

# AFFORDABLE CARE ACT Preventive Care



BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

## WHAT THE LAW REQUIRES

The Affordable Care Act (ACA), or health care reform law, requires non-grandfathered plans to cover certain preventive care services at no cost-sharing when you get them from the plan's in-network providers.

These "Recommended Preventive Services" are described in the United States Preventive Services Task Force (USPSTF) A and B Recommendations. Immunization guidelines are based on those from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA) guidelines including the American Academy of Pediatric Bright Futures recommendations.

### Who does it impact?

The preventive services provisions of the law apply to **non-grandfathered** health plans. This includes both **individual** health plans and **employer-sponsored (group)** health plans.

*A non-grandfathered plan is one that took effect after the law was enacted on March 23, 2010. A grandfathered health plan is one that was in effect before this date. A plan remains grandfathered as long as it does not significantly reduce benefits or increase out-of-pocket spending above what it was when the new law was enacted.*

### When does it take effect?

The preventive services provision took effect for non-grandfathered plans for plan years on or after September 23, 2010. Coverage for additional women's preventive services took effect for plan years on or after August 1, 2012. As services are added or updated, health plans must begin to provide coverage consistent with the recommendation in the first plan or policy year that begins on or after one year after the recommendation went into effect.

### For more information

This document provides an overview of these services, but you should visit the appropriate websites (listed throughout this document) for more details. You may also visit [www.healthcare.gov](http://www.healthcare.gov) for more information.

To learn more about grandfathered versus non-grandfathered plans, go to: <https://www.healthcare.gov/what-if-i-have-a-grandfathered-health-plan>.

### A word of caution

There may be times when a patient who receives a recommended preventive care service still must pay an out-of-pocket amount for the associated office visit. Two things affect this. One is how the provider bills and codes the preventive service — either separately from the office visit or with the office visit. The other is the primary purpose of the office visit.

If the provider bills the preventive service separately from the office visit, the patient may be required to pay the usual cost-sharing (coinsurance or copayment) amount for the office visit — but not the recommended preventive service. This may occur regardless of the primary purpose for the office visit.

If the provider includes the recommended preventive care service with the office visit, then the primary purpose of the office visit comes into play.

- If the primary purpose of the office visit is to get the recommended preventive care service, the patient does not have to pay for the office visit or preventive care service.
- If the primary purpose of the office visit is for something other than the recommended preventive care service, the patient may be charged the usual cost-sharing amount (copayment or coinsurance) for the office visit.

Providers who have questions about this should call their BlueCross/BlueChoice provider representative for assistance.

# PREVENTIVE SERVICES:

## USPSTF A and B Recommendations

To read more about these services, please visit this website: <http://www.uspreventiveservicestaskforce.org/uspstf/uspstabrecs.htm>.

*Please keep in mind that services may be added to this list or changed. When that occurs, health plans must begin to provide coverage consistent with the recommendation in the first plan or policy year that begins on or after one year after the recommendation went into effect. For recently added or updated services, those dates are noted in italics; all other services are currently in effect.*

