

# Preventive Services as of October 1, 2016



## Preventive Services Overview

The Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover specific in-network services as preventive, with no cost sharing for plan years beginning on or after Sept. 23, 2010. There is no requirement for out-of-network coverage for these services, nor does PPACA prohibit cost sharing on out-of-network services.

The requirements of the preventive care rule under PPACA:

- Apply only to network providers
- Apply to fully insured and self-funded health plans
- Apply to non-grandfathered plans (grandfathered plans may voluntarily adopt the services)
- Allow plans to apply medical management guidelines to frequency, method and place of service when not explicitly stated in the rule
- Allow plans to provide coverage for services in addition to the recommended preventive services and impose cost-sharing requirements for those additional services
- Include some services that may be preventive or diagnostic (when these services are performed and billed as screening services, they will be paid as a preventive service)

The specific preventive services include:

- Items or services rated A or B in the current recommendations of the US Preventive Services Task Force (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC)
- Evidence-informed preventive care and screenings for infants, children and adolescents as provided in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA)
- Evidence-informed preventive care and screenings for women as provided for in the comprehensive guidelines supported by the HRSA

These specific services are subject to change as new recommendations and guidelines are issued. Plans must comply with these updates by their first plan year on or after the date that is one year after the new recommendation is issued. UMR will implement the required changes to our standard coding across our book of business within one year of the effective date of the recommendation.

All preventive services are included in the statutory definition of essential benefits and are subject to the prohibition on lifetime/annual dollar maximums on essential benefits.

## Services Mandated by PPACA

Type of Preventive Service	PPACA Requirements
<b>Abdominal aortic aneurysm screening</b>	Males age 65-75
<b>Bacteriuria screening</b>	Pregnant females
<b>Chlamydia infection screening</b>	All sexually active females age 24 or younger, or older pregnant women who are at risk
<b>Gonorrhea screening</b>	All sexually active females
<b>Hepatitis B virus infection screening</b>	Pregnant females and Persons at High Risk
<b>Hepatitis C virus infection screening</b>	Males and females
<b>HIV screening for adolescents and adults</b>	Males and females
<b>Rh incompatibility screening</b>	Pregnant females
<b>Syphilis screening</b>	Males and females
<b>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</b>	Females
<b>Diabetes screening</b>	Males and females age 40 to 70 years
<b>Rubella screening by history of vaccination or by serology</b>	Females
<b>Mammography screening</b>	Females ages 40 and above, one every 1-2 years
<b>Pap smear, cervical cancer screening</b>	Females, ages 21-65
<b>Cholesterol screening (lipid disorders screening)</b>	Males and females, ages 20 and above
<b>Colorectal cancer screening</b>	Males and females, ages 50-75
<b>Wellness exams</b>	Males and females
<b>Immunizations</b>	Males and females, Age and gender appropriate
<b>Newborn screening</b> <ul style="list-style-type: none"> <li>• Hearing</li> <li>• Hypothyroidism</li> <li>• Phenylketonuria</li> <li>• Sickle Cell</li> </ul>	Ages 0-90 days
<b>Osteoporosis screening</b>	Females
<b>Screening and behavior counseling, interventions in primary care to reduce alcohol misuse</b>	Males and females

## Services Mandated by PPACA cont.

Type of Preventive Service	PPACA Requirements
Aspirin for prevention of cardiovascular disease	Males, ages 45-79 and females, ages 55-79
Screening for high blood pressure (Clinical and Ambulatory Measurement)	Males and females, age 18 and above
Chemoprevention of breast cancer	Females
Primary care intervention to promote breast feeding	Females
Prevention of dental caries in pre-school children	Males and females
Screening for depression in adults and major depressive disorder in children and adolescents	Males and females
Behavioral counseling in primary care to promote a healthy diet	Males and females
Screening for obesity in adults	Males and females
Screening for obesity in children and adolescents	Males and females ages 6 and older
Behavioral counseling to prevent sexually transmitted infections	Males and females
Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women counseling and interventions (adults)	Males and females
Counseling and Interventions to Prevent Tobacco Use in Children and Adolescents	Males and females
Screening for visual impairment in children under age 5	Children under age 5
Behavioral Counseling to Prevent Skin Cancer	Males and females, age 10-24
Hearing tests (Bright Futures services)	Males and females ages 0-21, once per year
Developmental/autism screening	Males and females ages 0-2
Lead screening	Males and females, ages 0-21
TB testing	Males and females, ages 0-21
Dyslipidemia screening	Males and females, ages 24 months-21 years
Metabolic screening panel	Males and females, ages 0-90 days

