

PROVIDER BULLETIN

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PREVENTIVE SERVICES BULLETIN

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COVERAGE OF PREVENTIVE HEALTH SERVICES

MO HealthNet is not required to pay for preventive health services that are the responsibility of a third party payer. Federal law, Section 2713 of the Affordable Care Act requires non-grandfathered health plans to provide at a minimum, coverage without cost-sharing for preventive services rated 'A' or 'B' by the U.S. Preventive Services Force (click [link](#) for details), recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women. Therefore, effective for dates of service on or after September 23, 2010, MO HealthNet will not pay third party liability (TPL) claims for these services.

MEDICARE COVERAGE OF ANNUAL WELLNESS VISIT PROVIDING A PERSONALIZED PREVENTION PLAN

Federal law, Section 4103 of the Affordable Care Act (click [link](#) for details) provides Medicare Part B coverage, with no co-payment or deductible, for personalized prevention plan services. Personalized prevention plan services means the creation of a plan for an individual that includes a health risk assessment and may include other elements, such as updating family history, listing providers that regularly provide medical care to the individuals, BMI measurement, and other screenings and risk factors. Therefore, effective for dates of service on or after January 1, 2011, MO HealthNet will not pay Medicare crossover claims for these services.

REMOVAL OF BARRIERS TO PREVENTIVE SERVICES IN MEDICARE

Federal law, Section 4104 of the Affordable Care Act (click [link](#) for details) waives the deductible and coinsurance for any Medicare covered preventive service with no limits on the indication or population as long as the U.S. Preventive Services Task Force has recommended the preventive service for at least one indication and/or population with a grade of 'A' or 'B' (click [link](#) for details), requiring Medicare to cover 100 percent of the costs.

Therefore, effective for dates of service on or after January 1, 2011, MO HealthNet will not pay Medicare crossover claims for these services.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896