UnitedHealthcare®

Women's Preventive Care Services
Frequently Asked Questions

Q1. What is the Women's Preventive Care Services Provision (the "Provision")?

As part of the ongoing implementation of the health reform law, the Department of Health and Human Services (DHHS) released new health plan coverage guidelines that will require health insurance plans 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. 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. New and renewing plans and health insurance issuers are required to provide coverage for eight additional women's preventive care services when received from a network provider.

Q2. Which UnitedHealthcare and affiliated plans are affected by the Women's Preventive Services Provision?

The Provision applies to members with UnitedHealthcare commercial plans, including Oxford, UnitedHealthcare of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Washington, Inc., MD Individual Practice Association, Inc. (M.D. IPA), OptumChoice, Inc., MAMSI Life and Health Insurance, Neighborhood Health Partnership, UnitedHealthcare Plan of the River Valley, Inc., Arnett Health Plans and IBA Health Plans.

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

Q3. What types of services are included in the Women's Preventive Services Provision?

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

- Well-woman visits
- Screening for gestational diabetes for all pregnant women
- Human papillomavirus DNA testing for all women ages 30 and older
- Annual sexually transmitted infection counseling for all sexually active women
- Annual counseling and screening for HIV for all sexually active women
- FDA-approved contraception methods, sterilization procedures and contraceptive counseling
- Breast-feeding support, supplies and counseling, including costs for renting breast-feeding equipment
- Domestic violence screening and counseling

A full list is available at: http://www.healthcare.gov/law/features/rights/preventive-care/index.html.

Q4. Are these women's preventive care services different than the previously released Preventive Care Services Provision? How do the new coverage guidelines differ from the Preventive Care Services provision of 2010?

Women's preventive care services are a part of the health reform preventive services provision which was initiated in 2010. Beginning in August 2012, the women's health care provision greatly expands the requirements related specifically to covered women's preventive services. Previously, a number of the services included in the Provision were covered as a preventive service only for women at risk or upon referral by a physician.

	Expanded Women's Preventive Services	Sept. 23, 2010 Preventive Services Provision
Gestational diabetes screening	All pregnant women (24-28 weeks); and those at high risk during the first prenatal visit are screened	Pregnant women at risk
HPV DNA testing for women 30 years and older	All women age 30+ every 3 years	Not mandated as preventive
Sexually transmitted infections counseling	All sexually active women	Women at risk (teens, pregnant women, lifestyle)
HIV screening and counseling	All sexually active women	Women at risk (pregnant women, lifestyle)
Domestic violence screening and counseling	All women	Women at risk
FDA-approved contraception methods and counseling	All methods, all women	Not mandated as preventive
Breast-feeding counseling and payment of rental equipment and supplies	Part of pre-/post-natal counseling for pregnant women, coverage for rental of breast-feeding equipment	Coverage for counseling only
Well-woman exams	As many as necessary to obtain specified preventive services	Yearly

Q5. When and how will the Women's Preventive Care Provision be implemented for members covered by applicable UnitedHealthcare benefit plans?

The medical benefit impacted by the Provision will take effect upon plan renewals on or after Aug 1, 2012. For many larger employers, this is typically January 1, while smaller employers renew their coverage throughout the year. Some provisions do not apply to "grandfathered" plans, while others do. Therefore, this information is only a general guide. You can verify the specific benefits and coverage of your patients who are UnitedHealthcare members at UnitedHealthcareOnline.com.

Coverage	Fully Injured	ASO
Medical	New business and renewal effective dates on or after Aug. 1, 2012	New business and renewal effective dates on or after Aug. 1, 2012
Pharmacy	Aug. 1, 2012 regardless of renewal date	New business and renewal effective dates on or after Aug. 1, 2012

Q6. How will UnitedHealthcare outline these updated provisions in its coverage policies?

UnitedHealthcare currently uses its Preventive Care Services Coverage Determination Guideline to outline the coverage criteria for Preventive Services.

