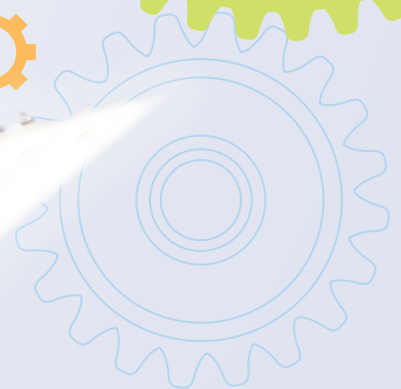
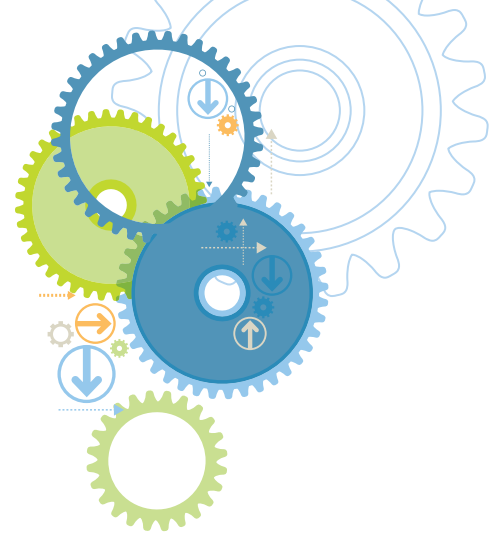


understanding Preventive Health Services



**For the most current
version of this document,**
visit www.WellwithBlueMT.com
or www.bcbsmt.com.



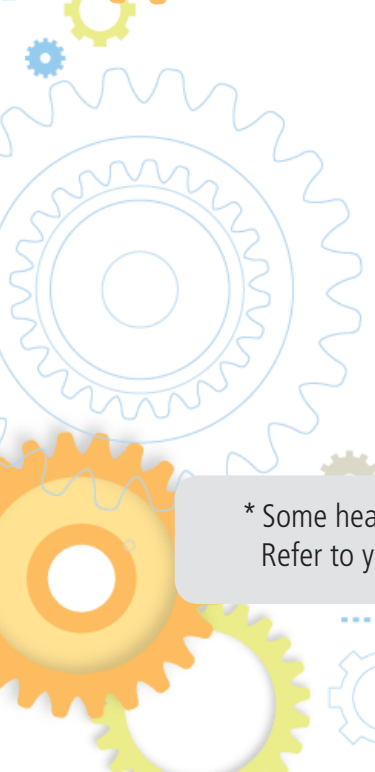


Preventive health services include evidence-based screenings, immunizations, counseling, and exams to promote your optimal health and well-being. Research has shown that these preventive services in many cases can save lives!

Blue Cross and Blue Shield of Montana (BCBSMT) encourages members to obtain preventive health services through their health care provider. Most preventive services are covered at 100% of the allowable fee, which means there is no cost share.* The United States Preventive Services Task Force (USPSTF) develops recommendations for health care providers and health systems based on scientific evidence reviews of preventive health care services. This guideline of preventive services follows the screening recommendations from USPSTF and immunization recommendations from the Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control and Prevention (CDC).



* Some health plans may require deductible and/or coinsurance for preventive health services. Refer to your current Member Guide, Summary Plan Description or Individual Contract.



Recommended Preventive Screenings

This Preventive Screening Guidelines chart is an overview of the USPSTF recommendations based on your age, gender, and medical history. Counseling, education services, and preventive drug measures that may be provided during your preventive care visits are based on your health care provider's clinical discretion.