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Abdominal aortic aneurysm screening by ultrasonography (one-time; men ages 65–75 who have smoked) <b>6/20/15</b>	Gonorrhea screening (sexually active women)
Alcohol misuse screening and counseling	Healthy diet counseling (adults with hyperlipidemia and other risk factors)
Anemia screening; pregnant women	Hearing loss screening (newborns)
Aspirin to prevent cardiovascular disease (men ages 45–79; women ages 55–79)	Hemoglobinopathies (sickle cell) screening (newborns)
Bacteriuria screening (pregnant women)	Hepatitis B screening (nonpregnant adolescents and adults at high risk) <b>5/31/15</b>
Blood pressure screening (adults age 18 and over)	Hepatitis B screening (pregnant women)
BRCA risk assessment and genetic counseling/testing (women with family history/risk factors) <b>12/24/14</b>	Hepatitis C virus infection screening (adults)
Breast cancer preventive medications <b>9/24/14</b>	High blood pressure screening (age 18 and over)
Breast cancer screening [mammography] (women ages 40 and over)*	HIV screening (adolescents and adults at increased risk)
Breast-feeding counseling	HIV screening (pregnant women)
Cervical cancer screenings	Hypothyroidism screening (newborns)
Chlamydial infection screenings	Intimate partners violence screening (women of childbearing age)
Cholesterol screening (men ages 35 and older; women ages 45 and older; men and women at risk for heart disease: ages 20 and over)	Iron supplements (children ages 6–12 months at increased risk for iron deficiency)
Colorectal cancer screening: fecal occult blood testing, sigmoidoscopy or colonoscopy (ages 50–75)	Lung cancer screening <b>12/31/14</b>
Dental caries prevention (infants and children up to age 5 years) <b>5/31/15</b>	Obesity screening and counseling (adults and children over age 6)
Depression screening (adults)	Osteoporosis screening (women ages 65 and over; age 60 if at increased risk)
Depression screening: major depressive disorder (adolescents)	PKU screening (newborns)
Diabetes screening (adults with sustained blood pressure of 135/80 mm Hg or greater)	Rh incompatibility (pregnant women)
Falls prevention in older adults (exercise or physical therapy)	Sexually transmitted infections (STIs) counseling (sexually active adolescents; adults at increased risk)
Falls prevention in older adults (vitamin D supplements)	Skin cancer behavioral counseling (children, adolescents and young adults ages 10 to 24)
Folic acid supplements (women planning or capable of a pregnancy)	Syphilis screenings (people at increased risk; pregnant women)
Gestational diabetes mellitus screening (pregnant women) <b>1/14/15</b>	Tobacco use screening and intervention (adults and pregnant women)
Gonorrhea, prophylactic eye medicine (newborns)	Tobacco use interventions: children and adolescents <b>8/27/14</b>
	Visual acuity (children under age 5)

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

# ADDITIONAL PREVENTIVE SERVICES FOR CHILDREN

To view or download a PDF of the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Care, visit: [http://brightfutures.aap.org/pdfs/AAP\\_Bright\\_Futures\\_Periodicity\\_Sched\\_101107.pdf](http://brightfutures.aap.org/pdfs/AAP_Bright_Futures_Periodicity_Sched_101107.pdf)

## Medical History

### Measurements

Length/height and weight  
Head circumference  
Weight for length  
Body mass index  
Blood pressure

### Sensory Screening

Vision  
Hearing

### Developmental/Behavioral Assessments

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

## Physical Exam

### Procedures

Newborn metabolic/hemoglobin screening  
Immunizations  
Hematocrit or hemoglobin  
Lead screening  
Tuberculin test  
Dyslipidemia screening  
Sexually transmitted Infection (STI) prevention counseling and screening  
Cervical dysplasia screening

### Oral Health

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## CHILD IMMUNIZATIONS

To read more about the recommended immunizations for infants, children and teens, including the dosing schedules by specific age, please visit this website: [http://www.vaccines.gov/who\\_and\\_when/infants\\_to\\_teens/index.html](http://www.vaccines.gov/who_and_when/infants_to_teens/index.html)

### Birth to 15 Months

Hepatitis A  
Hepatitis B  
Rotavirus  
Diphtheria, tetanus, pertussis  
Haemophilus influenza type b  
Pneumococcal  
Inactivated poliovirus  
Influenza  
Measles, mumps, rubella  
Varicella  
Meningococcal

### 18 Months to 18 Years

Hepatitis A  
Hepatitis B  
Tetanus, diphtheria, pertussis  
Human papillomavirus  
Meningococcal  
Influenza  
Pneumococcal  
Inactivated poliovirus  
Measles, mumps, rubella  
Varicella

*In addition to these recommendations, there are also “catch-up” recommendations for children who fall behind or start late with their immunizations. To see those recommendations, please visit this website: [http://www.vaccines.gov/who\\_and\\_when/child/index.html](http://www.vaccines.gov/who_and_when/child/index.html)*

# ADULT IMMUNIZATIONS

To read more about the recommended immunizations for adults, including the dosing schedules by specific age and group, please visit this website: [http://www.vaccines.gov/who\\_and\\_when/adults/index.html](http://www.vaccines.gov/who_and_when/adults/index.html)

## Adults (Age 19 and Over)

Tetanus, diphtheria, pertussis

Human papillomavirus

Varicella

Zoster

Measles, mumps, rubella

Influenza

Pneumococcal

Hepatitis A

Hepatitis B

Meningococcal

Haemophilus influenza type b



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