Find our Preventive Care Services Coverage Determination Guideline at UnitedHealthcareOnline.com > Tools & Resources > Policies and Protocols > Medical & Drug Policies and Coverage Determination Guidelines > Preventive Care Services

Q7. How will UnitedHealthcare cover services that are not part of the Women's Preventive Services Provision list?

Plans can provide coverage for services in addition to the recommended preventive services and impose cost-sharing requirements for these additional services. Please check the member's specific benefit to determine coverage.

Q8. Are cost-sharing obligations prohibited for women's preventive care services?

Yes. Health plans and issuers are prohibited from imposing cost-sharing requirements for the recommended preventive services when those services are rendered by network providers. Plans and issuers are not required to cover preventive services provided by out-of-network providers. If such out-of-network services are covered, a plan or issuer may impose cost-sharing requirements for recommended services delivered by the out-of-network providers.

Q9. How do I determine what benefits a member has and what to charge for any applicable member cost-sharing?

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.

Q10. What does UnitedHealthcare consider to be a well-woman visit?

Today, many women's preventive health care services, including mammograms, screenings for cervical cancer and immunizations are covered with no cost-sharing by UnitedHealthcare for qualifying health plans. The new coverage for well-woman visits under the health reform law may require multiple preventive visits in the same year for a woman to receive all recommended services, including prenatal care.

Prenatal services covered with no cost-sharing include:

- Routine prenatal obstetrical office visits
- All lab services explicitly 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, and rental equipment (breast pumps) and supplies
- Gestational diabetes screening

Prenatal services not covered under the women's preventive coverage include, but are not limited to:

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

Q11. How will the Women's Preventive Care Services Provision impact the cost-share that I have historically received for obstetrical care?

The Women's Preventive Care Services Provision considers routine prenatal obstetrical office visits and well-woman visits as part of the 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.

Q12. If I am seeing a patient for obstetrical care prior to the renewal date of her plan, will the patient be responsible for cost-sharing on services prior to the effective date of the plan change?

It depends on the date the service is billed on how you bill the services. If a global code is billed, then coverage is determined based on the date the services were billed, regardless of whether some of the prenatal services were provided before or after the member's plan renewal. If individual service codes are billed for each interaction, then the cost-sharing is determined based on the date each service is provided. Please check the member's specific benefits to determine when the women's preventive care requirements are effective for that member's particular plan. The expectation is that you will not provide refunds to members, but rather not be collecting co-pays.

Q13. Will all services performed before delivery be considered preventive care?

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

Q14. How are therapeutic services, which are done at the same encounter and as an integral part of a preventive service, such as the removal of a lesion during a gynecological exam, reported and paid?

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

Q15. What happens if symptoms requiring further diagnostic testing are discovered during a preventive service?

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

Q16. Will breast-feeding equipment be covered by UnitedHealthcare under the Women’s Preventive Care Services Provision?

Yes. In addition to covering the cost of rental, UnitedHealthcare will cover the purchase of a personal, double-electric breast pump at no cost to the member. To rent or purchase breast pumps, members will be required to contact a network physician or durable medical equipment (DME) supplier. 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.

Q17. What types of contraception products will be covered under the pharmacy benefit?

Under the health reform law, health plans must cover FDA-approved contraceptive methods for women without a cost-share. The new requirement covers prescribed contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity. Some contraceptives, like oral contraceptives, are covered under the pharmacy benefit when the prescription is filled at a network pharmacy.

UnitedHealthcare has determined that contraceptives with the same progestin are equivalent to each other. Therefore, each unique progestin contraceptive medication will be represented in Tier 1 of our Prescription Drug List (PDL).

Tier 1 contraceptives on the Advantage PDL and the Traditional PDL will be available at no cost to the member. PDL changes are being made, so there will be several options in Tier 1 that provide members with contraceptives with no cost-share.

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.

Q18. Are any contraceptives covered under the medical benefit?

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.

Q19. 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?

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 (Q0090) 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.

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 866-574-6088.