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To: [E-OHPSCA2713.EBSA](#)
Subject: Comments on Public Health Service Act Section 2713 Preventive Health Services
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Attachments: [Comments on Public Health Service Act PHSA 2713.doc](#)

Good Morning,

Attached are my comments on the Preventive Health Services Act 2713.

We are a Third Party Claims Administrator for Self Funded Plans.

Thank you.



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Comments on Public Health Service Act PHSA - Section 2713 Preventive Health Services

Questions and Comments regarding the U.S. Preventive Services Task Force Recommendations

1. Alcohol Misuse Screening and Counseling for Adults– Please define the intention of this. Concern is that currently this is treated as a medical condition and subject to same benefits as any other illness for Plans that must follow Mental Parity regulations.
 - a. Is the intention that Alcohol Misuse Screening and Counseling by all network providers would be payable at 100%?
 - b. Would Drug Abuse also be included?
 - c. If Plan excludes Alch/Drug conditions will they now have to allow?
 - d. What would be the definition of Misuse vs. Alcoholism or Chemical Dependency to determine if this is something that falls under PHSA Section 2713 vs. normal plan benefits?

2. Aspirin use for men and women of certain ages. Typically during a visit a physician may recommend the use of Aspirin during a visit and the primary reason for the visit would not be to discuss Aspirin use. I would not anticipate any charges from a physician that would be strictly an Aspirin Consult.
 - a. Is the intent that if a physician prescribes the use of Aspirin would Plans now have to cover Aspirin? There would not be a network provider for Aspirin.
 - b. Would these have to be then eligible if a separate prescription drug program were offered?
 - c. If plan has to cover the actual aspirin I am assuming that out of network benefits can apply.

3. Screening for bacteriuria in pregnant women at 12 to 16 weeks gestation.
 - a. If a Plan excludes dependent daughter pregnancy does the Plan have to cover this test?
 - b. Typically a plan that provides pregnancy benefits this is considered as an illness and paid as such. So if this is already covered by most plans why can't it be paid as an illness rather than "preventive"?

4. Blood Pressure Screening
 - a. In an office visit, regardless of the reason for your visit the nurse usually checks blood pressure and we do not receive a separate charge on the bill for this. Do you anticipate that we will now see actual charges for this service?

5. Counseling related to BRCA screening
 - a. Is only the consult to be referred for genetic counseling and evaluation for BRCA testing the items that would be covered under this or is the intention that if there is a family history you also must pay for the BRCA testing?

6. Chemoprevention of breast cancer
 - a. Is the intent that the consult regarding discussion of chemoprevention of breast cancer be eligible or after the consult the patient wants to do chemoprevention that the chemoprevention itself would be an eligible expense and be subject to the 100% benefits with no out of pocket cost if at a network provider?

7. Interventions to support breast feeding
 - a. I would imagine that the physician may discuss breast feeding with a patient as part of the normal course of treatment for pregnancy or in the hospital after delivery this would be a discussion. I would not anticipate any separate charges to be incurred for this service.

8. Screening for colorectal cancer
 - a. Will you also be recommending proctosigmoidoscopy along with colonoscopy and sigmoidoscopy?
 - b. Will you have frequency standards? We currently typically cover one every 3 years age 50 and over.

9. Chemoprevention of dental caries
 - a. If a medical only plan that excludes treatment of the teeth and gums will plans still have to cover this expense as a Medical benefit? If this is a prescription drug we would have to coordinate how to handle with our prescription drug carriers.

10. Screening for Depression in Adults
 - a. Most of our Plans allow for treatment of mental nervous conditions the same as any other illness due to mental parity laws (Except for some of our self funded non erisa schools and municipalities).
 - b. Need guidance is this for diagnosis of Depression only and does not include other mental nervous disorders?
 - c. What actual charges would be eligible under the 100% for a network provider vs what actual charges would fall under the medical benefits of the plan.
 - d. Can we still state what providers are eligible for these expenses?

11. Screening for Depression in Adolescents
 - a. Most of our Plans allow for treatment of mental nervous conditions the same as any other illness due to mental parity laws (Except for some of our self funded non erisa schools and municipalities).
 - b. Need guidance is this for diagnosis of Depression only and does not include other mental nervous disorders?
 - c. What actual charges would be eligible under the 100% for a network
 - d. Can we still state what providers are eligible for these expenses?

12. Counseling for a healthy diet

- a. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians. Please advise if we can impose a number of visits per calendar year.

13. Supplementation with folic acid

- a. I would not anticipate a charge by a provider for the recommending taking folic acid.
- b. Is the intent that if a physician prescribes the use of folic acid would Plans now have to cover the charge for the folic acid?
- c. Would folic acid have to be then eligible if a separate prescription drug program were offered?
- d. Please confirm if plan paid these under normal plan benefits they would not be available by a Network provider so out of network benefits can apply

14. Prophylactic medication for gonorrhea: newborns

- a. With having a separate prescription drug vendor. I am not sure how the drug vendors will be able to determine separate benefits for these eye ointments by a drug vendor.
- b. Can you clarify if normal plan benefits would be applicable with normal copays as these would not be billed by a Network provider they most likely however would be filled by a pharmacy that participates in the prescription drug vendors plan.

