As part of the Patient Protection & Affordable Care Act (PPACA), non-grandfathered health insurance plans will be required to cover women’s preventive services such as well-woman visits, domestic violence screening and U.S. Food and Drug Administration (FDA)-approved contraception without charging a copayment, coinsurance or a deductible as long as they are received from a network physician, facility or health care professional. Coverage for this expanded list of women’s preventive care services starts on the health plan’s first renewal date on or after Aug. 1, 2012. Because some PPACA provisions do not apply to “grandfathered” plans, and others do, please use this resource as a general guide. You can verify the specific benefits and coverage for UnitedHealthcare members at UnitedHealthcareOnline.com.

General

Q1. Which UnitedHealthcare and affiliated plans are affected by the Women’s Preventive Services Provision?


The Provision does not apply to members enrolled in government health plans (Medicare/Medicaid) including UnitedHealthcare Medicare Solutions Medicare Advantage plans.

Q2. What types of services are included in the Women’s Preventive Services Provision?

A. The expanded coverage of preventive services that must be covered without charging a copayment, coinsurance or a deductible includes:

- Breast-feeding support, supplies and counseling.
- Contraception methods and counseling.
- Domestic violence screening.
- Gestational diabetes screening.
- HIV screening and counseling.
- Human papillomavirus testing (beginning at age 30 and every three years thereafter).
- Sexually transmitted infections counseling.
- Well-woman visits.

A full list is available at: https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=2
Q3. How do these preventive care services differ from the Preventive Care Services Provision of 2010?

A. Beginning in August 2012, the Women’s Preventive Care Provision expands the requirements specific to women’s preventive services. A number of the services included in the 2010 Provision were covered as a preventive service only for women at risk or upon referral by a physician.

<table>
<thead>
<tr>
<th>Preventive Care Service</th>
<th>PPACA Expanded Women’s Preventive Services</th>
<th>2010 Preventive Services Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational diabetes screening</td>
<td>All pregnant women (24-28 weeks) and those identified as high risk during the first prenatal visit</td>
<td>Pregnant women at risk</td>
</tr>
<tr>
<td>HPV DNA testing for women ages 30 and older</td>
<td>All women ages 30+ every three years</td>
<td>Not mandated as preventive</td>
</tr>
<tr>
<td>Sexually transmitted infections counseling</td>
<td>All sexually active women</td>
<td>Women at risk (teens, pregnant women, lifestyle)</td>
</tr>
<tr>
<td>HIV screening and counseling</td>
<td>All sexually active women</td>
<td>Women at risk (pregnant women, lifestyle)</td>
</tr>
<tr>
<td>Domestic violence screening and counseling</td>
<td>All women</td>
<td>Women at risk</td>
</tr>
<tr>
<td>FDA-approved contraception methods and counseling</td>
<td>All methods, all women</td>
<td>Not mandated as preventive</td>
</tr>
<tr>
<td>Breast-feeding, counseling equipment and supplies</td>
<td>Part of pre-/post-natal counseling for pregnant women, coverage for breast-feeding equipment</td>
<td>Coverage for counseling only</td>
</tr>
<tr>
<td>Well-woman exams</td>
<td>As many as necessary to obtain specified preventive services</td>
<td>Yearly</td>
</tr>
</tbody>
</table>
Q4. How will UnitedHealthcare outline these preventive provisions in our coverage policies?

A. UnitedHealthcare currently uses our Preventive Care Services Coverage Determination Guideline to determine coverage criteria for Preventive Services.


Q5. How will UnitedHealthcare cover services that are not part of the Women’s Preventive Services Provision list?

A. Plans can provide coverage for additional services to the recommended preventive services and add cost-sharing requirements for the additional services. Please check the member’s specific benefit to determine coverage.

Q6. Is member cost-sharing prohibited for women’s preventive care services?

A. Yes. Health plans and issuers are prohibited from requiring cost-sharing for the recommended preventive services when those services are rendered by network providers.

Q7. Are out-of-network preventive services for members covered without cost-share?

A. PPACA does not require plans and issuers to cover preventive care services, received from out-of-network providers. If a plan covers out-of-network preventive services, the plan or issuer may impose cost-sharing requirements, unless an applicable state law otherwise requires first-dollar coverage.

If a plan does not cover out-of-network preventive services, then out-of-network preventive services generally will not be covered. However, if a plan does not cover out-of-network preventive services, but does have out-of-network medical benefits, then UnitedHealthcare will cover out-of-network routine prenatal office visits under the plan’s out-of-network benefits. Any cost-sharing under the out-of-network medical benefit would apply to the prenatal office visits.