**Services Mandated by PPACA cont.**

Type of Preventive Service	PPACA Requirements
<b>Anemia screening in children</b>	Males and females, ages 0-21
<b>Prevention of Falls in Community-Dwelling Older Adults</b>	Males and females, age 65 or older
<b>Screening for Intimate Partner Violence</b>	Females
<b>Medications that reduce the risk of primary breast cancer</b>	Females at increased risk for breast cancer
<b>Screening for Lung Cancer, with Low-Dose Computed Tomography</b>	Males and Females, age 55-80
<b>Fluoride Application in Primary Care</b>	Males and Females, age 0-6

The following chart describes services that are mandated by the Act and UMR standard coding criteria. UMR uses the UnitedHealthcare Coverage Determination Guideline as the basis for our preventive services approach. To finalize our approach, we also consider system capabilities, customer preferences and whether UMR considered the service preventive prior to PPACA.

In addition to the UMR standard coding criteria covering mandated services, UMR is recommending four additional services be included as preventive – CT colonography, PSA screenings for men over 40, colorectal cancer screening for all ages, screening mammography for all women regardless of age. Plans may choose to implement UMR’s standard coding only or the recommended list with these four additional services.

### Services Mandated by PPACA (UMR Approach)

Mandated Preventive Service	UMR standard coding criteria
<b>Abdominal aortic aneurysm screening</b>	Ages 65-75
<b>Bacteriuria screening</b>	During Pregnancy
<b>Chlamydia infection screening</b>	Covered (coded as preventive prior to PPACA, venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Gonorrhea screening</b>	Covered (coded as preventive prior to PPACA)
<b>Hepatitis B virus infection screening</b>	During Pregnancy, and Persons at High Risk (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Hepatitis C virus infection screening</b>	Covered (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>HIV screening for adolescents and adults</b>	Covered (coded as preventive prior to PPACA, venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Rh incompatibility screening</b>	During Pregnancy (coded as preventive when billed with preventive diagnosis code)
<b>Syphilis screening</b>	Covered (coded as preventive prior to PPACA, venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Genetic Counseling and Evaluation for BRCA Testing; and BRCA Lab Screening</b>	Covered

## Services Mandated by PPACA (UMR Approach) Cont.

Mandated Preventive Service	UMR standard coding criteria
<b>Diabetes screening</b>	Covered (coded as preventive prior to PPACA)
<b>Rubella screening by history of vaccination or by serology</b>	Covered (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Mammography screening</b>	Ages 40 and above, one every year
<b>Pap smear, cervical cancer screening</b>	Covered
<b>Cholesterol screening (lipid disorders screening)</b>	Covered (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Colorectal cancer screening</b>	Ages 50-75
<b>Wellness exams</b>	Covered
<b>Immunizations</b>	Age and gender appropriate
<b>Newborn screening</b>	Ages 0-90 days
<b>Osteoporosis screening</b>	Covered (coded as preventive prior to PPACA)
<b>Screening and behavior counseling, interventions in primary care to reduce alcohol misuse</b>	Covered
<b>Aspirin for prevention of cardiovascular disease</b>	Covered (typically included in preventive office visit)
<b>Screening for high blood pressure (Clinical and Ambulatory Measurement)</b>	Covered (typically included in preventive office visit)
<b>Chemoprevention of breast cancer</b>	Covered (coded as preventive prior to PPACA)
<b>Primary care intervention to promote breast feeding</b>	Covered (typically included in preventive office visit)
<b>Prevention of dental caries in pre-school children</b>	Covered
<b>Screening for depression in adults and major depressive disorder in children and adolescents</b>	Covered
<b>Behavioral counseling in primary care to promote a healthy diet</b>	Covered
<b>Screening for obesity in adults</b>	Covered
<b>Screening for obesity in children and adolescents</b>	Ages 6 and older

