

medicaid and the uninsured

September 2012

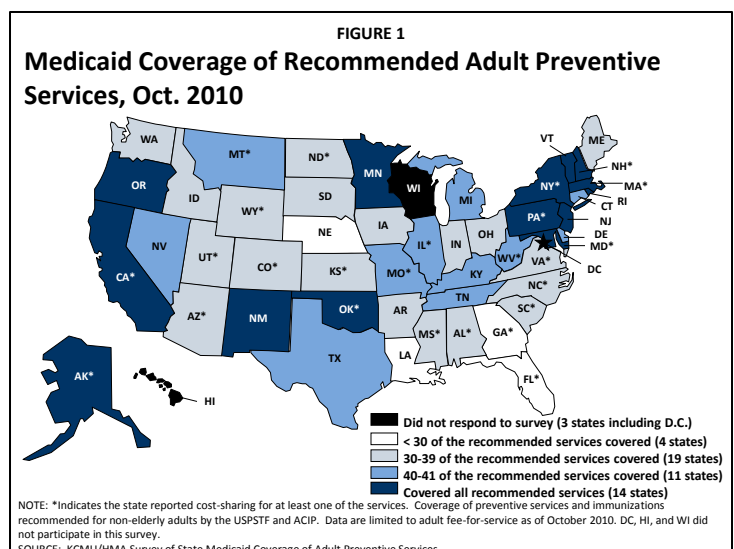
Coverage of Preventive Services for Adults in Medicaid

Medicaid beneficiaries tend to be poorer and have greater health needs than those with private insurance. Preventive services are critically important for early diagnosis of health problems and for promoting healthy behaviors that can reduce the risk of developing chronic conditions. Medicaid, which currently provides coverage for over 62 million individuals, plays a major role in improving access to preventive screenings and interventions. The Affordable Care Act (ACA) provides several opportunities for states to increase the role Medicaid plays in providing access to preventive services. One of those provisions goes into effect on January 1, 2013, when state Medicaid programs will have the opportunity to receive a one percentage point increase in their federal matching rate if they cover the immunizations recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the preventive services rated grade "A" or "B" by the U.S. Preventive Services Task Force (USPSTF) without charging cost-sharing for these services.

This brief highlights data from a new survey of Medicaid coverage of 42 recommended preventive services for adults in Medicaid fee-for-service programs as of October 2010.ⁱ The survey focused on adult preventive services as Medicaid programs generally are not required to cover such services as opposed to preventive services for children, which states are required to cover in Medicaid as part of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. The Kaiser Commission on Medicaid and the Uninsured and Health Management Associates fielded the survey as part of the biennial update of the KCMU online Medicaid Benefits Database. Services included cancer screenings, STI screenings, services related to chronic conditions and health promotion as well as immunizations. A full listing of the preventive services included as part of the survey is provided in Appendix 1, with links to Centers for Disease Control and Prevention factsheets on each. Other appendices provide state-level data about Medicaid coverage of such services.

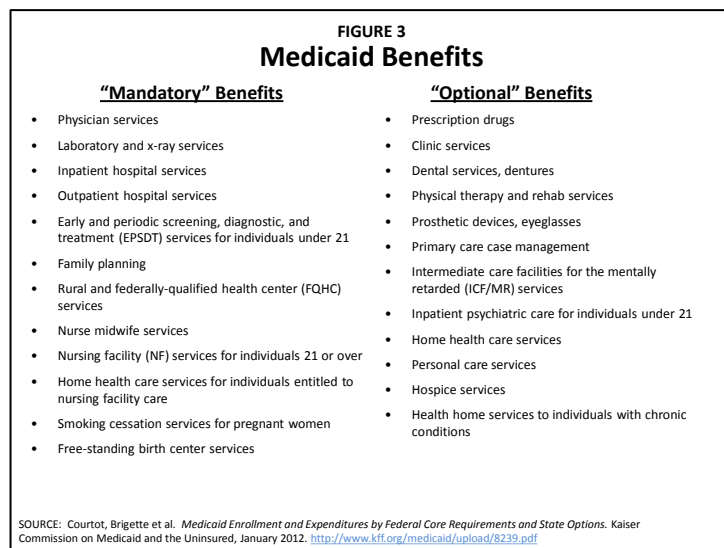
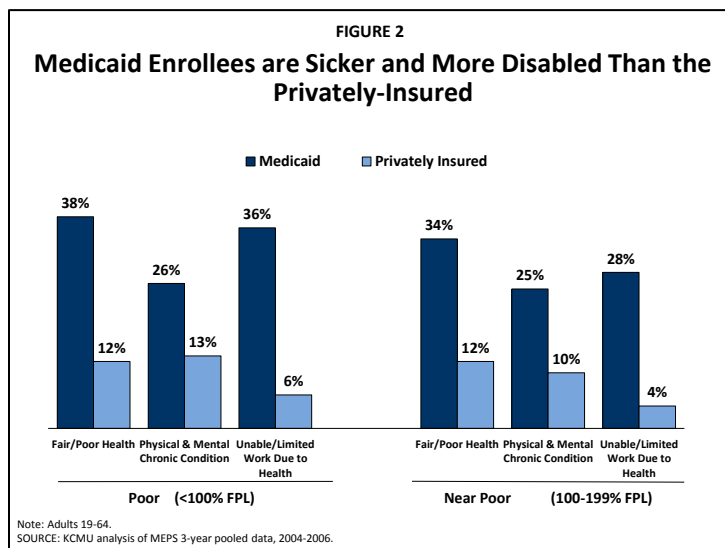
Summary of Findings