Q8. How do providers determine what benefits a member has and what to charge for any applicable member cost-sharing?

A. This Provision does not change the way you confirm member benefits and eligibility. As you do today, you can verify the specific benefits and coverage of your UnitedHealthcare patients at UnitedHealthcareOnline.com or by checking the member’s ID card to determine the most current list of preventive services covered by UnitedHealthcare and any cost-sharing associated with each member’s benefit.
Well-women Visits and Prenatal Care

Q9. What prenatal services are covered as part of a well-woman visit under the new Women’s Preventive Services Provision?

A. Prenatal care services covered with no cost-share as part of a well-woman visit under the new Provision include:

- Routine prenatal obstetrical office visits.
- All lab services identified in the health reform law.
- Tobacco cessation counseling specific to pregnant women.
- Immunizations recommended by the Advisory Committee on Immunization Practices.
- Counseling for breast-feeding, breast-feeding equipment (breast pumps) and supplies.
- Gestational diabetes screening.

Prenatal care services NOT covered as part of a well-woman visit under the new Provision include:

- Radiology services not specified in the health reform law (i.e. obstetrical ultrasounds).
- Delivery services.
- High-risk prenatal services.

Postnatal care is not covered without cost-share under the health reform law.

Q10. How will the Women’s Preventive Care Services Provision impact the cost-share that providers have historically received for obstetrical care?

A. The Women’s Preventive Care Services Provision considers routine prenatal obstetrical office visits and well-woman visits as preventive care services. Routine prenatal services that are preventive will be covered without member cost-share.

To ensure accurate coding and payment, UnitedHealthcare adopted a methodology based on relative value units (RVUs) from the Centers for Medicare & Medicaid Services (CMS). Based on RVUs, UnitedHealthcare determined that 44 percent of the global OB code should be considered prenatal care and paid as preventive with no member cost-sharing, regardless of which global OB code is billed. The appropriate fee will be calculated based on this percentage, which will then be reimbursed as a preventive service.

Members will be subject to cost-sharing for delivery and postpartum care.

Q11. Will all services performed before delivery be considered preventive care?

A. No, not all services performed before delivery will be considered preventive care. Examples of services that will not be considered part of the preventive care services include:

- Obstetric radiology services.
- High-risk prenatal services.
- Delivery services.
Preventive vs. Diagnostic

Q12. How are therapeutic services, which are done at the same visit and as an integral part of a preventive service — such as the biopsy done at the time of colonoscopy — reported and paid?

A. The therapeutic services would be reported as a preventive service, and it will be adjudicated under the Preventive Care Services benefit.

Q13. What happens if symptoms requiring further diagnostic testing are discovered during a preventive service?

A. Any diagnostic testing service would be adjudicated under the diagnostic benefit rather than the preventive benefit.

Breast-feeding Supplies and Support

Q14. Is prior authorization required for a breast pump?

A. Currently, prior authorization is not needed for breast pumps. Providers will need to bill for breast pumps consistent with the Preventive Care Services Coverage Determination Guideline, or they can direct women to one of the national Durable Medical Equipment (DME) suppliers to get their breast pump. The provider should verify that a woman is eligible to receive a breast pump as a preventive service.

Q15. How do members receive breast pumps without cost-share?

A. UnitedHealthcare covers the purchase of a personal, double-electric breast pump at no cost to the member. To receive a breast pump, members will be required to contact a network physician or DME supplier. Members should call the number on the back of their member ID card and request a list of DME suppliers. The physician or DME supplier will bill UnitedHealthcare directly for reimbursement. Members will not be able to purchase supplies, such as breast pumps, at retail and send the receipt for reimbursement.

Q16. When can a woman order her breast-feeding equipment?

A. Members can order their breast pumps within 30 days of their baby’s estimated delivery date. (Personal use double-electrical pumps are covered without cost-share for women in conjunction with childbirth.)

Q17. How will lactation support and counseling be covered without cost-share under the preventive benefits?

A. Under PPACA, lactation support and counseling as well as costs for breast-feeding equipment for each child’s birth are covered without cost-share when received through network providers. Lactation consultants or trainers are not licensed under state law to provide medical services nor are they considered part of our provider network. Lactation support and counseling is covered without cost-share when performed by a network physician or health care professional and billed according to our Preventive Care Services Coverage Determination Guideline. The health reform law does not require services outside of our network to be covered without cost-share or coverage for lactation consultants who, unlike nurses and doctors, are not licensed under state law to provide medical services.
Contraceptive Coverage

Q18. What contraceptives does UnitedHealthcare cover under the preventive benefit?

