

# Coverage for preventive services

## When is a test preventive? When is it diagnostic?

Healthcare reform legislation known as the Affordable Care Act (ACA) is making sweeping changes in healthcare, and one of the first things to take effect was expanded coverage for preventive services. Commercial health plans (except for “grandfathered” plans), individual plans and Medicare must fully cover certain services that have proven to make a positive difference in clinical outcomes. As we have always believed in the value of preventive care, Health First wholeheartedly supports these rules and covers all required preventive benefits with *no cost share* when you see participating providers and follow established guidelines and frequency limits:

### Screenings, including those for:

- Abdominal aortic aneurysms in adult men
- Alcohol and drug misuse in adolescents and adults
- Anemia in children and adolescents
- Anxiety
- Bacteriuria
- Blood pressure
- Breast, cervical, prostate, and colorectal cancer
- Cholesterol abnormalities
- Depression
- Development, behavior and autism in children
- Diabetes
- Domestic violence
- Hearing in children
- Hemoglobinopathies (sickle cell) in newborns
- Hepatitis B screening for pregnant women and high-risk individuals
- Hepatitis C
- Human immunodeficiency virus (HIV)
- Human Papillomavirus (DNA testing)
- Hypothyroidism in newborns
- Lead exposure in children
- Lung cancer for adults aged 50–80 at high risk
- Obesity
- Obstetric panel

- Osteoporosis in elderly or at-risk women
- PKU in newborns
- Preeclampsia
- Rh incompatibility in pregnant women
- Sexually-transmitted infections
- Tuberculosis
- Urinary Tract Infections in pregnant women and adults as part of the annual preventive examination
- Vision in children

### Physical exams, including:

- Annual physicals
- Well-woman exams
- Well-child exams

### Medications, when prescribed by a physician:

- Aspirin\*—for certain adults aged 50 to 59 and at-risk pregnant women
- Folic acid\*—all women who are planning or capable of pregnancy
- Oral contraceptives (see formulary for details)
- Tobacco cessation products\* (see formulary for details)
- Vitamin D\*—for adults aged 65+ and at increased risk for falls

### Immunizations for children and adults, including:

- Diphtheria
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella (MMR)
- Meningococcus
- Pertussis
- Pneumococcus
- Rotavirus
- Tetanus
- Varicella

### Counseling services,

including those related to:

- Alcohol or drug misuse
- Aspirin therapy to prevent cardiovascular disease
- Breast cancer chemo-prevention and genetics
- Breastfeeding
- Cardiovascular disease
- Domestic violence
- Folic acid supplementation related to pregnancy
- Healthy diet
- Healthy weight and weight gain in pregnancy
- Human immunodeficiency virus (HIV)

- Iron supplements for children at risk
- Obesity
- Oral health/cavity prevention in children
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use

### Additional services:

- Breastfeeding supplies
- FDA-approved contraception prescribed by a physician (review your plan benefits for coverage regarding vasectomies)
- Fall prevention services for older adults

\* *Must be ordered through Health First Family Pharmacy (call toll-free 1.866.469.1506)*

## When is a test preventive? When is it diagnostic?

Sometimes, there's no cost share for your mammogram or colonoscopy, and sometimes you have to pay your share of the cost. How do you know what to expect?

With expanded coverage of preventive services under healthcare reform (the Affordable Care Act), this question has become increasingly important to members who want to estimate their costs for medical care. Certain preventive services are covered with no cost share when obtained from contracted health plan providers, so it is important to distinguish a preventive (also called "screening") exam from one that is considered diagnostic (or not covered at all). How can you tell the difference?

In general, **a preventive/screening exam is performed when you do not have signs or symptoms** of the condition in question—the goal is to detect problems early, before symptoms appear, and prevent serious medical conditions from developing or getting worse. For a test to be considered a "preventive" screening under the law and covered with no cost share, it must have a rating of A or B by the U.S. Preventive Services Task Force (USPSTF) and meet established recommendations related to gender, age, risk and frequency. **If you have symptoms of the condition you are being tested for, or if you've already been diagnosed with the condition, related tests would be considered diagnostic** and a cost share may apply. Screening tests that do not meet the USPSTF's recommendations may not be covered at all.

Common examples of preventive screening exams include mammograms, certain blood tests for cholesterol and diabetes, and colorectal cancer exams. For example, the USPSTF recommends most people (those age 45 years and older with average risk and no symptoms) get a colonoscopy once every 10 years to check for colorectal cancer. Another option for most people would be a sigmoidoscopy every five years with a fecal occult blood test every three years. If you're simply getting one of these tests because you just turned 45 or it's been 10 years since your last colonoscopy, these tests are screenings, so they're covered with no cost share, even if a polyp is removed during the colonoscopy or sigmoidoscopy. For people at high risk, including those with a personal or family history of colon cancer, Health First covers more frequent screenings—those members can get a preventive colonoscopy or sigmoidoscopy every three years with no cost share.

If you're having gastrointestinal problems and need a colonoscopy or another test to find out what's wrong, that test would be diagnostic and a cost share would apply. The exact amount depends on your plan.

Prevention is an important part of your healthcare, so make sure you see your doctor every year for a physical exam and to discuss other preventive services that are appropriate for you. For a current list of recommended preventive services at any time, visit **healthcare.gov**, and contact Health First's Customer Service Department toll-free at **1.855.443.4735** with questions about preventive coverage.

The preventive services the ACA requires health plans to cover come from several sources:

- Services recommended by the United States Preventive Services Task Force (USPSTF) with a current rating of A or B.
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) for routine use in children, adolescents and adults.
- Preventive care and screenings for women, infants, children and adolescents listed in the comprehensive guidelines of the Health Resources and Services Administration (HRSA).

Health First continually monitors any changes to the federal preventive guidelines and ACA, and will adjust coverage as required by law. For more information, visit **healthcare.gov** or contact Customer Service.



## Health Plans

Toll-free **1.855.443.4735**

TDD/TTY 1.800.955.8771

Call weekdays 8 a.m. to 6 p.m.

**myHFHP.org**