Preventive services were generally well-covered by state Medicaid programs in 2010. Forty-four states reported covering at least 30 of the 42 services asked about in the survey, including 25 states that covered 40 or more such services. While there was some variation among states in which services were covered under Medicaid for non-elderly adults, each preventive service was covered by at least half if not two-thirds of states. Cancer screenings, STI screenings, and most of the pregnancy-related services were covered by virtually every state. There was much more variation in cost-sharing requirements; 25 states reported cost-sharing for at least one of the services asked about in the survey. Overall, 14 states reported covering all of the preventive services and immunizations for non-elderly adult beneficiaries included in this survey; six of these states (Minnesota, New Jersey, New Mexico, Oregon, Rhode Island, and Vermont) reported covering all of these services without cost-sharing.ⁱⁱ (Figure 1)



Background

Medicaid programs across the country provide coverage to over 62 million low-income individuals, including nearly 31 million low-income children, 16 million adults, and over 15 million elderly and people with disabilities. Medicaid beneficiaries tend to have greater health care needs than those with private insurance. (Figure 2) The prevalence of chronic conditions also tends to be higher among Medicaid beneficiaries; as of 2008, 1 in 10 low-income adults on Medicaid were diagnosed with diabetes compared to 1 in 20 low-income, uninsured adults.ⁱⁱⁱ



Benefits and Cost-Sharing. As part of the joint federal and state partnership that Medicaid programs operate under, states administer Medicaid programs within broad federal guidelines. States must cover a core set of mandatory benefits, which include physician services as well as inpatient and outpatient services among others. States can also elect to cover additional optional benefits, such as prescription drugs, dental services, and prosthetic devices such as eyeglasses. (Figure 3) As of October 2010, all states had elected to cover at least one of the optional benefits.^{iv} However, states have considerable flexibility in determining the services provided under these benefits as well as the amount, duration, and scope of the benefits and services provided.

Additionally, states have the option of instituting cost-sharing for select beneficiaries and select services with particularly strong rules governing the application of cost-sharing for pregnant women, children and adults with incomes below poverty. Given their limited incomes and greater health care needs, federal rules limit the amount of cost-sharing states can charge Medicaid enrollees to help protect them against high out-of-pocket cost and facilitate their access to needed care. The total amount of cost-sharing paid by a family for Medicaid services cannot exceed five percent of family income.^v

Preventive Services. For children, recommended preventive services are covered through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, a mandatory benefit intended to provide a comprehensive array of services to identify, diagnose, and treat physical and mental health conditions. However, coverage of preventive services for adults is generally considered optional as states can elect to cover these services under a number of different benefits, many of which are optional. For example, preventive services for adults can be covered under the Diagnostic, Screening and Prevention benefit, which is an optional benefit. However, sexually transmitted infection (STI) screenings could be instead covered under the Family Planning benefit, which is a mandatory benefit states must cover.