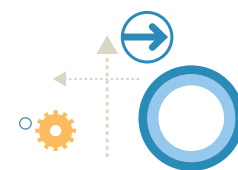
SCREENING ▼	AGE ▶	18-24 YEARS	25-39 YEARS	40-49 YEARS	50-65 YEARS	65+ YEARS	
Screening for high blood pressure		18 and older					
Screening for breast cancer (mammography)					Every 1–2 years for women aged 40 and older		
Screening for cervical cancer		Ages 21 to 29 cytology (Pap smear) every 3 years Ages 30 to 65 screening every 3 or 5 years depending on test: -Cytology every 3 years <i>Or</i> -Cytology and human papillomavirus (HPV) testing every 5 years					
Screening for sexually transmitted infections		Chlamydial infection: all sexually active females under age 24 and older females at increased risk Gonorrhea infection: all sexually active women at increased risk for infection Syphilis infection: all pregnant women and persons at increased risk for infection					
Screening for human immunodeficiency virus (HIV)		All adults at increased risk for infection					
Screening for hepatitis C virus (HCV) infection					All adults at high risk for infection. Also, a one-time screening for adults born between 1945 and 1965		
Screening for cholesterol abnormalities (lab: lipid panel)		Age 20 to 45 at increased risk for coronary heart disease		Age 45 and older at increased risk for coronary heart disease			
Screening for cholesterol abnormalities		Age 20 to 35 at increased risk for coronary heart disease	Age 35 and older				
Screening for colorectal cancer (fecal occult blood testing, sigmoidoscopy, or colonoscopy)					Age 50 to 75		
Screening for diabetes (type 2) (lab: fasting blood glucose)		Adults with a sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg					
Screening for osteoporosis						Age 65 years and older for routine screening Ages younger than 65, ask your health care provider	
Screening for abdominal aortic aneurysm						One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked	
Screening and counseling for obesity (body mass index greater than 30 kg per m ²)		Counseling and behavioral intervention offering or referral for adults with BMI greater than 30 kg per m ²					
Screening and counseling to reduce alcohol misuse		Behavioral counseling intervention offerings to reduce alcohol misuse for applicable adults					
Screening for depression		Screening for depression when care support systems in place					
Counseling for tobacco use		Tobacco cessation interventions for adults who use tobacco products					

Shaded boxes indicate female-specific screenings.

Shaded boxes indicate male-specific screenings.

Current as of 11/2013

More detailed preventive health guidelines for adults, pregnant women, children, and newborns are provided through the United States Preventive Services Task Force. A full list of USPSTF recommendations and guidelines is located at www.uspreventiveservicestaskforce.org/recommendations.htm.





Recommended Immunizations

See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.
Talk with your health care provider if you have questions.

2013 Recommended Immunizations for Children from Birth through 6 Years Old

VACCINE ▼	AGE ►	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
Hepatitis B	HepB		HepB			HepB						
Rotavirus				RV	RV	RV						
Diphtheria, Tetanus, Pertussis				DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus Influenzae Type B				Hib	Hib	Hib	Hib					
Pneumococcal				PCV	PCV	PCV	PCV					
Inactivated Poliovirus				IPV	IPV	IPV						IPV
Influenza						Influenza (yearly)						
Measles, Mumps, Rubella							MMR					MMR
Varicella							Varicella					Varicella
Hepatitis A							HepA					

■ Shaded boxes indicate the vaccine can be given during shown age range.

2013 Recommended Immunizations for Children from 7 through 18 Years Old

VACCINE ▼	AGE ►	7-10 YEARS	11-12 YEARS	13-18 YEARS
Tetanus, Diphtheria, Pertussis		Tdap	Tdap	Tdap
Human Papillomavirus			HPV (3 doses)	HPV
Meningococcal Conjugate		MCV4	MCV4 (dose 1)	MCV4 (dose 1) booster at age 16 years
Influenza		Influenza (yearly)		
Pneumococcal		Pneumococcal vaccine		
Hepatitis A		HepA series		
Hepatitis B		HepB series		
Inactivated Polio		IPV series		
Measles, Mumps, Rubella		MMR series		
Varicella		Varicella series		

■ Shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

■ Shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.

■ Shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children can get the HepA series6. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.

A list of pharmacy benefits can be found on the BCBSMT website**. This contains information about the Affordable Care Act Contraceptive Drug List, covered vaccines, and the Participating Pharmacy Network.

