



Do I need to pay anything for preventive care?

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Under the federal Affordable Care Act, many health plans are required to cover certain recommended preventive services at no cost to you. This means that if you meet age and other requirements, you may be eligible for such services as mammograms, colonoscopies, and routine vaccinations without co-pays, co-insurance, or deductibles when they are delivered by an in-network provider.

However, some patients report that they were billed for services they expected to receive without cost sharing. There are a variety of reasons why this might happen:

You are in a grandfathered plan. Generally, this is a plan that existed before March 23, 2010, when the federal law took effect. Plans that change significantly can lose their grandfathered status. The best way to find out if your plan is grandfathered is to contact your insurance company or employer. The limit on cost sharing for preventive services is required only of nongrandfathered plans – and didn't take effect until the plan first renewed on or after Sept. 23, 2010.

For example, Jane Doe's insurance through her work *renews in July* of each year. She had a preventive mammogram in February 2011. Her mammogram was subject to her deductible and other cost share because her plan did not have to pay at 100 percent until July 2011, when the new plan year began. Plan years often do not match calendar years.

You used out-of-network providers. Health plans must provide preventive services with no cost sharing only through in-network providers. To save money, always check to see if your appointments are with in-network doctors, hospitals, or other providers. Your insurance company can tell you this.

Your visit wasn't preventive. For example, John Doe had to get a colonoscopy sooner than expected because something was found during an earlier test. The procedure was not paid in full because it is diagnostic as opposed to preventive.

Your doctor's office billed incorrectly. John Doe is a 50-year-old who knew that it was time to receive his preventive colonoscopy. He waited until his plan renewed to allow for the federal changes to be in effect. During the procedure, a polyp was found and removed. While he anticipated paying nothing for this benefit, he received an expensive bill for the procedure.

There are many different ways to code a colonoscopy: some are considered preventive and some are not. These codes are called Current Procedural Terminology (CPT) codes. If your doctor

used codes that were not in the preventive category and did not use the new CPT modifier “33” for preventive services, you could be responsible for a portion of the bill.

If the visit qualifies as preventive from the outset, the insurer can apply cost share only to the polyp removal – not the scoping. You should always confirm with your provider if the service you are getting is preventive. If you believe there was a billing error, contact your doctor’s office and your insurer to let them know. If, after doing so, you still think the law was violated, a consumer advocate at the Oregon Insurance Division can help investigate: 888-877-4894.

More than preventive care was administered. For example, Sally scheduled an office visit to talk to her doctor about heartburn (nonpreventive service). During the office visit, the doctor administered a flu shot (preventive service).

Sally’s insurer can impose cost share on the office visit if the flu shot was billed separately. If the primary purpose of the office visit was to talk about heartburn, not to provide a preventive service, Sally’s insurer can impose cost share on the office visit. If, however, the primary purpose of Sally’s visit was to obtain a flu shot (preventive service) and the discussion about heartburn (nonpreventive service) was not billed separately, Sally’s insurer cannot impose any cost share on the office visit.

You don’t meet the criteria for preventive care or the service isn’t considered preventive under the law. Here is a link to the federal website where preventive services are discussed: www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html.

Note that some services are provided without cost sharing only to people of certain ages, who are at high risk, or who meet other criteria. For more information on the specific criteria, go to USPSTF website at www.uspreventiveservicestaskforce.org/recommendations.htm.

Verify with your doctor’s office that the visit is preventive and is coded that way!