While the distinction of which benefit these services are covered under may seem arbitrary, these distinctions can have significant impacts on how the benefit is delivered, if cost-sharing can be charged, which populations are served, and what limits are placed on the provision of this service. For example, if one of the recommended STI screenings is covered under the Family Planning benefit, states cannot charge cost-sharing for such services; however, cost-sharing could be applied if the services were instead covered under the Diagnostic, Screening and Prevention benefit.

The Affordable Care Act and Prevention. The Affordable Care Act (ACA) provides states with numerous options to expand the provision and coverage of preventive services and better coordinate care for Medicaid beneficiaries.^{vi} Beginning January 1, 2013, states will have the opportunity to qualify for an additional one percentage point in their Medicaid matching rate if the state covers preventive services recommended by the United States Preventive Services Task Force (USPSTF) (Grade “A” or “B”) and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) without charging cost-sharing for these services.

While some research has been done examining Medicaid coverage of select preventive services, there has not been a comprehensive look at state-level Medicaid coverage of preventive services for non-elderly adults.^{vii} This survey is intended to provide a baseline of Medicaid coverage of preventive services for adults ahead of the implementation of this provision.

Methodology

The data in this report reflect results from a survey fielded in January 2011 that asked states about coverage and related cost-sharing for those preventive services recommended for non-elderly adults by the USPSTF (services that received a grade “A” or “B”) and immunizations recommended by the ACIP; 42 services in total were included in the survey, which are detailed in Appendix 1. This data does not reflect coverage for children or those over the age of 65 in Medicaid programs. This survey was included with the verification forms sent to Medicaid agencies for the 2010 update to the KCMU online Medicaid Benefits Database. Responses included here refer to coverage as of October 2010 in Medicaid fee-for-service programs only. Forty-eight states responded to this survey; the District of Columbia, Hawaii, and Wisconsin did not participate.

Coverage. The survey asked if the state Medicaid program covered any of the recommended preventive services. Many states responded with service-specific caveats, most notably that service was covered only if medically necessary or that the service was covered but only as part of an office visit and not as a distinct service. For purposes of this report, states reporting such caveats were counted as covering these services. However, if the state reported covering the service for a more select group than was asked about (i.e. the state reported coverage of HPV vaccines for those under age 18 when asked about coverage for those up to age 26), they were not counted as covering the service.

Cost-sharing. This survey asked states to report if they charged cost-sharing for the recommended preventive services. Some states reported that while the specific service (such as an immunization) was not subject to cost-sharing, the related office visit would have been subject to cost-sharing charges. For the purposes of this report, cost-sharing for the office visit was included in the counts of states reporting cost-sharing for these services, even if the service itself was not specifically subject to cost-sharing. Other states noted that the application of cost-sharing would have depended on the setting in which the services were received (i.e. there may have been no cost-sharing for services received as part of a physician visit, but the same services received at a Federally Qualified Health Center (FQHC) may have been subject to cost-sharing). For the purposes of this report, states that reported no cost-sharing for physician visits/services were counted as not charging cost-sharing for these services, even if cost-sharing would have been charged if the services were rendered at another location, such as a FQHC.

Survey Findings by Service Group

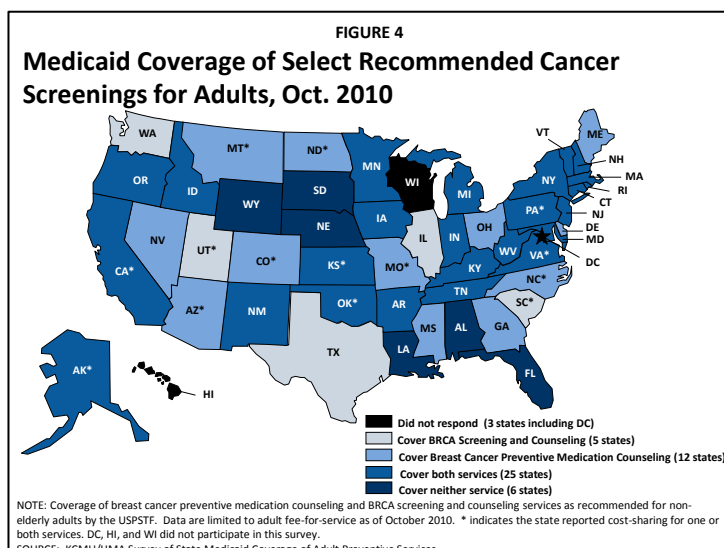
Cancer Screenings (Appendix Table 2)