15. Screening for hearing loss in Newborns

- a. I would assume this is part of the normal newborns exam by the physician and would not anticipate separate charges for these services.
- b. Will guidance be given on what age a “newborn” is? Tabers defines an infant less than 28 days old.

16. Screening for hemoglobinopathies in newborns

- a. Rather than give specific diagnosis and items that are being screened for wouldn't it be clearer to recognize what the specific test would be. Ie. CBC, urinalysis

17. Screening for hepatitis B

- a. If a Plan excludes dependent daughter pregnancy does the Plan have to cover this test?
- b. Typically a plan that provides pregnancy benefits this is considered as an illness and paid as such. So if this is already covered by most plans why can't it be paid as an illness rather than “preventive”?

18. Screening for HIV

- a. What is the recommended frequency for testing for HIV?

19. Screening for congenital hypothyroidism in newborns

- a. Will newborns be defined as an infant less than 28 days old. Would these be standard thyroid test or would they be genetic testing?
20. Screening for Iron Deficiency Anemia in pregnant women
- a. If a Plan excludes dependent daughter pregnancy does the Plan have to cover this test?
 - b. Typically a plan that provides pregnancy benefits this is considered as an illness and paid as such. So if this is already covered by most plans why can't it be paid as an illness rather than "preventive"?
 - c. If a lab test such as a cbc test is performed for several diagnostic purposes during pregnancy how are we to determine if the only reason for that test was screening for anemia?
 - d. Is there a specific cpt code that you consider for this benefit
21. Iron Supplementation in Children - Recommending routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for anemia.
- a. How is it determined who is at increased risk for anemia?
 - b. I would not anticipate a charge by a provider for the recommending taking iron supplementation
 - c. Is the intent that if a physician prescribes the use of Iron Supplements would Plans now have to cover the charge for the iron supplement?
 - d. Would iron supplementation have to be then eligible if a separate prescription drug program were offered?
 - e. Please confirm if plan paid these under normal plan benefits as they would not be available by a Network provider so out of network benefits can apply
 - f. How will we coordinate this if it is put thru the prescription drug vendor?
22. Screening and counseling for obesity adults and children - Offer intense counseling and behavioral intervention to promote sustained weight loss for adults.
- a. This appears to be for obesity and/or morbid obesity, please confirm.
 - b. Typically our Plans would not cover programs such as Jenny Craig, Weight Watchers. With this new regulation would we be required to cover these providers if they provide comprehensive, intensive behavioral interventions?
 - c. Can we limit the number of visits for these services?
23. Screening for PKU in newborns
- a. In general for these screenings in newborns we would like to see a standard definition of 28 days.
 - b. What if the PKU test is on the inpatient hospital bill? How would we see that and be able to break that out to be paid at 100% if all labs are on one bill?
 - c. I would suggest that all regs and test related to Newborns be grouped together.
24. Screening for RH incompatibility

- a. If a Plan excludes dependent daughter pregnancy does the Plan have to cover this test?
 - b. Typically a plan that provides pregnancy benefits this is considered as an illness and paid as such. So if this is already covered by most plans why can't it be paid as an illness rather than "preventive"?
 - c. If this is billed by the hospital how would we notice and separate the revenue code if several labs were done the same day. For example RH test done at the same time as someone having a glucose test.
25. Counseling for STI's
- a. I would not imagine that we would see a separate charge for counseling for Sexually Transmitted Disease. It probably would be discussed during an office visit. What would you consider "high-intensity behavioral counseling"?
26. Screening for syphilis in pregnant women –
- a. If a Plan excludes dependent daughter pregnancy does the Plan have to cover this test?
 - b. Typically a plan that provides pregnancy benefits this is considered as an illness and paid as such. So if this is already covered by most plans why can't it be paid as an illness rather than "preventive"?
 - c. If this is billed by the hospital how would we notice and separate the revenue code if several labs were done the same day. For example RH test done at the same time as someone having a glucose test.
27. Counseling for Tobacco Use
- a. What charges would be eligible for "tobacco cessation interventions"?
 - b. Can we limit the frequency of this?
 - c. What type of charges would the medical plan cover? I am assuming only the visit to the physician who may then prescribe a prescription or plan for stopping smoking or maybe advise the patient on some online resources such as the American Cancer Society.
28. Screening for visual acuity in children under the age of 5
- a. What charges would be considered screening to detect amblyopia? Just the eye exam?
 - b. Would refraction be appropriate to deny?
29. SACHDNC Recommended Uniform Screening Panel
- a. What should we anticipate CPT or HCPCS wise that these tests would be billed as?