



# Health care reform update

## Your guide to preventive services

### Preventive services coverage

Kaiser Permanente 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 Affordable Care Act, we eliminated member cost sharing for certain preventive services on the following commercial (non-Medicare) plans:

- All individual and family plans, except those with grandfathered status
- All small group plans
- All large group plans other than grandfathered plans and retiree-only plans
- All grandfathered and retiree-only large group plans that chose to add our Health Care Reform Preventive Services Package

In addition, in August 2011, the Health Resources and Services Administration (HRSA) published guidelines on women's preventive services. These services will be added to the list of mandated preventive services for nongrandfathered and grandfathered plans that have the Health Care Reform Preventive Services Package effective with the first plan year beginning on or after August 1, 2012.

In this document, you'll find a summary of our Health Care Reform Preventive Services Package including the women's preventive services, followed by a list of mandated services for certain states. For contracts issued in one of these states, our Health Care Reform Preventive Services Package also includes the services listed for that state.

#### [Your guide to preventive services under health care reform](#)

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## Your guide to preventive services

### Your guide to preventive services under health care reform

The required preventive services are based on recommendations by the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention. The services listed in this document may be subject to age and frequency guidelines, and may be subject to cost sharing if they are not provided in accord with these guidelines.

Our Health Care Reform Preventive Services Package covers 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 regarding **alcohol misuse**
- Discussion with primary care physician regarding **obesity and weight management**
- **Abdominal aortic aneurysm**—one-time screening by ultrasonography in men age 65 to 75 who have ever smoked
- **Blood pressure** screening for all adults
- **Cholesterol** screening for adults at higher risk of cardiovascular disease
- **Colorectal cancer** screening for adults age 50 to 75
- **Prostate cancer** screening in men age 50 to 75
- **Depression** screening for adults
- **Type 2 diabetes** screening for adults with high blood pressure
- Discussion with primary care physician regarding aspirin for adults at higher risk of cardiovascular disease
- Discussion with primary care physician regarding **diet counseling** for adults at higher risk for chronic disease
- **Immunizations** for adults (doses, recommended ages, and recommended populations vary):
  - Hepatitis A
  - Hepatitis B
  - Herpes zoster
  - Human papillomavirus
  - Influenza
  - Measles, mumps, rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, diphtheria, pertussis
  - Varicella



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- Screening for all adults at higher risk for **sexually transmitted infections** and counseling for prevention of sexually transmitted infections, including:
  - Chlamydia
  - Gonorrhea
  - HIV
  - Syphilis
- Discussion with primary care physician regarding **tobacco cessation**

### Preventive services for women, including pregnant women

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



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### Preventive services for women *(continued)*

Effective for plan years beginning on or after August 1, 2012

- Routine **prenatal care visits**
- Discussion with primary care physician regarding **preconception care**
- Discussion with primary care physician about interventions to promote and support **breastfeeding and comprehensive lactation support and counseling**
- Costs for renting **breastfeeding equipment**
- **Gestational diabetes** screening for 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**
- **Female sterilizations** (Some group plans are not required to cover these services. For more information on whether your plan covers these services, see your *Evidence of Coverage* or contact your Kaiser Permanente representative.)
- Prescribed, FDA-approved, **contraceptive devices and contraceptive drugs**; discussion with primary care physician about **contraceptive methods** (Some group plans are not required to cover these services. For more information on whether your plan covers these services, see your *Evidence of Coverage* or contact your Kaiser Permanente representative.)

### Preventive services for children

- Age-appropriate **preventive medical examination**
- **Medical history** for all children throughout development
- **Height, weight, and body mass index** measurements for children
- **Behavioral** assessments for children of all ages by primary care physician
- **Developmental** screening for children under 3 years and surveillance throughout childhood by primary care physician
- Discussion with primary care physician regarding **alcohol and drug use** assessments for adolescents
- **Autism** screening for children at age 18 months and 24 months by primary care physician
- **Cervical dysplasia** screening for sexually active females
- **Congenital hypothyroidism** screening for newborns
- **Phenylketonuria (PKU)** screening in newborns
- **Dyslipidemia** screening for children at higher risk of lipid disorders



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- **Oral health** risk assessment for young children by primary care physician
- **Lead** screening for children at risk of exposure
- Discussion with primary care physician regarding **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 for children
- **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 (STI)** prevention counseling for adolescents at higher risk
- Discussion with primary care physician regarding **fluoride supplements** for children who have no fluoride in their water source
- Discussion with primary care physician regarding **iron supplements** for children age 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
  - Inactivated poliovirus
  - Influenza
  - Measles, mumps, rubella
  - Meningococcal
  - Pneumococcal
  - Rotavirus
  - Varicella

Additionally, Kaiser Permanente will continue to cover the physical maintenance examination at no member cost share for all groups adding our Health Care Reform Preventive Services Package.



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### State- or region-mandated services

Below are lists of state- or region-mandated services. For contracts issued in one of these states or regions, our Health Care Reform Preventive Services Package also includes the services listed for that state or region.

#### California

- Family planning visits
- Scheduled prenatal visits
- First postpartum visit<sup>1</sup>
- Health education
- Routine vision examinations
- Routine hearing examinations

### Additional information about preventive services

#### Preventive and other services provided during the same visit

There are some additional things to keep in mind about coverage for mandated preventive services that are provided along with other services during the same visit:

The following cost-sharing rules apply when a mandated preventive service is provided during an office visit:

- If the preventive service is billed separately (or is tracked as individual encounter data separately) from the office visit, then cost sharing may apply to the office visit.
- If the preventive service is **not** billed separately (or is not tracked as individual encounter data separately) from the office visit, then:
  - If the primary purpose of the office visit is the delivery of the preventive service, then no cost sharing may apply to the office visit.
  - If the primary purpose of the office visit is **not** the delivery of the preventive service, then cost sharing may apply to the office visit.

#### Medical necessity

A Kaiser Permanente health professional will determine if a service is medically necessary for a member. A service is 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.



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### **For more information**

Please see the *Evidence of Coverage, Certificate of Insurance* or *Member Handbook* for plan information about preventive services, or contact your Kaiser Permanente representative for more information.

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<sup>1</sup> Postpartum visits are not covered under the Health Care Reform Preventive Services Package for health savings account (HSA)–compliant plans in California, and a deductible, copayment, or coinsurance may apply.

Information may have changed since publication.

Business Marketing Communications  
73719 June 2012