



## List of Preventive Care Services Covered at 100% for Non-Grandfathered Group Plans

The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA) has designated the services listed below as preventive benefits and available with no cost-sharing when provided by an in-network provider for members of non-grandfathered group health plans. **These benefits are currently effective unless otherwise noted.** In addition to the services listed below, you may have additional preventive care benefits covered under your health plan that may or may not be covered at 100%. Check your benefit booklet for details on these additional preventive care benefits. This information is intended as a reference tool for your convenience and is not a guarantee of payment. **This guide is subject to change based on new or revised laws and/or regulations, additional guidance and/or BCBSNC medical policy. Your provider has access to current diagnosis and procedures codes associated with these services for correct claims submission.**

**IMPORTANT INFORMATION:** Services must be billed with a primary diagnosis of preventive, screening, counseling, or wellness, if applicable, to qualify and other restrictions may apply. Services otherwise deemed Preventive received inpatient or in an emergency room or that include additional procedures or diagnostic services may be subject to copayment, deductible and coinsurance. Additionally, these services are subject to certain limitations depending on medical necessity and other reasonable medical management techniques. If you have any questions, please call Customer Service at the toll-free number listed on your BCBSNC ID card.

### Grade A and B Recommendations of U.S. Preventive Services Task Force (USPSTF) currently effective unless otherwise noted

	Frequency / Comments
<b>Screening for Abdominal Aortic Aneurysm</b> (one time screening for abdominal aortic aneurysm by ultrasonography in men ages 65-75 who have ever smoked)	
<b>Screening and counseling to reduce alcohol misuse</b> (Screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse )	
<b>Aspirin to prevent cardiovascular disease in men and women</b> (recommends the use of aspirin for men age 45 - 79 when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage AND for women age 55 - 79 when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage)	Over-the-Counter (OTC) Aspirin (81 mg) is available only with a prescription.
<b>Screening for bacteriuria</b> (screening for asymptomatic bacteriuria with <u>urine culture</u> for pregnant women at 12 - 16 weeks' gestation or at the first prenatal visit, if later)	
<b>Screening for high blood pressure</b> (in adults 18 and older)	Part of wellness office visit.
<b>BRCA risk assessment and genetic counseling/testing</b> For women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes ( <i>BRCA1</i> or <i>BRCA2</i> ). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing	Effective at renewal on or after 1/1/2015
<b>Screening for breast cancer [mammography]</b> (for women aged 40 or over every 1-2 yrs , with or without clinical breast examination)	



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**CONTINUED – USPSTF Grade A and B**

**Recommendations**

**Frequency / Comments**

<p><b>Chemoprevention of breast cancer</b> (for clinicians to discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention AND inform patients of the potential benefits and harms of chemoprevention)</p>	<p>Preventive services mandate does not include the chemoprevention medications.</p>
<p><b>Breast cancer preventive medications</b> (Clinicians engaged in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk reducing medications such as tamoxifen and raloxifene)</p>	<p>This recommendation applies to asymptomatic women aged 35 years or older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ. Generic risk reducing medications are covered as preventive. For members who have swallowing problems or may have an intolerance to generic products, brand products may also be made available by completing <a href="#">this form</a> and faxing it to the number on the bottom of the document. Effective on 10/1/2014</p>
<p><b>Interventions to support breast feeding</b> (interventions during pregnancy and after birth to promote and support breastfeeding)</p>	
<p><b>Screening for cervical cancer</b> (in women ages 21 to 65 yrs with cytology (pap smear) every 3 yrs or, for women ages 30-65 yrs who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 yrs)</p>	
<p><b>Screening for chlamydia in women</b> (for sexually active women aged 24 years or younger and in older women who are at increased risk for infection))</p>	
<p><b>Screening for cholesterol abnormalities:</b> <b>*men 35 and older</b> (for lipid disorders) <b>*men younger than 35</b> (for ages 20-35 for lipid disorders if they are at increased risk for coronary heart disease) <b>*women 20 and older</b> (for lipid disorders if they are at increased risk for coronary heart disease)</p>	
<p><b>Chemoprevention of dental caries</b> (primary care clinicians to prescribe oral fluoride supplementation at currently recommended doses to preschool children &gt; 6 mo of age whose primary water source is deficient in fluoride. Primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption)</p>	<p>Part of a wellness office visit for children 6 months to age 5. Services will not be covered beyond the 5th birthday. Fluoride varnish application effective at renewal on or after 1/1/2015. (ASO groups contact your group administrator.)</p>
<p><b>Screening for colorectal cancer</b> (using fecal occult blood testing annually, sigmoidoscopy every 5 years, or colonoscopy every 10 years, in adults beginning at ages 50-75)</p>	<p>Colorectal cancer screening mandate does not include barium enema or fecal DNA.</p>
<p><b>Screening for depression:</b> <b>*adults</b> (screening for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up) <b>*adolescents</b> (screening 12-18 yr olds for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy [cognitive-behavioral or interpersonal], and follow-up)</p>	<p>Part of any problem or preventive office visit.</p>



