



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

Preventive Care Services

Executive Summary

Preventive care is important to overall health and the key to long-term good health. Recognizing the value of preventive care and in keeping with its commitment to make a healthy difference in member's lives, Blue Cross and Blue Shield of Minnesota is taking steps to clarify the Preventive Care benefit. To this end, Blue Cross is revising the administration of Preventive Care services to include a defined list of services according to evidence-based guidelines. Blue Cross is also refining its processes for the administration of claims for Preventive Care services. Payment for the defined list of services will be subject to the member's coverage options for Preventive Care and Cancer Screening.

Business Case

Benefits of Preventive Care

The benefits of Preventive Care outweigh the actual cost of service. By defining its Preventive Care services, Blue Cross will help members better safeguard their health.

- Women diagnosed with breast cancer in the early stages have a 95 percent survival rate. Survival rates drop dramatically if cancer has spread before it is detected.
- Detected early, 85-95 percent of colorectal cancer can be cured, while the later stage survival rate is 50 percent or less.
- One third of the 65 million people with high blood pressure do not know it. The decrease in life expectancy for individuals with high blood pressure is 5.1 years for men and 4.9 years for women.
- Immunizations save society more than \$5 for each dollar spent. Flu shots can save employers up to \$60 per employee vaccinated.
- The cost of lost productivity due to illness associated with cancer is \$17.5 billion and due to premature death \$118.4 billion.

Solution

Defining and Supporting Preventive Care

Blue Cross has developed a comprehensive preventive care benefit for its members by using industry guidelines and defining procedures and diagnoses compatible to specific preventive care services. Blue Cross wholeheartedly supports expanded preventive benefits for its enrollees and, through its Center for Prevention, is a national leader in incorporating prevention strategies into benefit design.

- Blue Cross has created a more liberal claim payment process so that preventive services provided outside of a typical "prevention exam" are now eligible for payment at preferred rates when properly coded by the provider

- Changes suggested for Self-Insured accounts align with those implemented by Blue Cross for its Fully Insured book of business
- Expanded covered benefits take into account current evidence-based recommendations from leading national sources.

Blue Cross has several health improvement projects underway to increase the use of preventive services (such as mammogram reminders, Chlamydia screening education and immunization reminders.)

- Current age and gender-specific recommendations are being mailed as an insert in the spring '07 member newsletter, *You&Blue*. Separate copies or an electronic version of this article will be made available upon request.
- Blue Cross is also expanding its capabilities to work with employers on worksite wellness planning
- Blue Cross is including preventive health care messaging in communications programming with employers

Preventive Care Services List

Blue Cross has developed a Preventive Care Service List to communicate the defined 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 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), American Cancer Society (ACS), and United States Preventive Services Task Force (USPSTV). The industry guidelines were developed through evidence-based preventive benefits studies (see Appendix B; Evidence Based Preventive Care Rationale).
- The Preventive Care service list will be reviewed and updated annually as guidelines evolve.

Benefit Administration

Blue Cross undertook a Six Sigma project in 2006 to resolve many of the difficulties posed by prevention codes and to ensure that members get the full use of their expanded prevention benefits. This includes:

- Creating a list of evidence-based and recommended preventive services that will be covered at highest benefit level if they are submitted with a prevention code as one of the diagnoses
- Payment of other "preventive" services at lesser benefit level if not recognized as an evidence-based service regardless if it is submitted with a preventive diagnosis. (Example, Vitamin B12 injections have no role in clinical prevention, they may be appropriate for B12 deficiency, but if they are submitted as preventive service they will not be paid at the highest benefit level even if submitted with a claim for a routine periodic physical exam)

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 list that are submitted with a preventive care code/diagnosis, will process as a medical service as reflected in the plan's benefits.
- Groups without Preventive Care benefits will not have a change in coverage or how claims process.
- Routine screenings for diagnosed conditions are not defined as preventive care services. They will process as a medical service as reflected in the plan's benefits.

Frequency and Dollar Maximums/Limitations

- Blue Cross policy will be to administer the services on the defined list as a Preventive Care service until the service frequency has been met.
- Groups will select either dollar or frequency limits for Preventive Care services.
- Frequency 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.
- Contracts containing dollar maximum or service maximum provisions are processed according to the administrative guidelines for the Preventive Care Services up to the stated maximums.

Methodology

- Blue Cross has reviewed and defined the procedure and diagnosis codes to be used in conjunction with the services on the Preventive Care List.
- 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.
- Blue Cross reserves the right to determine the procedure and diagnosis codes used in defining preventive care under the administrative guidelines.
- Enhancements were implemented in the claims processing system to identify **scheduled** preventive visits.
- Claims for **scheduled** preventive services submitted with a primary diagnosis for other than preventive care, will be scanned for additional diagnoses. If a preventive diagnosis is present on the claim, the services will be processed under the preventive benefit.
- Eyewear coverage will be considered a Durable Medical Equipment benefit, not preventive.