(** Direct Link: <http://www.bcbsmt.com/Pages/Pharmacy.aspx>)



2013 Recommended Immunizations for Adults

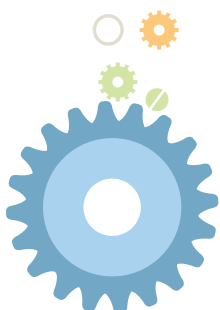
VACCINE ▾	AGE ▶	19–21 YEARS	22–26 YEARS	27–49 YEARS	50–59 YEARS	60–64 YEARS	65+ YEARS
Influenza (Flu)		Get a flu vaccine every year					
Tetanus, Diphtheria, Pertussis (Td/Tdap)		Get a Tdap vaccine once, then a Td booster vaccine every 10 years					
Varicella (Chickenpox)		2 doses					
HPV vaccine for women		3 doses					
HPV vaccine for men		3 doses	3 doses				
Zoster (Shingles)						1 dose	
Measles, Mumps, Rubella (MMR)		1 or 2 doses					
Pneumococcal (Pneumonia)		1-3 doses					1 dose
Meningococcal		1 or more doses					
Hepatitis A		2 doses					
Hepatitis B		3 doses					

- Shaded boxes indicate that the vaccine is recommended for all adults unless your doctor tells you that you cannot safely receive the vaccine.
- Shaded boxes indicate when the vaccine is recommended for adults with certain risks related to their health, job or lifestyle that put them at higher risk for serious diseases. Talk to your doctor to see whether you are at higher risk.
- Shaded boxes indicate no recommendation.

A list of pharmacy benefits can be found on the BCBSMT website**. This contains information about the Affordable Care Act Contraceptive Drug List, covered vaccines, and the Participating Pharmacy Network.

(** Direct Link: <https://www.bcbsmt.com/Pages/Pharmacy.aspx>)

For more information (including immunization catch-up schedules for children)
 call toll free 1-800-CDC-INFO (1-800-232-4636)
 or visit www.cdc.gov/vaccines.





Frequently Asked Questions

How do I find a health care provider?

Visit www.bcbsmt.com; be sure to have your Health Plan ID available. You will need the three letter alpha prefix from your Health Plan ID card.

How do I make sure my preventive exams and screening exams are billed as preventive services?

When scheduling your preventive service appointments, it is important to clearly indicate that you are coming for your preventive annual examination or any other preventive screening exam. During the visit with your health care provider, discuss how the services will be billed in order to ensure your visit is billed as preventive. Should you discuss symptoms, ongoing medical issues, or are being followed for a current medical condition, medical services may be billed.

How many times per year can I receive a preventive exam and preventive screenings/labs?

According to our Medical Policy on Preventive Services, if the frequency and detail of a preventive service are not included in the USPSTF A and B recommendations, BCBSMT will determine allowable frequency and details based on reasonable medical management techniques and medical specialty guidelines.

I noticed an error on my billing statement from my health care provider. Will my provider contact BCBSMT about the change in my bill?

No, you need to contact your health care provider's billing office to report any error you feel has occurred on your account. If the provider did not bill the services accurately, the provider can submit corrected billing information for review.

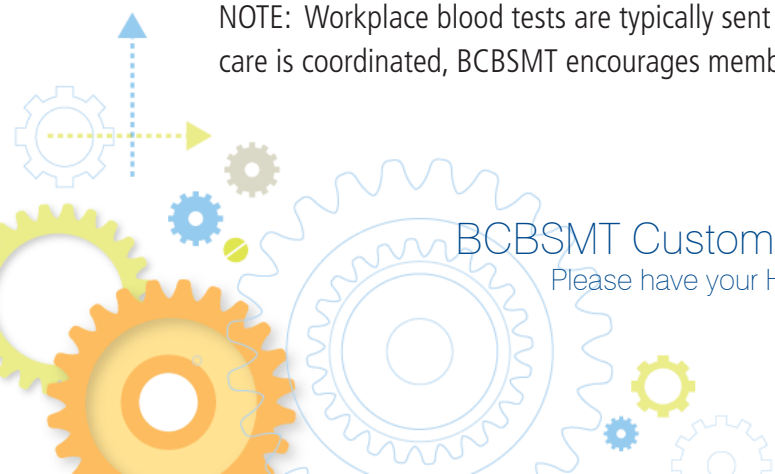
My employer is offering preventive tests as part of a health risk assessment. Are these tests covered by my insurance plan?

Members are advised to complete their recommended screenings, including blood work, during their preventive exams with their health care provider. Should your employer offer preventive tests as part of an employer-sponsored health fair, there are certain services covered by BCBSMT. Check with your employer for additional details on coverage should your employer offer a health fair.

NOTE: Workplace blood tests are typically sent directly to the employee. To ensure that any necessary care is coordinated, BCBSMT encourages members to submit their results to their health care provider.