Breast Cancer Mammography, Cervical Cancer, and Colorectal Cancer Screenings

All 48 responding states indicated that they cover mammograms, cervical cancer screenings, and colorectal cancer screenings as recommended by the USPSTF. The majority of states (34) do not require cost-sharing for these three screenings. Mortality rates for each of these cancers have been declining in recent years due in part to early detection from these screenings. Some states noted mammograms and cervical cancer screenings was at least in part covered through an optional eligibility pathway adopted by all states under the Breast and Cervical Cancer Prevention and Treatment Act. This option allows states to extend Medicaid coverage for cancer treatment to uninsured women diagnosed with breast or cervical cancer through a federal screening program.

Breast Cancer Preventive Medication Counseling, BRCA Screening and Counseling

Coverage for two other services recommended by the USPSTF – breast cancer preventive medication counseling and BRCA screening, are not as commonly covered. Both of these services are grade "B" rather than the other cancer screenings that are grade "A." Additionally, these services are recommended only for individuals who are deemed at high risk of breast cancer or women with a family history of deleterious mutations of select genes. Twenty-five states cover both of these services; an additional 17 states cover one of these services but not the other. Fourteen states charge copays for one or both of these services. (Figure 4)



Sexually-Transmitted Infections (STI) Counseling (Appendix Table 3)

Chlamydia, Gonorrhea, HIVⁱⁱⁱ, and Syphilis Screenings and STI Counseling

There are 19 million new sexually-transmitted infections (STIs) every year. Undetected and untreated STIs can increase a person's risk for HIV and can lead to other adverse health consequences, such as infertility. According to the Centers for Disease Control and Prevention (CDC), less than half of people who should be screened receive recommended screening services.^{ix}

All but one of the states participating in this survey reported covering screenings for HIV, Chlamydia, Gonorrhea, and Syphilis; North Dakota was the only state that reported not covering screenings for Chlamydia, Gonorrhea and Syphilis as recommended by the USPSTF.^x Thirteen states reported that STI screenings were subject to cost-sharing. STI counseling as recommended by the USPSTF was not as commonly covered, though 39 states did report covering this service. Fourteen states indicated that they charge cost-sharing for STI counseling services.^{xi} In total, 39 states covered all the STI screenings listed here as well as counseling services; 21 of these states do so without charging cost-sharing.

Some states noted some of these services are at least partially covered as family planning services. Family Planning is a mandatory benefit for states, however the services covered under this benefit as well as limitations on those services vary across states, though states cannot charge cost-sharing for these services. States receive a 90 percent federal match on services covered under this benefit.^{xii}

Preventive Services Related to Chronic Conditions (Appendix Table 4)

Prophylactic Aspirin, Blood Pressure, Cholesterol, Depression, Diabetes, and Osteoporosis Screenings

Recent analysis of national survey data from 2009 shows that nearly one in ten low-income, non-elderly adult Medicaid beneficiaries were diagnosed with diabetes, more than two in ten were diagnosed with chronic obstructive pulmonary disease (COPD), nearly three in ten were diagnosed with heart disease, and over one-third were diagnosed with a mental health condition.^{xiii}

Research has shown that increases in the use of preventive services, particularly screenings and treatment related to cardiovascular disease, can lead to the prevention of a significant number of deaths per year.^{xiv} Nearly all states reported covering blood pressure screenings (47 states) and screenings for cholesterol abnormalities (46 states). Fewer states reported covering prophylactic aspirin (37 states) despite research highlighting in particular its effectiveness in reducing the number of deaths from cardiovascular disease and its potential to yield significant medical savings.^{xv} Copays were also most prevalent for this service compared to others in this category (17 of the 37 states). Additionally, most states reported coverage of diabetes screenings (46 states) and osteoporosis screenings (45 states). Overall, 31 states reported covering all of these services; 16 of which did so without cost-sharing.

