORAL ASSESSMENT

- Developmental screening
- Autism screening
- Developmental surveillance
- Psychosocial/behavioral assessment
- Alcohol and drug use assessment

### PHYSICAL EXAM

#### PROCEDURES

- Newborn metabolic/hemoglobin screening
- Immunizations
- Hematocrit or hemoglobin
- Lead screening
- Tuberculin test
- Dyslipidemia screening
- STI screening
- Cervical dysplasia screening

#### ORAL HEALTH

#### ANTICIPATORY GUIDANCE

To see or download the complete **Recommendations for Preventive Pediatric Health Care** chart with notes, please visit this Web page: [brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf](http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf).

## Recommendations of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children

Recommended Preventive Services also include the **Recommendations of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children**. To learn more, go to: <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/>



**KEEP IN MIND:** PPACA preventive services have certain restrictions. Some have frequency restrictions. Some are for specific people; for example, people of a certain age or in a particular age range, sexually active adults, or pregnant women only. That's why it is very important to refer to the websites mentioned in this booklet for complete details.

Also, please remember that a member may be billed for certain services if:

- He or she receives care from an out-of-network provider.
- The primary purpose of an office visit is not for the preventive service (cost sharing may be applied to the office visit).
- Additional services are needed to treat conditions identified by the preventive care screening.
- Office visits are billed independently of the preventive service.

Finally, only generic oral contraceptives are covered without cost sharing; other oral contraceptives are covered as regular prescription benefits as shown on your schedule of benefits. Some non-oral contraceptives are covered without cost sharing, but may be limited to specific brands or types. Please be sure to refer to your current schedule of benefits to see what your cost sharing may be for these services.



## IMPORTANT NOTICE

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