In Conclusion

This enhancement and clarification of the Preventive Care policy will encourage members to take full advantage of their preventive care benefits for the reasons outlined in this document and facilitate correct administration and payment of these benefits.

- For example: Let's look a member who had a colonoscopy done for screening and then was found to have polyps. In the past, if the physician coded the claim with a diagnosis of "polyps" (a medical diagnosis), the claim was processed as medical even though the intent of the service was to screen for polyps. Now, if the physician uses a prevention code in addition to the medical code, the claim will process under the preventive benefit and be eligible to pay at the highest benefit level.
- This also allows physicians to order preventive services at medical visits that aren't only for a routine exam. For example, a physician may see a diabetic for routine follow-up, recognize the need for a flu vaccine or a cholesterol test and order it. It will be covered as preventive as long as the physician codes for the diabetic visit and for preventive services as a secondary diagnosis.

APPENDIX A

Preventive Care Services

| Preventive Care Services Paid at Highest Level of Benefit | | |
|---|--|--|
| This is the Blue Cross Blue Shield of Minnesota administrative policy of services considered to be preventive care. Subject to revision based on updates to guidelines. | | |
| Service | Frequency (does not apply to Blue Plus) | Clinical Practice/ Guidelines |
| Vision Screening | | |
| Glaucoma Acuity Refraction | 1 per Year | USPSTF/ICSI |
| Hearing | | |
| | 1 per Year | USPSTF/ICSI |
| Immunizations | | |
| Per CDC/ACIP Recommendations | As Recommended by Physician | CDC/ACIP |
| Radiology | | |
| Osteoporosis Screening | 1 per Year | USPSTF/ICSI |
| Laboratory Services | | |
| Cholesterol/Lipid Profile | As Recommended by Physician | USPSTF/A34ICSI |
| Thyroid Screening Diabetes Screening Hemoglobin (CBC) | As Recommended by Physician | Blue Cross |
| STD Screening | | |
| HIV Chlamydia Gonorrhea Syphilis | As Recommended by Physician | USPSTF/ICSI |
| Preventive Medical Examination for Adults | | |
| Fully Insured | As Recommended by Physician | Blue Cross |
| Self Insured | As Recommended by Physician | Blue Cross |
| The services below are included in the preventive examination | | |
| Skin Exam Testicular Exam Prostate-Digital Rectal Exam Rectal-Digital Exam Breast Exam Hypertension Screening | | USPSTF/ICSI USPSTF/ICSI USPSTF/ICSI USPSTF/ICSI USPSTF/ICSI USPSTF/ICSI |

| Cancer Screening Paid at the Highest Level of Benefit | | |
|--|--|--|
| 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. | | |
| Service | Frequency (does not apply to Blue Plus) | Clinical Practice/ Guidelines |
| Colon Cancer Screening | | |
| 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 |
| Cervical Cancer Screening | | |
| Pap Smear | 1 per Year | USPSTF/ICSI/ACS |
| Breast Cancer Screening | | |
| Conventional film screen mammography | 1 per Year | USPSTF/ICSI/ACS |
| Prostate Cancer | | |
| Prostate Specific Antigen (PSA) | 1 per Year | Blue Cross |
| Ovarian Cancer | | |
| CA125, For those at high risk | 1 per Year | Blue Cross |
| Trans-vaginal Ultrasound | 1 per Year | Blue Cross |

| Services Covered at Illness/Medical Level of Benefit | | |
|--|--|---|
| Service | Frequency | Benefit Guidelines |
| Any/all services that have an increased frequency due to an effort to control or prevent abnormal condition from recurring. | | |
| Depends Upon Condition | Frequency of service is dependent physician's recommendation | |
| Laboratory Services | | |
| Acute Hepatitis panel Renal function panel Creatinine test | As Recommended by Physician | If medically necessary, will be covered as Illness/Medical benefit. |
| Radiology | | |
| Example, Chest X-Ray, certain elective CT scans | As Recommended by Physician | If medically necessary, will be covered as Illness/Medical benefit. |
| Contraceptive Management | | |
| <u>Oral Contraceptives:</u> IUD's; Diaphragm; Implantable Devices; Transdermal Patches; Intravaginal Rings; Depo Provera Injections <u>Related Services:</u> 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 |
| Other | | |
| 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 |
| Key for abbreviated Clinical Practice Guidelines | | |
| 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 | | |

APPENDIX B

Evidence-Based Preventive Care Rationale

Cancer screening overall:

- Total Cost: \$209.9 billion
Direct Medical Costs: \$74.0 billion (total of all health expenditures)
Indirect Morbidity Costs: \$17.5 billion (cost of lost productivity due to illness)
Indirect Mortality Costs: \$118.4 billion (cost of lost productivity due to premature death) [Feb 2006 American Cancer Society
http://www.cancer.org/docroot/mit/content/mit_3_2x_costs_of_cancer.asp Feb 2006]

Breast Cancer Screening:

- Breast cancer is one of the most common types of cancer among American women. About 212,920 women in the United States will be found to have invasive breast cancer in 2006. About 40,970 women will die from the disease this year.
- Women diagnosed with cancers in Stage 0 or I experience a 95 percent cure rate. Survival rates go down dramatically if the cancer is detected after it spreads to the lymph nodes or other parts of the body Stage II, III or IV.
[http://www.sutterhealth.org/about/clinicalinit/ci_breast.html]
- It costs \$10,000 - \$15,000 to treat breast cancer when detected early compared to \$60,000 - \$145,000 when it is detected in more advanced stages [Advanced Medical Technology, <http://www.advamed.org/VOT/savinglives/breastcancer.shtml> 2006] Accessed August 9, 2006]

Cervical Cancer Screening:

- In 2005, an estimated 10,370 new cases of cervical cancer screening are expected resulting in an expected 3,700 deaths. [National Cancer Institute. *Cervical Cancer Screening*.
<http://www.cancer.gov/cancertopics/ppdq/screening/cervical/HealthProfessional/page1>. Accessed September 14, 2005]
- Despite the benefits of Pap test screening, not all American women take advantage of it. Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have not had a Pap test in the past 5 years, and many of these women have never had a Pap test. [American Cancer Society: Detailed Guide: Cervical Cancer
http://www.cancer.org/docroot/CRI/content/CRI_2_4_3X_Can_cervical_cancer_be_found_early_8.asp?rnav=cri Accessed August 8, 2006]

Colorectal Cancer Screening:

- Colorectal cancer costs over \$6.5 billion/year in US [RedaelliA, Cranor CW, Okano GJ, Reese PR. Screening, prevention and socioeconomic costs associated with the treatment of colorectal cancer. *Pharmacoeconomics*. 2003; 21[17] 1213-1238]
- Detected early[stage 1] 85-95% can be cured; detected in a later stage survival rate is 50% or less.[RedaelliA, Cranor CW, Okano GJ, Reese PR. Screening, prevention and socioeconomic costs associated with the treatment of colorectal cancer. *Pharmacoeconomics*. 2003; 21[17] 1213-1238]
- Annual fecal occult blood testing plus sigmoidoscopy every 5 years can reduce cancer related mortality by 80 % [Rosen AB, Schneider EC. Colorectal cancer screening disparities related to obesity and gender. *Journal of general Internal Medicine*. 2004; 332-338]

- When detected early, treatment costs around \$10,000; when treated at a late stage can cost as much as \$100,000 [American Cancer Society. *Colorectal Cancer: Early Detection 2005*. Accessed September 15, 2005
http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp

Blood Pressure Screening

- 65 million people in the US have high blood pressure, nearly one third do not know it [American Heart Association, *Heart Disease and Stroke Statistics – 2003 Update*. 2002 Dallas Tex., American Heart Association
- The decrease in life expectancy for individuals with high blood pressure is 5.1 years in men and 4.9 years in women compared to individuals without high blood pressure. Franco OH, Peeters A, Bonneux L, de Laet C. Blood pressure in adulthood and life expectancy with cardiovascular disease in men and women: life course analysis. *Hypertension* 2005; 46(2):280-286
- In clinical trials, treatment with blood pressure medicine has been associated with a 35-40% mean reduction in stroke incidence, 20-25% reduction in heart attacks and more than a 50% reduction in heart failure [Chobanian AV, Bakris GI, Black HR, Cushman WC, Green LA, Izzo JL, Jr., et al. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure: the JNC7 report. *JAMA* 2003, 289(19):2560-2472

Immunizations

- Immunizations are one of the most cost effective health interventions strategies available, saving society more than \$5 for each dollar spent. [Abramson JS, Pickering LK. US Immunization Policy. *JAMA* 2002; 287(4):505-509]
- The measles, mumps rubella shot saves \$16.34 in direct medical costs for every \$1 spent. [Achievements in Public Health, 1900-1999. Impact of Vaccines Universally Recommended for Children – United States, 1990-1998. *MMWR* 48[12;234] 1-5. April 2, 1999
- A study on flu immunizations showed that flu shots actually save money per immunized person during a single flu season. Employers can expect to save \$60 per employee vaccinated in 2005. (*New England Journal of Medicine*, 1995)

Cholesterol Screening:

- Less than half of persons who qualify for any kind of lipid-modifying treatment for CHD risk reduction are receiving it.
- Less than half of even the highest-risk persons, those who have symptomatic CHD, are receiving lipid-lowering treatment.
- Only about a third of treated patients are achieving their LDL goal; less than 20% of CHD patients are at their LDL goal.

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Chlamydia Screening

- Chlamydia is the most common sexually transmitted disease in the US with approximately 3 million new cases each year.
- 40 % of women with an untreated infection develop [pelvic inflammatory disease](#) (PID).. PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and [potentially fatal ectopic pregnancy](#) (pregnancy outside the uterus).
- Women infected with Chlamydia are up to five times more likely to become infected with [HIV](#), if exposed [Centers for Disease Control and Prevention. *Chlamydia Fact Sheet*. April 2006 <http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>]