

# Health Care Reform

## Preventive Care Services for Health Care Reform Compliant Plans (Non-Grandfathered Plans)

The Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA) provide for the coverage of preventive benefits with no cost sharing for non-grandfathered plans. The list below comprises Blue Cross and Blue Shield of North Carolina's preventive care services for non-grandfathered Health Care Reform compliant plans. Preventive services are based upon government recommendations; providers base services administered upon those same government recommendations.

<ul style="list-style-type: none"> <li>Annual Preventive Exam</li> </ul>	<ul style="list-style-type: none"> <li>High Blood Pressure Screening (18 and older)</li> </ul>
<ul style="list-style-type: none"> <li>Prostate Specific Antigen Test (Men)</li> </ul>	<ul style="list-style-type: none"> <li>HIV Screening (At Risk and All Pregnant Women)</li> </ul>
<ul style="list-style-type: none"> <li>Adult Aortic Aneurysm Screening (one time male age 65-75 if ever smoked)</li> </ul>	<ul style="list-style-type: none"> <li>(OTC) Iron Deficiency Anemia, Prevention (At Risk 6 to 12 Month Old Babies)*</li> </ul>
<ul style="list-style-type: none"> <li>Alcohol Misuse Screening and Behavioral Counseling Intervention</li> </ul>	<ul style="list-style-type: none"> <li>Iron Deficiency Anemia, Screening (Pregnant Women)</li> </ul>
<ul style="list-style-type: none"> <li>(OTC) Aspirin (81mg/day) for the Prevention of Cardiovascular Disease* (Men 45-79; Women 55-79)</li> </ul>	<ul style="list-style-type: none"> <li>Lipid Disorders in Adults, (Cholesterol) Screening, one per year (Men: 35+ / Women: 45+ Men at risk for CAD: 20-35 / Women: 20-45)</li> </ul>
<ul style="list-style-type: none"> <li>Asymptomatic Bacteriuria in Adults, Screening (Pregnant Women)</li> </ul>	<ul style="list-style-type: none"> <li>Major Depressive Disorders in Adolescents, Screening</li> </ul>
<ul style="list-style-type: none"> <li>Breast Cancer Screening (NC State Mandate), one per year</li> </ul>	<ul style="list-style-type: none"> <li>Obesity in Adults Screening and Intensive Counseling and Behavioral Interventions</li> </ul>
<ul style="list-style-type: none"> <li>Breast and Ovarian Cancer Susceptibility (NC State Mandate), Genetic Risk Assessment and BRCA Mutation Testing Based on Family Risk Factors (Women)</li> </ul>	<ul style="list-style-type: none"> <li>Osteoporosis in Women, Screening: 65+ / 60+ If At Risk</li> </ul>
<ul style="list-style-type: none"> <li>Breastfeeding, Primary Care Interventions to Promote</li> </ul>	<ul style="list-style-type: none"> <li>Phenylketonuria, Screening Newborn</li> </ul>
<ul style="list-style-type: none"> <li>Cervical Cancer Screening if Sexually Active (NC State Mandate) (Women)</li> </ul>	<ul style="list-style-type: none"> <li>Rh (D) Incompatibility, Screening (Pregnant Women)</li> </ul>
<ul style="list-style-type: none"> <li>Chlamydial Infection, Screening (Women), two per year</li> </ul>	<ul style="list-style-type: none"> <li>Sexually Transmitted Infections, Counseling (at risk adolescents and adults)</li> </ul>
<ul style="list-style-type: none"> <li>Colorectal Cancer Screening (Beginning at 50 and continuing to 75) Fecal occult blood testing: annual after age 50 Sigmoidoscopy: every 5 years Colonoscopy: every 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Sickle Cell Disease, Screening Newborns</li> </ul>
<ul style="list-style-type: none"> <li>Congenital Hypothyroidism Screening (Newborns)</li> </ul>	<ul style="list-style-type: none"> <li>Syphilis Infection Screening (At Risk and All Pregnant Women)</li> </ul>
<ul style="list-style-type: none"> <li>Dental Caries in Preschool Children up to age 6, (including 5 years/364 days old) Prescribed oral fluoride as preventative if deficient in water</li> </ul>	<ul style="list-style-type: none"> <li>Tobacco Use and Tobacco-Caused Disease, Counseling (Adults, Pregnant Women)</li> </ul>
<ul style="list-style-type: none"> <li>Depression (Adults) Screening</li> </ul>	<ul style="list-style-type: none"> <li>Type 2 Diabetes Mellitus in Adults, Screening with sustained blood pressure</li> </ul>
<ul style="list-style-type: none"> <li>Diet, Behavioral Counseling in Primary Care for Adults with Hyperlipidemia and Other Risk Factors</li> </ul>	<ul style="list-style-type: none"> <li>Visual Impairment in Children Younger than 5 Years, Screening</li> </ul>
<ul style="list-style-type: none"> <li>Gonorrhea Screening (Women)</li> </ul>	<ul style="list-style-type: none"> <li>Discuss Chemoprevention When at High Risk for Breast Cancer (Women)</li> </ul>
<ul style="list-style-type: none"> <li>Gonorrhea, Prophylactic Eye Medication, (Newborns)</li> </ul>	<ul style="list-style-type: none"> <li>Daily Supplement of OTC Folic Acid .4 - .8 mg (all women)*</li> </ul>
<ul style="list-style-type: none"> <li>Hearing Loss in Newborns, Screening</li> </ul>	<ul style="list-style-type: none"> <li>Developmental screening as recommended for children</li> </ul>
<ul style="list-style-type: none"> <li>Hepatitis B Virus Infection, Screening (Pregnant Women)</li> </ul>	