There is a high prevalence of diagnosed mental health conditions among Medicaid beneficiaries. The only preventive service specific to mental health in this survey was depression screenings, which are covered by most states; 13 of the 41 states that cover this service apply cost-sharing. Health homes, another ACA option available to states, provides additional federal matching funds for states that better coordinate care for Medicaid beneficiaries with chronic conditions; the first four states to adopt this option have focused on individuals with severe and persistent mental illnesses among other populations.^{xvi}

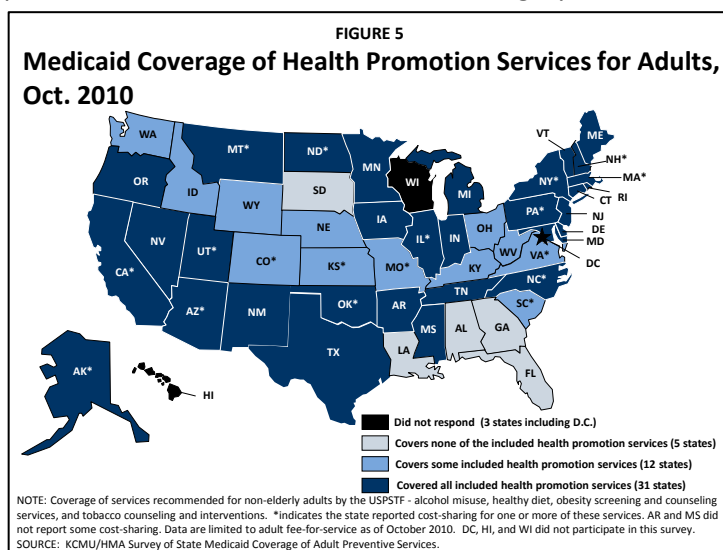
Health Promotion (Appendix Table 5)

Alcohol Misuse, Healthy Diet, Obesity Screening and Counseling, Tobacco Use Counseling

Thirty-one states covered all of the recommended preventive services that fall under this category; 16 states did so without cost-sharing.^{xvii} (Figure 5) Five states reported not covering any of these preventive services for adults (Alabama, Florida, Georgia, Louisiana, and South Dakota). The most commonly covered service was alcohol misuse counseling (40 states).

Nearly every state that covered healthy diet counseling services also covered obesity screening and counseling; the same 11 states also reported cost-sharing for these two services.^{xviii} These obesity-related services are particularly important given the alarming increase in obesity rates and obesity's link to many chronic conditions such as coronary heart disease, stroke, diabetes, and cancer.^{xix}

Research has also highlighted the potential of tobacco use counseling and interventions to yield cost-savings and have large health impacts.^{xx} A study on the implementation of a Medicaid Tobacco Cessation program in Massachusetts, for example, found a positive return on investment.^{xxi} In this survey, 38 states reported covering this service in October 2010; 25 states do so without cost-sharing.



Immunizations (Appendix Tables 6A and 6B)

Td booster/Tdap, MMR, Influenza, Varicella, Zoster, HPV, Hepatitis A and B, Meningococcal, and Pneumococcal

There are ten immunizations recommended for adults by the Advisory Committee on Immunization Practices (ACIP). Four recommended immunizations (Hepatitis A, Hepatitis B, Meningococcal, and Pneumococcal) are recommended for those when additional risk factors are present. These four immunizations are covered by nearly all states.

Six of these immunization recommendations (Td booster/Tdap, MMR, Influenza, Varicella, Zoster and HPV) are for all individuals who meet select age and gender criteria and who show no sign of immunity. The most commonly covered immunization in this group was for Influenza (46 states). Both immunizations for MMR and Td booster/Tdap were covered for non-elderly adults by most states (40 and 41 states, respectively). However, states were slightly less likely to cover Varicella (39 states) and Zoster (34 states). Another less commonly covered immunization was HPV; 37 states covered this immunization for women age 26 and under.

Thirty states indicated that they covered all of the recommended immunizations for non-elderly adults. A number of states not included in this count reported coverage of the immunizations, but for a smaller age range (i.e. for those 18 years and younger). In terms of cost-sharing, a total of 10 states reported cost-sharing requirements for these services. If a state reported cost-sharing requirements for these services, the requirements applied to all the immunizations the state covered. In total, 23 states reported covering all the recommended immunizations without cost-sharing. (Figure 6)