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**CONTINUED – USPSTF Grade A and B Recommendations**

	<b>Frequency / Comments</b>
<b>Screening for diabetes</b> (screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) > 135/80)	
<b>Counseling for a healthy diet</b> (offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention))	
<b>Fall Prevention</b> (exercise or physical therapy and vitamin D supplementation to prevent falls in community-dwelling adults aged 65 yrs and older who are at increased risk for falls.)	Over-the-Counter (OTC) Vitamin D is available only with a prescription.
<b>Supplementation with folic acid</b> (for all women planning or capable of pregnancy to take a daily supplement containing 0.4 - 0.8 mg [400-600 mcg] of folic acid)	Over-the-Counter (OTC) folic acid supplements are available only with a prescription.
<b>Screening for Gestational diabetes mellitus</b> (for asymptomatic pregnant women after 24 weeks of gestation)	Effective at renewal on or after 2/1/2015
<b>Screening for gonorrhea in women</b> (in sexually active women aged 24 years or younger and in older women who are at increased risk for infection).	
<b>Screening for hearing loss</b> (in all newborn infants)	Service is typically performed in the birth facility or as part of a wellness office visit in the event of a home birth.
<b>Prophylactic medication for gonorrhea: *newborns</b> (ocular topical medication for all newborns against gonococcal ophthalmia neonatorum)	This medication is generally administered to newborn at birth facility.
<b>Screening for hemoglobinopathies</b> (for sickle cell disease in newborns)	Service is typically performed in the birth facility or as part of a wellness office visit in the event of a home birth.
<b>Screening for Hepatitis B</b> (in pregnant women at first prenatal visit and in persons at high risk of infection)	Screening persons at high risk of infection effective at renewal on or after 6/1/2015
<b>Screening for Hepatitis C</b> (Screen for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends one time screening for HCV infection in adults born between 1945 and 1965)	Effective at renewal on or after 7/1/2014
<b>Screening for HIV</b> (on all adolescents ages 15 to 65 years, younger adolescents and older adults who are at increased risk, and all pregnant women including those who present in labor who are untested and whose HIV status is unknown)	
<b>Screening for congenital hypothyroidism</b> (in newborns)	Service is typically performed in the birth facility or as part of a wellness office visit in the event of a home birth.
<b>Screening for intimate partner violence</b> (screen women of childbearing age and provide or refer women who screen positive to intervention services)	
<b>Screening for iron deficiency anemia</b> (in asymptomatic pregnant women)	



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<b>CONTINUED – USPSTF Grade A and B Recommendations</b>	<b>Frequency / Comments</b>
<b>Iron supplementation in children</b> (routine iron supplementation for asymptomatic children 6-12 mo of age who are at increased risk for iron deficiency anemia)	Over-the-Counter (OTC) iron supplements are available only with a prescription.
<b>Low dose aspirin for pregnant women</b> (use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia)	Effective at renewal on or after 10/1/2015
<b>Lung cancer screening</b> (annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.)	Effective at renewal on or after 1/1/2015
<b>Screening for and Management of Obesity in Adults</b> (screen all adults; clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m <sup>2</sup> or higher to intensive, multi-component behavioral interventions.)	Includes nutrition counseling
<b>Screening and counseling for obesity:</b> <b>*children</b> (screen children aged 6 yrs and older for obesity and offer/refer to comprehensive, intensive behavioral interventions to promote improvement in weight status)	Includes nutrition counseling
<b>Screening for osteoporosis (bone density)</b> (screen women aged 65 and older for osteoporosis and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors)	
<b>Screening for Phenylketonuria (PKU)</b> (in newborns)	Service is typically performed in the birth facility or as part of a wellness office visit in the event of a home birth.
<b>Screening for Rh incompatibility:</b> <b>*first pregnancy visit</b> (recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care) <b>*24-28 weeks gestation</b> (recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks gestation unless the biological father is known to be Rh (D)-negative)	Initial testing is part of the obstetric panel.
<b>Behavioral Counseling for Sexually Transmitted Infections</b> (intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections)	
<b>Behavioral Counseling to Prevent Skin Cancer</b> (counseling children, adolescents, and young adults aged 10 to 24 yrs who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.)	Considered part of wellness office visit.
<b>Screening for syphilis:</b> <b>*non-pregnant persons</b> (screen persons at increased risk for syphilis infection) <b>*pregnant women</b> (screen all for syphilis infection)	



