

PROVIDER BULLETIN

Provider information



November 26, 2013

PPACA Preventive Benefit Package changes for 2014

Due to additional federal and state guidance received related to the Patient Protection and Affordable Care Act (PPACA), effective for plan years (or individual policy years) beginning on or after January 1, 2014, the following preventive benefit changes will apply. These changes are not applicable to Government Programs (Medicare and/or Medicaid) group or individual products. Employer groups who use a pharmacy benefit manager (PBM) other than Prime Therapeutics may have different pharmacy benefits and processes than shown here.

PPACA requires certain preventive benefits be provided at no cost to eligible members when received from an in network provider. Non-preventive care received during a preventive care visit is subject to normal plan cost sharing.

Most Blue Cross and Blue Shield of Minnesota (Blue Cross) commercial groups and individual plans sold since March 23, 2010 will have the following additions for both men and women (exception being folic acid which is only for women):

- ❖ HIV (human immunodeficiency virus) testing.
Note: Currently, we cover screening for HIV and will continue the coverage.
- ❖ Polyp and tumor removal during a routine preventive colorectal cancer screening.
Note: Currently, we cover the colorectal cancer screening at preventive benefit levels and will continue the coverage.
- ❖ Hepatitis C virus (HCV) screening.
Note: HCV testing is subject to cost sharing.
- ❖ Specific Tobacco cessation products (both over-the-counter (OTC) and prescription products) on Prime Therapeutics formularies.
 - Subscriber **MUST** have a prescription (even for the OTC products) and prescribed items **MUST** be purchased through the pharmacy or pharmacy counter (groups with Pharmacy Benefit Managers (PBM's) other than Prime Therapeutics may not have a similar benefit).
 - Items purchased at a point of sale other than a pharmacy or the pharmacy counter in a store will not be eligible for the benefit.
 - There will be no process or reimbursement for claims forms or receipts submitted to Blue Cross. The benefit must be processed through the pharmacy benefit (Prime Therapeutics).
 - Currently, we cover counseling for tobacco cessation in the professional outpatient or office setting and will continue the coverage.
- ❖ Specific OTC supplements:
 - Subscriber **MUST** have a prescription (even though this list includes OTC products) and prescribed items **MUST** be purchased through the pharmacy or pharmacy counter (groups with PBMs other than Prime Therapeutics may not have a similar benefit).
 - Items purchased at a point of sale other than a pharmacy or the pharmacy counter in a store will not be eligible for the benefit.

Distribution: All participating providers impacted by the information in this bulletin
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- There will be no process or reimbursement for claims forms or receipts submitted to Blue Cross. The benefit must be processed through the pharmacy benefit (Prime Therapeutics).
- The following specific OTCs with a prescription:
 - Aspirin for men ages 45 – 79 and women ages 55 – 79
 - Vitamin D for adults ages 65 and older
 - Folic Acid (0.4 – 0.8 mg) for women ages 12 – 64
 - Iron for children ages 6 – 12 months and women ages 12 - 64
 - Fluoride for preschool children older than 6 months – 6 years

❖ BRCA (breast cancer gene) screening and testing

- Currently, we cover counseling for BRCA in the professional outpatient or office setting and will continue the coverage.
- Preventive benefit eligibility for BRCA screening or testing is subject to prior authorization and medical review per existing medical policy on “Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (BRCA1 and BRCA2 genes)” (VI-16). If the subscriber does not meet the medical necessity criteria in the medical policy, the screening or testing procedure may deny provider or subscriber liability depending upon the provider’s participation status and contracts. Blue Cross medical policies are located at **providers.bluecrossmn.com** select Tools & Resources then Medical Policy.

Most commercial groups and individual plans sold since March 23, 2010 will have the following additions for women:

❖ Contraceptive replacement and device removal.

❖ Oral contraceptive formulary exception process, through Prime Therapeutics only, not Blue Cross, a subscriber or a provider may initiate a formulary exception process for oral contraceptives through **myprime.com**. Provider certifies existing preventive oral contraceptive on the preventive contraceptive drug list is not medically appropriate for the subscriber. The oral contraceptive approved as an exception will process at the preventive benefit level. Employer groups with PBMs other than Prime Therapeutics may not have a similar process.

❖ Processing change for contraceptive methods as medical and/or pharmacy – certain contraceptive methods under the HCR contraceptive methods for women will not be permitted to be billed through Blue Cross (medical) and must be billed through a pharmacy (Prime Therapeutics). Groups with PBMs, other than Prime Therapeutics, may have different benefits and processes. Conversely, certain contraceptive methods under this benefit must be billed through Blue Cross (medical) but not the pharmacy.

