



BlueCross BlueShield of South Carolina  
BlueChoice HealthPlan of South Carolina

## Health Care Reform — Bulletin # 18

July 6, 2012

### Women's Preventive Services

In accordance with the Patient Protection and Affordable Care Act (PPACA), BlueCross BlueShield of South Carolina and BlueChoice HealthPlan will cover designated women's preventive services without cost sharing for the member of a non-grandfathered health plan when the services are provided by a network provider. Cost sharing includes deductibles, copayments and coinsurance.

While this provision is effective August 1, 2012, it will generally phase in for groups or individuals at the beginning of the next benefit period on or after August 1, 2012. This increased coverage applies to non-grandfathered individual policies and group health plans, whether fully insured or self-funded, and it applies to any BlueCross small groups that currently have PPACA benefits.

#### Covered Services:

Many of the screenings or services included in this provision would be provided during an annual well-woman visit. Some are already included in the existing PPACA preventive services requirements.

We will cover these benefits and services with no cost sharing:

- Well-woman visits
- Gestational diabetes screening
- Human papillomavirus (HPV) testing
- HIV testing and counseling
- Counseling for sexually transmitted diseases
- Contraceptive methods and counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

See the chart on the next page for additional information. Please note that PPACA preventive services have certain restrictions. Some have frequency restrictions. Some are for pregnant women only or for women who are sexually active. Also, please keep in mind that a member may be billed for certain services if:

- She receives care from an out-of-network provider.
- The primary purpose of an office visit is not for the preventive service (cost sharing may be applied to the office visit).
- Additional services are needed to treat conditions identified by the screening.
- Office visits are billed independently of the preventive service.

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This communication is provided for informational purposes only and does not constitute legal advice or legal opinions. The information contained herein contains summaries of various portions of legislation addressing health care reform and is subject to change without notice. This information is not a substitute for legal advice from your lawyers.

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<b>Women's Preventive Care Benefit</b>	<b>Description</b>
Well-woman preventive care visits	Two per year; the member may receive care from her primary care physician and her OB-GYN.
Gestational diabetes screening	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Lactation support/counseling and supplies	Support and counseling are generally included in the maternity office visits and hospitalization visits at time of birth.  We are covering the purchase of ONE breast pump per 12-month period.
Counseling on sexually transmitted infections / Counseling and screening for HIV infection (for sexually active women)	Two per year; the member may receive care from her primary care physician and her OB-GYN. These are the standard Evaluation and Management (E&M) codes for preventive office visit, along with an appropriate preventive ICD-9 (diagnosis) code.
Contraceptives, sterilization and patient education	Generic oral contraceptives are covered without cost-sharing; other oral contraceptives are covered as regular prescription benefits as shown on the member's schedule.  Some non-oral contraceptives are covered without cost-sharing, but may be limited to specific brands or types, also shown in a member's schedule.  Sterilization for a female member is covered without cost-sharing, as is patient education related to the use of contraceptives or sterilization.
High-risk HPV DNA testing	Women ages 30 or older; limited to one every three years.
Screening and counseling for interpersonal and domestic violence	Two per year; the member may receive care from her primary care physician and her OB-GYN.

**For a full list of restrictions and guidelines, please visit:**

<http://www.hrsa.gov/womensguidelines/>.

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This bulletin is part of a series of bulletins we are publishing as we gather information about the health care reform law enacted March 23, 2010. To access all of the bulletins released so far, please visit our websites (SouthCarolinaBlues.com or BlueChoiceSC.com). Click on the appropriate tab (Members, Agents, Benefits Coordinators/Group Administrators or Providers); then click on the "Health Care Reform" link to view the list of the bulletins.

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