Pregnancy-Related Preventive Services

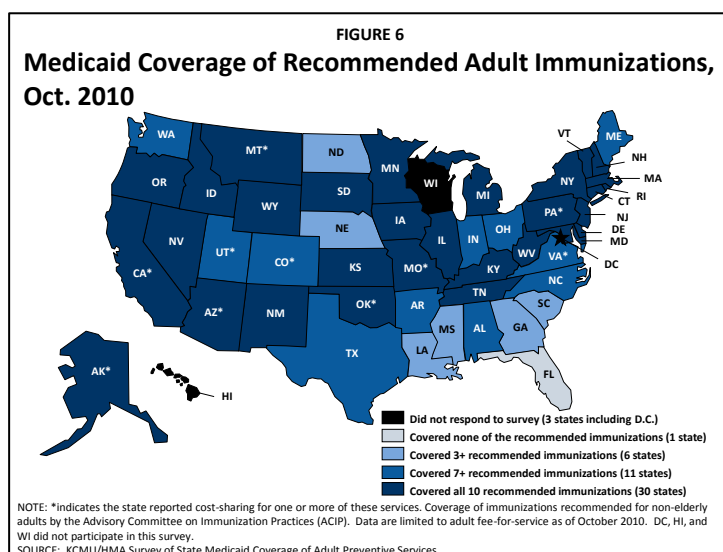
Responses to the survey showed that preventive services recommended by the USPSTF for pregnant women were well-covered under state Medicaid programs in October 2010. Because pregnancy-related services are exempted from cost-sharing, states were not asked about cost-sharing for these services.

STI Screenings, Alcohol Misuse and Tobacco Use Counseling and Interventions (Appendix Table 7A)

All states reported covering STI screenings for Chlamydia, Gonorrhea and Syphilis, which matches data reported on STI screenings covered for non-elderly adults in an earlier section. Additionally, all but a handful of states reported covering alcohol misuse counseling. States were also asked about tobacco cessation coverage for pregnant women, which states were required by the ACA to cover for pregnant women in Medicaid starting in October 2010. The majority of states had implemented this provision; Colorado and Louisiana indicated that rulemaking for this service for pregnant women was in progress.

Hepatitis B, Anemia, Bacteriuria and Rh Incompatibility Screenings; Breast Feeding Counseling and Folic Acid Supplementation (Appendix Table 7B)

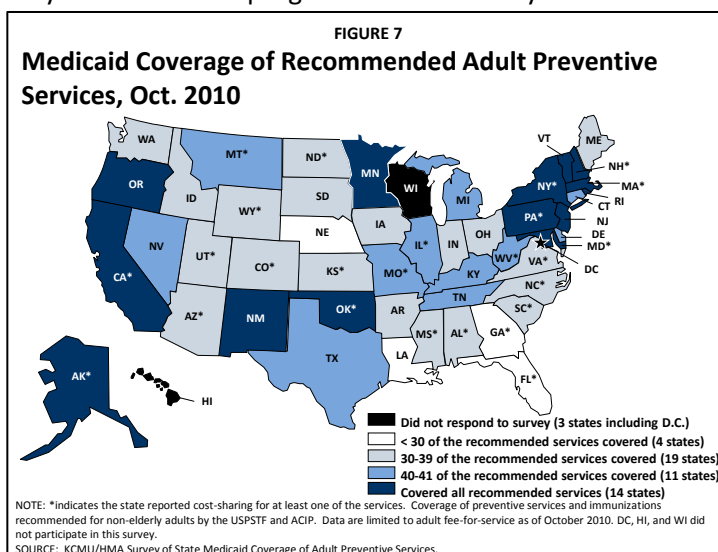
All states cover screenings for Hepatitis B, anemia, as well as Rh incompatibility at both the first prenatal visit and again at 24-28 gestational weeks. All but two states (Iowa and North Dakota) also covered bacteriuria screenings. Breastfeeding counseling and folic acid supplementation were the least likely to be covered.



Discussion

Coverage of preventive services for adults is generally considered optional, meaning states can elect to cover preventive services in their Medicaid programs for adults. While some research has been done examining Medicaid coverage of select preventive services, there has not been a comprehensive look at state-level Medicaid coverage for adults.^{xxii} This survey is intended to provide a baseline of Medicaid coverage of preventive services for adults.

