



**BlueCross BlueShield  
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

## Preventive Care Services

### Overview

Preventive care is important to overall health and the key to long-term good health. Blue Cross recognizes the value of preventive care and is committed to make a healthy difference in member's lives. Blue Cross' Preventive Care Services includes a defined list of services according to evidence-based guidelines. Payment for the defined list of services will be subject to the member's coverage options for Preventive Care and Cancer Screening.

### *Supporting Preventive Care*

Blue Cross has a comprehensive preventive care benefit that is defined by using national evidence-based guidelines and industry guidelines. Blue Cross wholeheartedly supports preventive benefits and through its Center for Prevention is a national leader in incorporating prevention strategies into benefit design.

- Self-Insured accounts are encouraged to align with those implemented by Blue Cross for its Fully Insured book of business
- Covered benefits take into account current evidence-based recommendations from leading national sources.

### **Benefit Administration**

#### *Preventive Care Services List*

Blue Cross' Preventive Care Service List defines preventive care services. *(See Appendix A)*

- This list will serve as an administrative guideline to determine Preventive Care services and establish consistent business rules in processing claims for Preventive Care
- The Preventive Care service list and frequency limits were developed based on input from industry guidelines from the United States Preventive Services Task Force (USPSTF), the Institute for Clinical Systems Improvement (ICSI), Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), World Health Organization (WHO), Minnesota Department of Health (MDH), and American Cancer Society (ACS)
- The Preventive Care service list will be reviewed and updated annually as coding and clinical guidelines evolve
- Blue Cross reserves the right to determine the procedure and diagnosis codes used in defining preventive care under the administrative guidelines. All procedure and diagnosis codes which include preventive care are reviewed on a quarterly basis and are subject to change throughout the plan year
- The Preventive Care service list is comprised of evidence-based and recommended preventive services that will be covered at highest benefit level if they are

submitted with a diagnosis code defined by Blue Cross Blue Shield of Minnesota as preventive

- Services not recognized as evidence-based will not be eligible under the preventive care benefits, regardless of the diagnosis submitted

#### *Preventive Care Services*

- Preventive Care Services are eligible at the highest level of benefits, based on the plan's coverage provisions
- Additional services performed during the same Preventive Care visit that are not considered preventive will process as a medical benefit reflected in the plan's benefits
- Procedures not on the Preventive Care service list submitted with a preventive care diagnosis, will process as a medical service reflected in the plan's benefits if medically necessary
- Routine screenings for diagnosed chronic conditions are not defined as preventive care services. They will process as a medical service reflected in the plan's benefits

#### *Frequency and Dollar Maximums/Limitations*

- It is Blue Cross' policy to administer the services on the defined list as a Preventive Care service until the service frequency has been met
- Frequencies or dollar maximums will be applied to the Preventive Care service list as part of the administrative guideline as reflected in the plan's benefits
- The frequencies are an administrative policy and not a benefit
- Groups with contracts containing provisions of dollar maximums or service maximums are processed according to the administrative guidelines for the Preventive Care Services

#### *Administrative Methodology*

- Blue Cross reviews and defines the procedure and diagnosis codes to be used in conjunction with the services on the Preventive Care List based on national and industry guidelines
- Procedure and diagnosis codes not within the Preventive Care Services, as defined by Blue Cross, are eligible as a medical service subject to the plan's provisions if medically necessary
- Claims for **scheduled** preventive services submitted with a primary diagnosis, for other than preventive care, will be scanned for additional diagnosis. If a preventive diagnosis is present on the claim, the services will be processed under the preventive benefit