A. The requirement covers FDA-approved contraception methods, when prescribed, sterilization procedures and patient education and counseling for all women with reproductive capacity without cost-share.

While all FDA-approved methods are covered without cost-share under the health reform law, that does not mean all contraceptives. The methods covered by the pharmacy benefit are hormonal (e.g. birth control pills), barrier (i.e. diaphragms), emergency contraceptives (i.e. “morning after” pills) and select over-the-counter (OTC) contraceptives.

Contraceptives on our Preventive Care Medication List are covered at 100 percent when age- and gender-appropriate, prescribed by a health care professional and filled at a network pharmacy.

The law only covers women's contraception, so male contraception and sterilization are not included in preventive care services benefits.

Q19. What types of contraception products are covered under the pharmacy benefit?

UnitedHealthcare has determined that contraceptives with the same progestin are equivalent to each other. Therefore, each unique progestin contraceptive medication is represented on the Preventive Medication List making sure women have access to a variety of contraceptives at no cost-share. Other contraceptives will be covered in other tiers at the applicable plan cost-share.

Q20. Is abortion covered without cost-share under the preventive benefit?

A. No. The health reform law specifically states that the contraception and contraceptive counseling recommendations as part of the expanded women's preventive benefit do not include “abortifacient drugs.” Abortion is not part of women’s expanded preventive services under the health reform law. The guidelines do require coverage of emergency contraceptive methods as prescribed. Accordingly, certain “morning after” pills such as Plan B One-Step® and ella®, which are FDA-approved emergency contraception, will be covered as prescribed.

Q21. What contraceptives are covered under the medical benefit?

A. The following administration of contraceptives by a network physician in a medical setting (sterilization, services to place/remove/inject contraceptive methods) will be covered without a cost-share under the medical benefit:

- Intrauterine devices (IUD) including services to place or remove the IUD.
- Diaphragms (also covered under the pharmacy benefit if purchased by prescription at an outpatient pharmacy).
- Services to place/remove/inject covered FDA-approved contraceptive methods.
- Sterilization procedures for women, such as tubal ligations.

Vasectomies are not part of the expanded women's preventive health care benefit and standard/current benefits apply.
Q22. What if I do not maintain an inventory of IUDs in the office? May I ask the member to purchase an IUD at a pharmacy or manufacturer?

A. IUDs can be expensive for physicians to purchase and stock in their offices. Physicians who do not stock IUDs can obtain Mirena® or Skyla® brand levonorgestrel-releasing intrauterine systems “on demand” from CVS Caremark Specialty pharmacy by calling 800-237-2767 or by faxing 800-323-2445. Please note that we cannot reimburse members who purchase IUDs at a pharmacy or manufacturer because neither is part of our medical provider network.

Mirena (J7302) or Skyla (J7301) IUDs should be billed according to our Coverage Determination Guideline.

Note that the ParaGard® (J7300) brand IUD cannot be obtained from a specialty pharmacy. Any member who chooses ParaGard IUD will need to have it inserted by a network physician, and the physician must buy and bill for the ParaGard IUD for purposes of coverage.

Q23. How is UnitedHealthcare covering contraceptives for women with a group health plan through an Eligible Organization?

A. UnitedHealthcare is administering a Contraceptive Services Only benefit for these members. Those interested in using the benefit will receive a Contraceptive Services Only ID card. When checking a patient’s eligibility, physicians and health care professionals will see if the member has contraceptive coverage.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Utah, Inc. and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Religious Exemptions to Covering Contraceptives

Under the health reform law, certain nonprofit religious organizations that offer insurance to their employees may be able to choose whether or not to cover contraception services for women. Some organizations that certify for the Religious Employer Exemption, like churches, will not have contraceptives provided to its employees. Other non-profit organizations that object to contraceptive coverage for religious reasons (called Eligible Organizations) do not have to offer it without cost-share under their group health plans. However, the health reform law requires that health insurers or third-party administrators pay for the contraceptives for members with a group health plan offered through an Eligible Organization without cost-share.

Benefits for Contraceptive Services Only are viewable on UnitedHealthcareonline.com and will appear under Family Planning.

The complete list of current recommendations that are required to be covered under the health reform law regulations and the date on which the recommendation is effective can be found at: HealthCare.gov/center/regulations/prevention.html

For more information on how the Provision affects your patients who are UnitedHealthcare members, please visit UnitedHealthcareOnline.com or call Provider Services at 877-842-3210.