



Health care reform update

Your guide to preventive services

Preventive services coverage

Kaiser Foundation Health Plan of the Northwest has always offered broad, affordable coverage options that encourage members to seek care before a health condition becomes serious. And we remain committed to improving the long-term health of our members. In compliance with the Patient Protection and Affordable Care Act (PPACA), we eliminated member cost share for certain preventive services on some plans, including:

- All new and renewing individual and family plans, except those with grandfathered status.
- All new and renewing small group plans.
- All large group plans other than grandfathered plans and retiree-only plans.
- All grandfathered and retiree-only large group plans that choose to add the preventive services package.

In addition, in August 2011, the Health Resources and Services Administration published guidelines on women's preventive services. Effective August 1, 2012, these services will be added to the list of mandated preventive services for non-grandfathered and grandfathered plans that adopted the PPACA preventive benefits.

In this document, you'll find a summary of the federal requirements for preventive services, including women's preventive services, followed by a list of additional preventive services for each state where Kaiser Permanente provides care.

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Your guide to preventive services under health care reform

The required preventive services are based on recommendations by the U.S. Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention. For many plans, we bundled those services into a national package with no cost sharing for members. Additional services are mandated in some states. We cover all federal- and state-mandated benefits as required by law.



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A summary of national preventive services

New health insurance plans beginning on or after September 23, 2010, must cover the following preventive services without a copayment, coinsurance, or deductible, when these services are delivered by a network provider:

Preventive services for adults

- Age-appropriate **preventive medical examination**.
- Discussion with primary care physician about **alcohol misuse**.
- Discussion with primary care physician about **obesity and weight management**.
- **Abdominal aortic aneurysm** — one-time screening by ultrasonography in men ages 65 to 75 who have smoked.
- **Blood pressure** screening for all adults.
- **Cholesterol** screening for adults at higher risk of cardiovascular disease.
- **Colorectal cancer** screening for adults ages 50 to 75.
- **Prostate cancer** screening in men ages 50 to 75.
- **Depression** screening for adults.
- **Type 2 diabetes** screening for adults with high blood pressure.
- Discussion with primary care physician about **aspirin** for adults at higher risk of cardiovascular disease.
- Discussion with primary care physician about **diet counseling** for adults at higher risk of chronic disease.
- **Immunizations** for adults (doses, recommended ages, and recommended populations vary):
 - Hepatitis A.
 - Hepatitis B.
 - Herpes zoster.
 - Human papillomavirus.
 - Influenza.



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- Measles, mumps, rubella.
- Meningococcal.
- Pneumococcal.
- Tetanus, diphtheria, pertussis.
- Varicella.
- Screening for all adults at higher risk of **sexually transmitted infections** and counseling for prevention of sexually transmitted infections, including:
 - HIV.
 - Gonorrhea.
 - Syphilis.
 - Chlamydia.
- Discussion with primary care physician about **tobacco cessation**.

Preventive services for women, including pregnant women

- Age-appropriate **preventive medical examination**.
- Discussion with primary care physician about **preconception**.
- Discussion with primary care physician about **chemoprevention** in women at higher risk of breast cancer.
- Discussion with primary care physician about inherited susceptibility to **breast and/or ovarian cancer**.
- **Mammography** screening for breast cancer for women ages 50 to 74.
- **Mammography** screening for breast cancer in other age groups as jointly determined by patient and physician.
- **Cervical cancer** screening in women ages 21 to 65.
- **Osteoporosis** screening for women age 65 or older and women at higher risk.
- Discussion with primary care physician about **tobacco cessation**.
- **Chlamydia infection** screening for sexually active women at higher risk.
- **Gonorrhea** screening for all women at higher risk.



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- **Syphilis** screening for all pregnant women and other women at higher risk.
- **Anemia** screening for pregnant women.
- **Urinary tract** or other infection screening for pregnant women.
- **Hepatitis B** screening for pregnant women at their first prenatal visit.
- Discussion with primary care physician about efforts to promote and support **breastfeeding**.
- Cost for **manual breast pump**.
- Comprehensive **lactation support and counseling**.
- Discussion with primary care physician about **folic acid supplements** for women who may become pregnant.
- **Rh incompatibility** screening for pregnant women and follow-up testing for women at higher risk.
- **Gestational diabetes** screening in pregnant women between 24 and 28 weeks of gestation and for pregnant women identified to be at high risk for diabetes.
- Discussion with primary care physician about **interpersonal and domestic violence**.
- Prescribed **contraceptive devices and contraceptive drugs** that are approved by the Food and Drug Administration.
- **Transabdominal and transcervical female sterilizations**.
- Discussion with primary care physician about **contraceptive methods**.

