



NEBRASKA



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HEALTH CARE REFORM

Benefits for Preventive Services

The following chart shows the preventive services covered under your health plan as part of the Patient Protection and Affordable Care Act (PPACA). Benefits for the services listed here are covered at 100% when they are obtained from a Blue Cross and Blue Shield of Nebraska network provider, subject to the gender, age and frequency guidelines indicated.

Benefits will be provided for in-network preventive services that are:

- A. evidence-based items or services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force;
- B. evidence-informed preventive care and screenings listed in comprehensive guidelines supported by the Health Resources and Services Administration for infants, children, and adolescents (through age 21);
- C. evidence-informed preventive care and screenings listed in comprehensive guidelines supported by the Health Resources and Services Administration for women, and
- D. recommended from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine immunizations for children, adolescents, and adults.

Note

Preventive services do not generally include services intended to treat an existing illness, injury, or condition. Benefits will be determined based on how the provider submits the bill. Claims must be submitted with the appropriate diagnosis and procedure code in order to be paid at the 100% benefit level. If during your preventive services visit you receive services to treat an existing illness, injury or condition, you may be required to pay a copay, deductible and/or coinsurance for those covered services.

Recommended Preventive Service

Recommended Preventive Service	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
Abdominal Aortic Aneurysm, Screening	•				65 and older	One per lifetime
Alcohol Misuse Screening and Behavioral Counseling Intervention	•	•				One per calendar year
Alcohol and Drug Assessment, Developmental/Behavioral Assessment				•		
Aspirin for the Prevention of Cardiovascular Disease	•	•			Men: 45 to 79 Women: 55 to 79	Subject to plan's retail day supply limit
Asymptomatic Bacteriuria in Adults, Screening			•			
Autism Screening, Developmental/Behavioral Assessment				•	Up to age 3	
Breast Cancer, Screening (mammogram)		•			40 and older	One per calendar year
Breast Cancer, Discuss Chemoprevention When at High Risk		•				
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Discussion of BRCA Mutation Testing (<i>based on family risk factors</i>)		•				
Breastfeeding, Primary Care Interventions to Promote Breastfeeding		•	•			
Breastfeeding Support, Supplies, and Counseling		•	•			Pumps: One pump per pregnancy; Lactation support and counseling: No frequency restrictions
Cervical Cancer, Screening (Pap smear)		•	•	•		One per calendar year
Chlamydial Infection, Screening		•	•			
Colorectal Cancer, Screening (<i>Screenings include: colonoscopy, sigmoidoscopy, proctosigmoidoscopy, barium enema, fecal occult blood testing, laboratory tests, and related services</i>)	•	•			50 and older	One every 5 calendar years One per calendar year for fecal occult blood test
Congenital Hypothyroidism, Screening (<i>newborns</i>)				•	Up to age 1	
Contraceptive Methods and Counseling (<i>female contraceptive methods</i>)		•				
Contraceptive Methods (Pharmacy) (<i>excluding over-the-counter</i>)		•				Subject to plan's retail day supply limit
Dental Caries in Preschool Children, Prevention (<i>prescribe oral fluoride if deficient in water</i>)				•	6 months up to age 6	Subject to plan's retail day supply limit

Recommended Preventive Service	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
Depression (Adults) Screening	•	•				
Developmental Screening, Developmental/Behavioral Assessment				•	Up to age 3	
Developmental Surveillance, Developmental/Behavioral Assessment				•		
Diabetes Mellitus (Type 2) in Adults, Screening	•	•		•		
Diabetes, Screening for Gestational Diabetes			•			
Diet, Behavioral Counseling in Primary Care to Promote Healthy Diet (<i>adults with hyperlipidemia and other risk factors</i>)	•	•				Up to 9 visits per calendar year
Evaluation and Management Services (E/M) (<i>periodic preventive examination/ office visit/well woman visit</i>)	•	•	•	•		Newborn up to age 6 unlimited; annually thereafter
Folic Acid, Daily Supplement of		•	•			Subject to plan's retail day supply limit
Gonorrhea, Screening		•	•			
Gonorrhea, Prophylactic Eye Medication (<i>newborns</i>)				•		
Hearing Loss in Newborns, Screening				•	Up to age 1 month	
Hearing, Sensory Screening (<i>beyond newborn screening</i>)				•	Up to age 22	One per calendar year
Hepatitis B Virus Infection, Screening			•			
High Blood Pressure, Screening	•	•		•		
HIV Screening and Counseling (<i>at risk and all pregnant women</i>)	•	•	•	•		
Human papillomavirus (HPV), Screening		•				
Interpersonal and Domestic Violence, Screening and Counseling		•				
Immunizations	•	•	•	•		
Iron Deficiency Anemia, Prevention – Hemocrit or Hemoglobin Screening (<i>at risk older babies</i>)				•	Up to age 2	Lab tests have no frequency restrictions; Drugs are subject to plan's retail day supply limit
Iron Deficiency Anemia, Screening			•			
Lead Screening				•	Up to age 7	
Lipid Disorders in Adults, Screening (cholesterol)	•	•				One every 5 calendar years

Recommended Preventive Service	Gender				Age	Frequency
	Men	Women	Pregnant Women	Children		
Lipid, Dyslipidemia Screening for Children (cholesterol)				•		One every 5 calendar years
Major Depressive Disorders in Children and Adolescents, Screening				•		
Obesity in Adults, Screening	•	•				
Obesity in Children, Screening				•		
Oral Health Screening				•		
Osteoporosis in Women, Screening (bone density testing)		•			60 and older	One every 2 calendar years
Phenylketonuria (PKU), Screening (<i>newborns</i>)				•	Up to age 1	One per lifetime
Prevention of Falls in Community-Dwelling Older Adults (prescribe Vitamin D) (<i>New service effective 5/1/13</i>)	•	•			65 and older	Drugs are subject to plan's retail day supply limit
Psychosocial Assessment, Developmental/Behavioral Assessment				•		
Rh (D) Incompatibility, Screening			•			
Sexually Transmitted Infections, Counseling	•	•		•		
Sickle Cell Disease, Screening (<i>newborns</i>)				•	Up to age 1	
Skin Cancer, Behavioral counseling (<i>New service effective 5/1/13</i>)				•		
Syphilis Infection, Screening	•	•	•	•		
Tobacco Use and Tobacco-Caused Disease, Counseling (<i>including tobacco/nicotine cessation drugs and deterrents</i>)	•	•		•		Medical: Up to 8 visits per calendar year. Drugs and deterrents are subject to plan's retail day supply limit
Tubercluine Test, Screening				•	Up to age 22	
Vision, Sensory Screening				•	Up to age 22	One per calendar year
Visual Impairment in Children Younger than 5 Years, Screening				•	Up to age 5	One per calendar year

Questions?

Call the Blue Cross and Blue Shield of Nebraska Member Services Department at the telephone number shown on the back of your I.D. card.

preventiveservices.nebraskablue.com