List of Preventive Care Services Covered at 100% for Non-Grandfathered Group Plans

**CONTINUED – USPSTF Grade A and B Recommendations**

	Frequency / Comments
<p><b>Counseling for tobacco use</b> (ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products AND ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke)</p>	<ul style="list-style-type: none"> <li>FDA-approved tobacco cessation prescription medications and OTC nicotine replacement therapy (NRT) covered at 100%. Limited to a 90 day supply each for two cessation efforts. NRT is available only with a prescription. Effective 1/1/2015.</li> <li>Telephonic counseling available by calling 844-8NCQUIT.</li> </ul>
<p><b>Tobacco use for children and adolescents</b> (Provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents)</p>	<p>Effective at renewal on or after 9/1/2014. Applicable for members over the age of 5.</p>
<p><b>Screening for visual acuity in children</b> (vision impairment screening for all children at least once between the ages of 3 and 5 years to detect the presence of amblyopia or its risk factors)</p>	

**Bright Futures Recommendations for Children  
currently effective unless otherwise noted**

	Frequency / Comments
Sensory Screening - Vision	May be part of well-child visits.
Sensory Screening – Hearing (beyond newborn screening)	May be part of wellness visits.
Developmental Screening	
Autism Screening	
Developmental Surveillance	May be part of well-child visits.
Psychosocial/Behavioral Assessment	May be part of well-child visits.
Depression screening from age 11	Effective at renewal on or after 4/1/2015
Alcohol and Drug Use Assessment	
Hematocrit or Hemoglobin	
Critical congenital heart defect screening in newborns	Effective at renewal on or after 4/1/2015
Lead Screening (up to 7 yrs)	
Tuberculin Test	
Dyslipidemia Screening (Cholesterol)	
STI/HIV screening between ages 16-18	Effective at renewal on or after 4/1/2015
Oral Health	May be part of well-child visits.
Anticipatory Guidance	May be part of well-child visits.





List of Preventive Care Services Covered at 100% for Non-Grandfathered Group Plans

**Women’s Preventive Services currently effective unless otherwise noted**

	Frequency / Comments
<b>Well Woman visits</b> (Well-woman preventive care visit annually for adult women, including coverage for dependent children up to age 26 to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care specified as preventive by the USPSTF and noted under the USPSTF section above, regardless of whether the group covers maternity. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines.)	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman’s health status, health needs, and other risk factors.
<b>Screening for gestational diabetes</b>	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
<b>Human papillomavirus (HPV) testing</b> (High-risk human papillomavirus DNA testing in women with normal cytology results.)	Screening should begin at 30 years of age and should occur no more frequently than every 3 years
<b>Counseling for sexually transmitted infections (STIs) for all sexually active women</b>	Annual
<b>Counseling and screening for human immune-deficiency virus (HIV) for all sexually active women</b>	Annual
<b>Contraception</b>	
<ul style="list-style-type: none"> <li>• Education and counseling related to contraceptives and sterilization for women with reproductive capacity</li> <li>• Surgical sterilization (hysterectomies are excluded; hysterectomies are not performed solely for sterilization)</li> <li>• The following contraceptive methods (devices and associated procedures, such as device removal, and pharmaceutical contraceptives) for women with reproductive capacity.               <ul style="list-style-type: none"> <li>○ OTC contraceptives                   <ul style="list-style-type: none"> <li>▪ Female condoms, all products</li> <li>▪ Sponges, all products</li> <li>▪ Spermicides, all products</li> <li>▪ Emergency contraception (i.e. morning after pill, Plan B, ella®)</li> </ul> </li> <li>○ Cervical Caps</li> <li>○ Diaphragms</li> <li>○ Injections. Only covered as preventive for Medroxyprogesterone Acetate 150 mg. which is the only drug and dosage used for contraception.</li> <li>○ Implantable Rods</li> <li>○ IUDs</li> <li>○ Generic oral contraceptives                   <ul style="list-style-type: none"> <li>▪ All generic contraceptives will be covered as preventive</li> <li>▪ Brand oral contraceptives will continue to require member cost sharing (e.g. deductible, copay, and/or coinsurance)</li> </ul> </li> <li>○ Trans-dermal contraceptives (i.e. contraceptive patches, ORTHO EVRA®)</li> <li>○ Vaginal rings (i.e. NuvaRing®)</li> </ul> </li> </ul> <p>Click <a href="#">here</a> to see a complete list of preventive oral contraceptives.</p>	<ul style="list-style-type: none"> <li>• Anesthesia services will pay at 100% only for sterilization. Sterilization coverage applies to all places of service, with the exception of the Emergency Room. Separately billed services are not covered under preventive services and are subject to the normal benefits based on place of service.</li> <li>• Diaphragms, vaginal rings, contraceptive patches, female condoms, sponges, spermicides, and emergency contraception available only with a prescription.</li> <li>• Services for contraceptive device removal will be provided with no cost sharing to appropriate groups</li> <li>• Diaphragms are available only through the pharmacy and IUDs are available only through a professional provider.</li> <li>• If there is a medical reason you cannot take a generic contraceptive, your doctor should review this <a href="#">criteria</a>. If you meet these, he/she can submit this information via this <a href="#">fax form</a>.</li> </ul>