❖ Additional HCR contraceptive methods for women – pharmacy items are subject to formularies with Prime Therapeutics. PBMs, other than Prime Therapeutics, may have a different list of contraceptive items covered. All pharmacy contraceptive methods require a prescription and must be purchased at a pharmacy or pharmacy counter and billed through Prime Therapeutics.

❖ OTC contraceptive methods for women (male condoms are ineligible under PPACA).

- Subscriber MUST have a prescription for the OTC items. OTC items must be purchased through the pharmacy or pharmacy counter (groups with PBMs other than Prime Therapeutics may not have a similar benefit). Items purchased at a point of sale other than a pharmacy or the pharmacy counter in a store will not be eligible for the benefit. There will be no process for reimbursement for claims forms or receipts submitted to Blue Cross, the OTC contraceptive methods must be processed through the pharmacy benefit (Prime Therapeutics).

The following information is provided as a clarification of the existing PPACA contraceptive methods and counseling benefit as well as methods added for applicable group plan or individual policy years beginning on or after January 1, 2014.

Current pharmacy items on this list apply to items that will be administered when a group purchaser has Prime Therapeutics as their pharmacy benefit manager. The pharmacy list is subject to change without notice. Current status of a brand or generic should be confirmed through Prime Therapeutics.

Important note: Items indicated as OTC, pharmacy or pharmacy only are only eligible for coverage when subscriber has a prescription and the item is purchased at the pharmacy or pharmacy counter and the benefit ID card for pharmacy is presented. All OTC items must have a prescription and must be purchased at the pharmacy or pharmacy counter with a pharmacy benefit ID card. There will be no process for reimbursement of these OTC or pharmacy only items with medical claim forms or receipts submitted for reimbursement directly to Blue Cross by subscribers or providers.

Some procedures and devices are medical only or medical or pharmacy and are so noted.

For women (ages 12-64)

❖ One annual contraceptive counseling visit and certain contraceptive methods are covered including:

☐☐Barrier methods

- Diaphragm: diaphragm, fitting and insertion (medical or pharmacy) – existing benefit
 - Ortho All - Flex brand any size
- Contraceptive sponge (OTC) – January 1, 2014 and after change
- Cervical cap: cervical cap, fitting and instruction (medical or pharmacy) – January 1, 2014 and after change
- Cervical shield (pharmacy only) – January 1, 2014 and after change
- Spermicides (OTC) – January 1, 2014 and after change
- Female condom (OTC) – January 1, 2014 and after change (male condoms are ineligible under PPACA)

☐☐Hormonal methods

- Oral Contraceptives – existing benefit – all oral contraceptives are pharmacy only

Coverage at preventive benefit levels for oral contraceptives on formulary, other than those listed below, may be provided if a formulary exception is granted. Subscriber or provider may initiate a formulary exception request following the formulary exception process through **myprime.com**

❖ Combined contraceptive pill

- Norgestimate/Ethinyl Estradiol
- Trinessa
- Tri-Previfem
- Tri-Sprintec
- Tri-Estryll

❖ Extended-cycle contraceptive pill

- Introvale
- Jolessa
- Quasense

❖ Progestin-only contraceptive pill

- Camila
- Errin
- Heather
- Jolivette
- Nora-Be
- Norethindrone

- Skin patch (for example: Ortho Evra) (pharmacy only) – January 1, 2014 and after change
- Shot/injection (for example: Depo-Provera) (medical or pharmacy) – January 1, 2014 and after change
- Vaginal ring (for example: NuvaRing) (pharmacy only) – January 1, 2014 and after change

☐☐Implantable devices – all implantable devices are medical only

- Implantable rod – (for example: Norplant II, Implanon or Nexplanon) – existing benefit
 - Initial insertion and removal or replacement

☐☐Intrauterine devices (IUD) – existing benefit

- Copper or hormonal (for example: Progestacert, Mirena, Skyla)
- Initial insertion and removal or replacement

Permanent birth control – medical only

- Intratubal occlusion device and delivery system (for example: Essure or Adiana) implantation and removal or replacement – existing benefit. Note: confirmation hysterosalpingogram (HSG) is not covered at preventive benefit levels
- Tubal ligation procedures – January 1, 2014 and after change Note: reversals, for any reason, are not covered at preventive benefit levels

Emergency Contraception (some self – funded accounts may deviate from our core benefit and exclude emergency contraceptives)

- Ella (pharmacy only) – existing benefit
- Plan Bs (OTC) – January 1, 2014 and after change

Certain employer groups may self-certify a religious exemption from PPACA contraceptive methods and counseling for women and may exclude coverage on their employer group plan beginning with the first plan year on or after January 1, 2014. Women enrolled in such groups may have a separate ID card for contraceptive services coverage. Individual policy holders may not claim religious exemption status.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.