### Services Mandated by PPACA (UMR Approach) Cont.

Mandated Preventive Service	UMR standard coding criteria
<b>Behavioral counseling to prevent sexually transmitted infections</b>	Covered
<b>Counseling and interventions to prevent tobacco use and tobacco-caused disease in adults and pregnant women counseling and interventions (adults)</b>	Covered Effective plan years on or after 1/1/15 interventions include prescription and over the counter tobacco cessation products.
<b>Counseling and Interventions to Prevent Tobacco Use in Children and Adolescents</b>	Covered
<b>Screening for visual impairment in children under age 5</b>	Covered (typically included in preventive office visit)
<b>Behavioral Counseling to Prevent Skin Cancer</b>	Males and females, age 10-24
<b>Hearing tests (Bright Futures services)</b>	Ages 0-21, once per year
<b>Developmental/autism screening</b>	Ages 0-2 (ends on 3 <sup>rd</sup> birthday)
<b>Lead screening</b>	Ages 0-21 (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>TB testing</b>	Ages 0-21
<b>Dyslipidemia screening</b>	Ages 0-21 (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Metabolic screening panel</b>	Ages 0-90 days (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Anemia screening in children</b>	Ages 0-21 (venipuncture covered as preventive when billed with preventive diagnosis code)
<b>Prevention of Falls in Community-Dwelling Older Adults</b>	Ages 65 or older (typically included in preventive office visit)
<b>Screening for Intimate Partner Violence</b>	Covered (typically included in preventive office visit)
<b>Medications that reduce the risk of primary breast cancer</b>	Ages 35 or older, that meet clinical criteria
<b>Screening for Lung Cancer, with Low-Dose Computed Tomography</b>	Ages 55-80, once per year
<b>Fluoride Application in Primary Care</b>	Ages 0-6

## Women's Preventive Health Services

### Expanded health plan coverage guidelines

Under the Affordable Care Act (ACA), women's preventive health care, such as mammograms, cervical cancer screenings and prenatal care, is covered with no cost sharing for new health plans. The Department of Health and Human Services (HHS) introduced expanded coverage for women's preventive services on Aug. 1, 2011.

Non-grandfathered plans and issuers were required to provide coverage without cost sharing consistent with these expanded guidelines in the first plan year that began on or after Aug. 1, 2012.

The requirements for women's expanded preventive health services are the same as the current preventive care rule under PPACA.

### PPACA expanded services for women compared to Sept. 23, 2010 preventive implementation

Type of Preventive Service	PPACA Requirements	Expanded Women's Preventive
<b>Well-woman examinations*</b>	Annually	As many as necessary to obtain specified preventive services
<b>Well-woman examinations (prenatal)</b>	Some lab services explicitly required in HHS rules  Tobacco cessation counseling specific to pregnant women	As many as necessary to obtain specified preventive services, <b>including:</b> <ul style="list-style-type: none"> <li>▪ Routine prenatal obstetrical office visits/low risk, uncomplicated pregnancies</li> <li>▪ All lab services explicitly required in HHS rules</li> <li>▪ Tobacco cessation counseling specific to pregnant women</li> <li>▪ Immunizations, especially directed to pregnant women</li> </ul> <b>Excludes:</b> <ul style="list-style-type: none"> <li>▪ Radiology services not specified in HHS requirements</li> <li>▪ Delivery</li> <li>▪ High-risk prenatal services</li> </ul>
<b>Screening for gestational diabetes*</b>	Pregnant women at risk	All pregnant women (24-28 weeks); high-risk women screened twice



Type of Preventive Service	PPACA Requirements	Expanded Women's Preventive
<b>Human papillomavirus (HPV) DNA testing</b>	Women at risk	All women age 30 and older, every three years
<b>Counseling for sexually transmitted infections*</b>	Women at risk (teenaged, pregnancy, lifestyle)	All sexually active women
<b>Counseling and screening for human immune-deficiency (HIV) virus*</b>	Women at risk (pregnancy, lifestyle)	All sexually active women
<b>Counseling for and payment of FDA-approved contraceptive methods, including sterilizations</b>	Not applicable	All methods, all women Note: Contact prescription benefits manager
<b>Breastfeeding support, supplies, and counseling</b>	Coverage for counseling only	Part of pre/post-natal counseling, coverage for rental of breast-feeding equipment
<b>Screening and counseling for domestic violence</b>	Women at risk	All women

\* UMR considered these services preventive prior to health care reform and, if applicable, payable to both women and men.

#### FDA-approved contraception methods requiring first-dollar coverage:

- Contraceptive medications (including sterilization)
- Barrier methods (diaphragms)
- Hormonal methods
- Emergency contraception

Customers should work with their prescription benefits manager to determine reasonable medical management techniques, such as tiers, exclusions, ancillary charges, notification and step therapy to control costs and promote delivery of care.