APPENDIX A

Preventive Care Services

Preventive Care Services List (effective 1/1/2010) Paid at Highest Level of Benefit		
This is the Blue Cross Blue Shield of Minnesota administrative policy of preventive services. The list is subject to revision(s) based upon updates to guidelines.		
Service	Frequency (does not apply to Blue Plus)	Clinical Practice/ Guidelines*
<b>Vision Screening</b>		
Glaucoma		
Acuity	1 per Year	USPSTF/ICSI
Refraction		
<b>Hearing Screening</b>		
Hearing screening	1 per Year	USPSTF/ICSI
<b>Standard Immunizations</b>		
Per CDC/ACIP Recommendations	Per Immunization Schedules; varies by type of vaccine and age	CDC/ACIP
<b>Radiology</b>		
Osteoporosis Screening	1 per Year	USPSTF/ICSI
AAA Screening	1 per at risk male > age 65	ICSI
<b>Laboratory Services</b>		
Cholesterol/Lipid Profile	As Recommended by Physician	USPSTF/A34ICSI
Diabetes Screening	As Recommended by Physician	Blue Cross
<b>STD Screening</b>		
HIV	As Recommended by Physician	USPSTF/ICSI
Chlamydia		
Gonorrhea		
Syphilis		
<b>Examinations</b>		
Preventive Medical Examinations	As Recommended by Physician	Blue Cross
Gynecological Examinations		
<b>The services below are included in the preventive medical examination</b>		
Skin Exam	As Recommended by Physician	USPSTF/ICSI
Testicular Exam		
Prostate-Digital Rectal Exam		
Rectal-Digital Exam		
Breast Exam		
Hypertension Screening		

APPENDIX A continued

<b>Cancer Screening Paid at the Highest Level of Benefit</b>		
<b>This is the Blue Cross Blue Shield of Minnesota administrative policy of services considered to be cancer screening. Subject to revision based on updates to guidelines.</b>		
<b>Service</b>	<b>Frequency (does not apply to Blue Plus)</b>	<b>Clinical Practice/ Guidelines</b>
<b>Colon Cancer Screening</b>		
Occult Blood	1 per year	USPSTF/ICSI/ACS
Barium Enema Sigmoidoscopy, Proctosigmoidoscopy	As Recommended by Physician	USPSTF/ICSI/ACS
Colonoscopy	As Recommended by Physician	USPSTF/ICSI/ACS
FOBT (Fecal Occult Blood Test)	1 per Year	
<b>Cervical Cancer Screening</b>		
Pap Smear	1 per Year	USPSTF/ICSI/ACS
<b>Breast Cancer Screening</b>		
Conventional film screen mammography	1 per Year	USPSTF/ICSI/ACS
<b>Prostate Cancer</b>		
Prostate Specific Antigen (PSA)	1 per Year	Blue Cross
<b>Ovarian Cancer</b>		
CA125, For those at high risk	1 per Year	Blue Cross
Trans-vaginal Ultrasound	1 per Year	Blue Cross
<b>Services Covered at Illness/Medical Level of Benefit</b>		
<b>Service</b>	<b>Frequency</b>	<b>Benefit Guidelines</b>
<b>Any/all services that have an increased frequency due to an effort to control or prevent abnormal condition from recurring.</b>		
Depends Upon Condition	Frequency of service is dependent physician's recommendation	
<b>Laboratory Services</b>		
Acute Hepatitis panel Renal function panel Creatinine test Thyroid function tests Urinalysis CBC	As Recommended by Physician	If medically necessary, will be covered as Illness/Medical benefit.
<b>Radiology</b>		
Example: Chest X-Ray	As Recommended by Physician	If medically necessary, will be covered as illness/Medical benefit.
<b>Contraceptive Management</b>		
Oral Contraceptives; IUD's; Diaphragm; Implantable Devices; Transdermal Patches; Intravaginal Rings; Depo Provera Injections <b>Related Services:</b> Office Visit in conjunction with the Depo Provera Injection and Supplies of IUD, Diaphragm & Implantable Devices	As Recommended by Physician	If medically necessary and eligible under contract benefits, covered as medical
<b>Other</b>		
Eyewear including lenses, frames and contact lenses	As Determined by Employer Benefit Design	If medically necessary and eligible under contract benefits, covered as medical under Durable Medical Equipment
<b>Key for abbreviated Clinical Practice Guidelines</b>		
CDC/ACIP=Centers for Disease Control/ Advisory Committee on Immunization Practices		
ICSI=Institute for Clinical Systems Improvement		
USPSTF=U.S. Preventive Services Task Force		
ACS=American Cancer Society		
Blue Cross=Blue Cross Blue Shield of Minnesota, local practices and regulatory agency requirements		