BCBSMT Customer Service 1-800-447-7828

Please have your Health Plan ID number available.





My health care provider is not listed as a participating provider with Blue Cross and Blue Shield of Montana. What does this mean to me?

The BCBSMT provider network is the largest in Montana, including all 60 hospitals and 96% of all professional providers. It also covers the best overall discount on health care services in Montana. Our participating providers agree to accept BCBSMT allowable fees for their services, minus any deductible, coinsurance, or copayment responsibility.



If I choose a nonparticipating provider, do I have preventive benefits and how am I billed?


Yes, you have preventive benefits.* However, your nonparticipating provider can bill you the difference between what they charge and the amount allowed by BCBSMT (balance billing). Nonparticipating providers do not accept BCBSMT allowances for their services. Nonparticipating providers are also not required to submit claims on your behalf.



What does “allowable fee” mean?

The allowable fee is the amount allowed by BCBSMT for reimbursement of a specific service provided, or the actual charge for the service, whichever is less.

BCBSMT uses a variety of qualified resources to determine the reimbursement rate or “allowable fee” for services provided by health care providers. Participating providers agree to accept BCBSMT allowances for their services minus any deductible, coinsurance, or copayment. Nonparticipating providers balance bill their patients the difference between what they charge for their services and the BCBSMT allowable fee.



Where do I find Prime Therapeutics LLC pharmacy benefits, including vaccines?

A list of pharmacy benefits can be found on the BCBSMT website**. This contains information about the Affordable Care Act Contraceptive Drug List, covered vaccines, and the Participating Pharmacy Network.

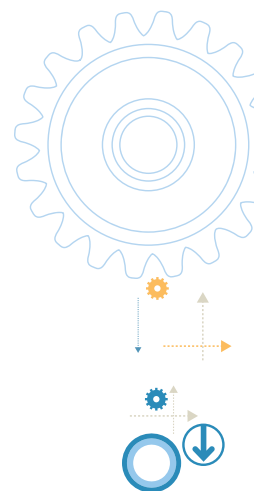
(** Direct Link: <https://www.bcbsmt.com/Pages/Pharmacy.aspx>)



Where do I obtain additional information on benefits for Women’s Preventive Services?

The appropriate preventive services should be discussed with your health care provider. You may visit the BCBSMT website***forbenefitsforexpectingandnewmothers,includingbreastpumprebateandHealthyWondersProgram.

(*** Direct Link: <https://www.bcbsmt.com/Pages/newmothers.aspx>)




BCBSMT Customer Service 1-800-447-7828

Please have your Health Plan ID number available.





 **If my routine preventive colonoscopy is performed and a polyp is removed, will the procedure still be considered a preventive screening?**

Yes, as of April 2013 it is considered preventive by the Center for Consumer Information and Insurance Oversight. However, a patient's bill is determined by how the provider and facility code the visit for billing, which is based on specific coding guidelines. If you find your bill to be in error, you must contact the provider and/or facility to make the adjustment.

 **If a colonoscopy is scheduled and performed as a screening procedure pursuant to the USPSTF recommendation, is it permissible for a plan or issuer to impose cost-sharing for the cost of a polyp removal during the colonoscopy?**

No, based on clinical practice and comments received from the American College of Gastroenterology, American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure.

NOTE: Some health plans may require deductible and/or coinsurance for preventive health services. Refer to your Current Member Guide, Summary Plan Description or Individual Contract.

 **Where can I access additional information on preventive health services?**

Your health care provider and the United States Preventive Services Task Force.

BCBSMT Customer Service 1-800-447-7828

Please have your Health Plan ID number available.

* Some health plans may require deductible and/or coinsurance for preventive health services. Refer to your current Member Guide, Summary Plan Description or Individual Contract.

References:

Advisory Committee on Immunization Practices (ACIP)
www.cdc.gov/vaccines/recs/acip/default.htm

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Health Resources and Services Administration (HRSA)
www.hrsa.gov

HealthCare.gov (Federal Government Web site managed by the U.S. Department of Health and Human Services)

**U.S. Department of Health and Human Services
Agency for Healthcare Research and Quality (AHRQ)**
www.ahrq.gov

United States Preventive Task Force (USPSTF)
www.uspreventiveservicestaskforce.org/



www.bcbsmt.com

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