

# MAKING THE NEW HEALTH CARE LAWS WORK FOR MONTANA



## Patient Protection and Affordable Care Act Preventive Health Care Benefit

**This benefit may not be included in some grandfathered health plans. Please refer to your contract or member guide.**

Preventive Health Care for services provided for screening or preventive purposes and submitted with a routine diagnosis will be covered at 100% of the Allowable Fee. This means that these Benefits are not subject to Deductible, Coinsurance or Copayment. However, if services were rendered because of an established medical condition, those services will be subject to Deductible, Coinsurance and Copayments.

### Services include, but are not limited to:

1. Services that have an "A" or "B" rating\* in the United States Preventive Services Task Force's current recommendations; and
2. Immunizations recommended by the Advisory Committee of Immunizations Practices of the Centers for Disease Control and Prevention; and
3. Health Resources and Services Administration (HRSA) Guidelines for Preventive Care & Screenings for Infants, Children, Adolescents and Women; and
4. Current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued prior to November 2009.

**Note:** The United States Preventive Services Task Force assigns a rating (letter grade) to all services that are recommended. Services with an A & B rating are those services which the Task Force deems most effective for wellness and prevention.

Examples of covered screening and preventive services, when billed with a routine diagnosis, are:

1. Physical examination and related tests as recommended for routine physical exams.
2. Screening mammograms which are recommended every 1 to 2 years for women over 40. Generally, mammograms with a medical diagnosis will also be paid at 100% of the Allowable Fee. Please refer to your contract or Member Guide for specific information on mammogram benefits.
3. Screening for cervical cancer, including pap tests, related lab charges and related office visit.
4. Screening for colorectal cancer, including colonoscopies for adults 50 years of age and older, proctoscopies, sigmoidoscopies, or hemocults and related office calls.
5. Screening for sexually transmitted diseases and HIV.
6. Screening for prostate cancer which includes for tumor antigen or prostate specific antigen (PSA) and related office call.
7. Routine diagnostic x-ray and laboratory services including but not limited to chemistry screens, cholesterol and other blood fats tests and thyroid (T4) test.
8. Immunizations and vaccinations for children and adults, including those for influenza, tetanus, diphtheria, chicken pox, measles, mumps, pneumonia and hepatitis A & B .

Additional information on the Preventive Health Care Benefit is available at [www.bcbsmt.com](http://www.bcbsmt.com) on the Members' Home Page under Medical Policy.