### Religious exemption and Eligible Organization

Contraceptive coverage final rules released on June 28, 2013 simplified the Religious Employer Exemption (REE) requirements for plan years beginning on or after Aug. 1, 2013. The REE definition is simplified to mean a non-profit religious employer under Internal Revenue Code. Religious Employer refers to churches, other houses of worship, their integrated auxiliaries and conventions or association of

churches, as well as the exclusively religious activities of any religious order. These plans can continue to exclude coverage for contraceptives.

An Eligible Organization is a non-profit religious organization with religious objections to covering contraceptive services. On Jul. 14, 2015, final rules were released that expanded the Eligible Organization accommodation to closely held for-profit entities with religious objections. Those organizations that self-certify as an Eligible Organization may exclude coverage for some or all contraceptive services. A self-certification form (EBSA Form 700) from the Department of Labor must be completed by employers claiming the Eligible Organization. EBSA 700 forms should be submitted to your Strategic Account Executive. An Eligible Organization may use the alternate process to notify HHS of its objection. HHS will then notify the Eligible Organization's insurers or TPAs.

### UMR Approach (and variations on guidelines)

Type of Preventive Service	UMR standard coding criteria	Available Comments/Variations
<b>Well-woman examinations</b>	As many as necessary to obtain specified preventive services	<b>Comment:</b> Considered preventive prior to health care reform and currently covered under preventive benefits (refer to the UMR Standard coding criteria in Preventive table above).
<b>Well-woman examinations (prenatal)</b>	As many as necessary to obtain specified preventive services, <b>including:</b> <ul style="list-style-type: none"> <li>▪ Routine prenatal obstetrical office visits/low risk, uncomplicated pregnancies</li> <li>▪ All lab services explicitly required in HHS rules</li> <li>▪ Tobacco cessation counseling during pregnancy</li> <li>▪ Immunizations, especially directed during pregnancy</li> </ul> <b>Excludes:</b> <ul style="list-style-type: none"> <li>▪ Radiology services not specified in HHS requirements</li> <li>▪ Delivery</li> <li>▪ High-risk prenatal services</li> </ul>	<b>Comment:</b> Global maternity claims will be paid based on a percentage split: <ul style="list-style-type: none"> <li>▪ Routine prenatal visits represent 44% of eligible expenses and must be covered under the preventive care benefit</li> <li>▪ The remaining 56% of eligible expenses will be covered under the medical benefit</li> </ul>
<b>Screening for diabetes</b>	Diabetes screening procedure covered when billed with: <ul style="list-style-type: none"> <li>▪ Pregnancy ICD-9 code OR</li> <li>▪ Hypertension ICD-9 diagnosis code</li> </ul> OR <ul style="list-style-type: none"> <li>▪ Diabetes screening ICD-9 diagnosis code</li> </ul>	<b>Comment:</b> Considered preventive prior to health care reform and currently covered under preventive benefits (refer to the UMR Standard coding criteria in Preventive table above).

**UMR Approach (and variations on guidelines)cont.**

Type of Preventive Service	UMR standard coding criteria	Available Comments/Variations
<b>Human papillomavirus (HPV) DNA testing</b>	Ages 30 and older	<b>Variation:</b> Age (remove age restriction) <b>Variation:</b> Frequency (1 every 3 years)
<b>Counseling for sexually transmitted infections</b>	Covered	<b>Comment:</b> Considered preventive prior to health care reform and currently covered under preventive benefits (refer to the UMR Standard coding criteria in Preventive table above).
<b>Counseling and screening for human immune-deficiency (HIV) virus</b>	Covered	<b>Comment:</b> Considered preventive prior to health care reform and currently covered under preventive benefits (refer to the UMR Standard coding criteria in Preventive table above).
<b>Counseling for and payment of FDA-approved contraceptive methods, including sterilizations</b>	All methods	<b>Comment:</b> Contact prescription benefits manager <b>Variation:</b> Cover vasectomy
<b>Breastfeeding support, supplies, and counseling</b>	Part of pre/post-natal counseling, coverage for purchase of an electric breast pump and the rental up to the full purchase price of a hospital grade pump when received through a DME provider. One per delivery.	<b>Variation:</b> Employers can choose to cover purchases of breast pumps at a retail store (i.e. Target) and members submit receipts for reimbursement.
<b>Screening and counseling for domestic violence</b>	Covered	<b>Comment:</b> Considered preventive prior to health care reform and currently covered under preventive benefits (refer to the UMR Standard coding criteria in Preventive table above).