# Health Care Reform

**Immunizations listed below, based upon CDC Guidelines and Recommendations for Children and Adults**

• Hepatitis B-1 Vaccine
• Hepatitis B-2 Vaccine
• Hepatitis B-3 Vaccine
• Diphtheria-tetanus-acellular portussis (DTaP)-1 Vaccine
• DTaP-2 Vaccine
• DTaP-3 Vaccine
• DTaP-4 Vaccine
• DTaP-5 Vaccine
• Haemophilus influenzae type b (Hib)-1 Vaccine
• Hib-2 Vaccine
• Hib-3 Vaccine
• Hib-4 Vaccine
• Inactivated poliovirus (IPV)-1
• IPV-2
• IPV-3
• IPV-4
• Pneumococcal conjugate (PCV)-1
• PCV-2
• PCV-3
• PCV-4
• Measles-mumps-rubella (MMR)-1
• MMR-2
• Varicella (Var)-1
• Var-2
• Hepatitis A (HepA)-1
• HepA-2
• Influenza inactivated
• Influenza live attenuated
• Meningococcal conjugate
• Meningococcal polysaccharide (MPSV)-1
• MPSV-2
• Tetanus-diphtheria
• Tetanus-diphtheria acellular pertussis
• Pneumococcal polysaccharide (PPV)-1
• PPV-2
• Human papillomavirus (HPV)-1
• HPV-2
• HPV-3
• Rotavirus (RV)-1
• RV-2
• RV-3
• Zoster
• Rabies/RSV Vaccinations (at risk population only)

# Health Care Reform

## Well Baby/Well Child as Recommended, Including Below:

<ul style="list-style-type: none"> <li>• History (initial/interval)</li> </ul>
<ul style="list-style-type: none"> <li>• Measurements (length, height, weight, head circum, weight for length, BMI, Blood Pressure)</li> </ul>
<ul style="list-style-type: none"> <li>• Sensory screening (vision / hearing)</li> </ul>
<ul style="list-style-type: none"> <li>• Developmental/Behavioral Assessment (developmental screening, autism screening, Developmental surveillance, psych/behavioral assessment, Alcohol and Drug use assessment)</li> </ul>
<ul style="list-style-type: none"> <li>• Physical Examination</li> </ul>
<ul style="list-style-type: none"> <li>• Procedures: Newborn Metabolic/Hemoglobin screening, Hematocrit or Hemoglobin, Lead screening, Tuberculin Test, Dyslipidemia screening, STI screening, Cervical Dysplasia screening</li> </ul>
<ul style="list-style-type: none"> <li>• Oral Health</li> </ul>
<ul style="list-style-type: none"> <li>• Anticipatory Guidance</li> </ul>

## Labs Affiliated with Annual Physical Exam (Not necessarily annual tests; usually every 3 - 5 years)

<ul style="list-style-type: none"> <li>• CBC Anemia Screen for Children/Pregnant Women</li> </ul>
<ul style="list-style-type: none"> <li>• BMP (Basic Metabolic Panel)/HgbA1c (Diabetes Screen)</li> </ul>
<ul style="list-style-type: none"> <li>• Lipid Panel (Including Total Cholesterol, LDL, HDL, TG)</li> </ul>
<ul style="list-style-type: none"> <li>• TSH (recommended Thyroid Check in older population 50+)</li> </ul>
<ul style="list-style-type: none"> <li>• Standard UA (urinalysis) recommended for children and pregnant women</li> </ul>
<ul style="list-style-type: none"> <li>• HIV/STD tests for at risk groups (determined by age and sexual activity)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>NC State Mandates:</b> Breast/Cervical/Ovarian/Colorectal Cancer Screenings; Bone Mass Measurement; Gynecological Exams; Mammogram Screening; newborn Hearing Screening; and, Prostate Specific Antigen Test</li> </ul>
<ul style="list-style-type: none"> <li>• Pelvic Echography (Ovarian Cancer Screening)</li> </ul>
<ul style="list-style-type: none"> <li>• Clinical Breast Exam</li> </ul>
<ul style="list-style-type: none"> <li>• Digital Rectal Exam</li> </ul>

\* All OTC medication will require a physician's order or prescription which shall be filled at an accepted retail pharmacy in order to be covered by BCBSNC.

### Key:

- + Child/Adolescent = individuals aged 0-18
- + Adolescent = individuals aged 12-18
- + Adult = individuals aged 18 and over

This information has been prepared by Blue Cross and Blue Shield of North Carolina to assist our customers in understanding Health Care Reform. This publication is for information purposes only. It is not legal or tax advice. Please consult with your attorney or tax advisor for further advice. As regulations and other interpretive guidance are published, this information may change. We will continue to work with our customers going forward to provide updates and further assistance.