List of Preventive Care Services Covered at 100% for Non-Grandfathered Group Plans

<b>CONTINUED - Women's Preventive Services</b>	<b>Frequency / Comments</b>
<p><b>Breastfeeding support, supplies, and counseling</b>            (Comprehensive lactation (breastfeeding) support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for breastfeeding equipment)</p> <ul style="list-style-type: none"> <li>• Certain breast pumps for post-partum women:               <ul style="list-style-type: none"> <li>+ One manual or electric breast pump purchase per delivery is covered.</li> <li>+ Benefit available after member has delivered the baby.</li> <li>+ Breast Pumps come with certain supplies, such as tubing, shields, and bottles. All other supplies are excluded (i.e. creams, nursing bras, replacement tubing for breast pump).</li> <li>+ Breast pumps must be purchased from participating DME vendors.                   <ul style="list-style-type: none"> <li>- Not all participating DME vendors carry all items; please check with your local participating vendor of choice to see if they carry breast pumps. Edgepark carries breast pumps (1-800-321-0591) or go to the Find A Doctor or Facility page to find a vendor close to you. (<a href="http://www.bcbsnc.com/content/providersearch/index.htm">http://www.bcbsnc.com/content/providersearch/index.htm</a>) If you need help finding a DME vendor that carries breast pumps, call the Customer Service number on the back of your BCBSNC member id card.</li> </ul> </li> <li>+ Hospital grade breast pumps are excluded and not covered.</li> </ul> </li> </ul>	<p>Counseling covered at 100% through in-network providers (i.e., OB/GYNs, midwives, facilities)</p>
<p><b>Screening and counseling for interpersonal and domestic violence</b></p>	<p>Annual</p>



List of Preventive Care Services Covered at 100% for Non-Grandfathered Group Plans

**Vaccines Recommended by the Centers for Disease Control and Prevention (CDC)**

- Diphtheria, Tetanus-Acellular, Pertussis (DTap)
- Measles, Mumps, Rubella (MMR)
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A
- Hepatitis B
- Influenza (Flu)
- Pneumococcal
- Meningococcal
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (IPV)
- Rotavirus
- Varicella (Chicken Pox)
- Tetanus-Diphtheria /Tetanus-Diphtheria Acellular Pertussis (Tdap)
- Herpes Zoster (Shingles)\*

Adult and Child & Adolescent Immunization Schedules (for persons aged 0-6 years, 7-18 years, and “catch-up schedule”)

Refer to the CDC’s posted schedule of immunizations  
<http://www.cdc.gov/vaccines/schedules/index.html>

\* The shingles vaccine is covered in accordance with the Food and Drug Administration (FDA) guidelines. Zostavax is FDA approved for people over the age of 50.

Frequency / Comments
Doses, recommended ages and recommended populations vary. All recommended routine immunizations will be allowed with no cost-share.