Preventive services for children

- Age-appropriate **preventive medical examination**.
- **Medical history** throughout development.
- **Height, weight, and body mass index** measurements.
- **Behavioral** assessments for children of all ages by primary care physician.
- **Developmental** screening for children under 3 years and assessment throughout childhood by primary care physician.
- Discussion with primary care physician about **alcohol and drug use** assessments for adolescents.



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- **Autism** screening at 18 months and 24 months by primary care physician.
- **Cervical dysplasia** screening for sexually active females.
- **Congenital hypothyroidism** screening for newborns.
- **Phenylketonuria (PKU)** screening for newborns.
- **Dyslipidemia** screening for children at higher risk of lipid disorders.
- **Oral health** risk assessment for young children by primary care physician.
- **Lead** screening for children at risk of exposure.
- Discussion with primary care physician about **obesity** screening and counseling.
- **Gonorrhea** prevention medication for the eyes of all newborns.
- **Hearing** screening for all newborns.
- **Vision** screening for all children.
- **Hematocrit or hemoglobin** screening.
- **Hemoglobinopathies or sickle cell** screening for newborns.
- **Tuberculin** testing for children at higher risk of tuberculosis.
- **HIV** screening for adolescents at higher risk.
- **Sexually transmitted infection** prevention counseling for adolescents at higher risk.
- Discussion with primary care physician about **fluoride supplements** for children who have no fluoride in their water source.
- Discussion with primary care physician about **iron supplements** for children ages 6 months to 12 months who are at risk for anemia.
- **Immunizations** for children from birth to 18 years (doses, recommended ages, and recommended populations vary):
 - Diphtheria, tetanus, pertussis.
 - Haemophilus influenzae type B.
 - Hepatitis A.
 - Hepatitis B.
 - Human papillomavirus.



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- Inactivated poliovirus.
- Influenza.
- Measles, mumps, rubella.
- Meningococcal.
- Pneumococcal.
- Rotavirus.
- Varicella.

State-mandated services

This list includes information about the state-mandated services that are in addition to those required by federal health care reform. We provide these services as part of our preventive services package for each state where members access our care:

California

- Family planning visits.*
- Scheduled prenatal visits.
- First postpartum visit.*
- Health education.
- Routine vision examinations.
- Routine hearing examinations.

Colorado

- Breast cancer screenings for all at-risk individuals regardless of age.
- Colorectal cancer screenings for all at-risk individuals regardless of age.

Georgia

- Ovarian cancer test for women over 35 or at risk.
- Prostate cancer screenings (such as prostate-specific antigen testing and digital rectal examination).



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Maryland

- Prostate cancer screenings (such as prostate-specific antigen testing and digital rectal examination).
- Routine hearing examinations (screenings for newborns).
- Labs and X-rays associated with well-child visit.

Oregon

- Prostate cancer screenings (such as prostate-specific antigen testing and digital rectal examination).
- Scheduled prenatal visits and first postpartum visit.

Virginia

- Prostate cancer screenings (such as prostate-specific antigen testing and digital rectal examination).
- Routine hearing examinations (screenings for newborns).
- Labs and X-rays associated with well-child visit.

Washington

- Prostate cancer screenings (such as prostate-specific antigen testing and digital rectal examination).
- Scheduled prenatal visits and first postpartum visit.

Washington, D.C.

- Prostate cancer screenings (such as prostate-specific antigen testing and digital rectal examination).
- Routine hearing examinations (screenings for newborns).
- Labs and X-rays associated with well-child visit.

Additional information about preventive services

Preventive vs. diagnostic or therapeutic services

There are some additional things to keep in mind about coverage for preventive services vs. coverage for diagnostic or therapeutic services:



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- When both preventive services and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services but not for the preventive services.
- When a preventive service turns into a diagnostic or therapeutic service in the same visit, the diagnostic or therapeutic cost share will apply.
- Deductibles, copayments, and coinsurance may also apply to other preventive services that are covered by Kaiser Permanente but are not part of the new law.
- The services listed in this document may be subject to age and frequency guidelines and to cost share outside these guidelines.

Medical necessity

A Kaiser Permanente health professional will determine whether services are medically necessary for each member. A service is considered medically necessary if it's medically required to prevent, diagnose, or treat a member's condition or clinical symptoms and it's consistent with generally accepted professional standards of care in the medical community.

For more information

Please see your *Evidence of Coverage* or *Member Agreement* for details about how the preventive services mandate applies to your plan, or contact your Kaiser Permanente representative for more information.

*Family planning visits and postpartum visits are not covered under the preventive services benefit package for health savings account (HSA)–compliant plans in California, and a deductible, copayment, or coinsurance may apply.

This information was accurate at the time of publishing. However, more updated information may now be available. For the most current information, please contact your Kaiser Permanente representative.

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