Preventive services were generally well-covered by state Medicaid programs in 2010. Forty-four states reported covering at least 30 of the 42 services asked about in the survey, including 25 states that covered 40 or more such services. While there was some variation among states in which services were covered under Medicaid for non-elderly adults, each preventive service was covered by at least half if not two-thirds of states. There was more variation in cost-sharing; 25 states reported cost-sharing for at least one of the services. Overall, 14 states reported covering all of the preventive services and immunizations included here; six states (Minnesota, New Jersey, New Mexico, Oregon, Rhode Island, and Vermont) did so without cost-sharing.^{xxiii} (Figure 7)



States are still awaiting guidance on how this provision will be administered by the Centers for Medicare and Medicaid (CMS). Outstanding questions include whether states can obtain the increased federal match for the preventive services they cover without cost-sharing if they do not cover all of the recommended services; if states have to cover these services and screenings routinely or if limiting coverage under the state's definition of medical necessity will still allow the state to qualify; and if states will need to eliminate cost-sharing for related office visits as well as the specific service.

Since the reporting period for this survey, there have been changes in the services covered as well as the cost-sharing Medicaid beneficiaries face. While some states have increased or added new copays or restricted benefits, others have reduced or eliminated copays and expanded coverage of benefits.^{xxiv} Nevada, for example, published an update to its Medicaid Services Manual to clarify for providers that the state does reimburse for preventive services as recommended by the USPSTF.^{xxv}

The ACA provides a number of opportunities to improve access to and quality of care for many adults currently in Medicaid programs and those that will be eligible to enroll beginning January 1, 2014. Research has shown that evidence-based preventive services can significantly improve the health of individuals at little or no additional cost.^{xxvi} Results from the 2012 update of this survey will provide a better idea of the impact of recent changes on coverage of preventive services in state Medicaid programs ahead of the implementation of this provision in January 2013.

This brief was prepared by Laura Snyder of the Kaiser Commission on Medicaid and the Uninsured. Special thanks to Adara Beamesderfer, Usha Ranji, and Alina Salganicoff of the Kaiser Family Foundation's Women's Health Team, Esther Reagan of Health Management Associates, and Jhamirah Howard (formerly of the Kaiser Commission on Medicaid and the Uninsured) for their contributions to the development and fielding of the survey. For more information on services specific to women covered under Medicaid, see the following brief published using this data - <http://www.kff.org/womenshealth/8330.cfm>.

APPENDIX 1: PREVENTIVE SERVICE DEFINITIONS

Cancer-Related Services	Definition included in Survey
Breast cancer preventive medication counseling	Clinicians discuss chemoprevention with women at high risk for breast cancer and low risk for adverse effects of chemoprevention.
Breast cancer mammography*	For women aged 40 and older, with or without clinical breast exam, every 1-2 years.
BRCA screening and counseling	Genetic counseling and evaluation for BRCA testing for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Cervical cancer screening	For women who have been sexually active and have a cervix.
Colorectal cancer screening	Using fecal occult blood testing, sigmoidoscopy, or colonoscopy starting at age 50 through 75.
Chronic Condition-Related Services	Definition included in Survey
Prophylactic aspirin	For men age 45-79 years and women age 55-79 years, if potential benefit outweighs potential harm.
Blood pressure screening	For adults aged 18 and older.
Cholesterol abnormalities screening	Men aged 35+ and women aged 45+, and those younger at increased risk of coronary heart disease.
Depression screening	Staff-assisted supports to assure accurate diagnosis, effective treatment and follow-up.
Diabetes screening	Type 2 diabetes in asymptomatic adults with sustained blood pressure above 135/80 mm Hg.
Osteoporosis screening	Routine screening for women aged 65+, age 60 for women at increased risk of such fractures.
Health Promotion	Definition included in Survey
Healthy diet counseling	Intensive behavioral dietary counseling, delivered by primary care clinicians or specialists, for those with hyperlipidemia and other risk factors for cardiovascular and diet-related chronic disease.
Obesity screening and counseling	Screen all adults for obesity, offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.
Tobacco use counseling and interventions	Ask all adults about tobacco use and provide tobacco cessation interventions.
Alcohol Misuse Counseling	Screening and behavioral counseling interventions in primary care settings.
STI screenings	Definition included in Survey
Chlamydial infection screening	For sexually active women age 24 and younger and older women who are at increased risk.
Gonorrhea screening	For all sexually active women, if they are at increased risk.
HIV screening	For all adolescents and adults at increased risk for HIV infection.
Syphilis screening	For those at increased risk.
STI counseling	High-intensity behavioral counseling to prevent STIs for sexually-active adolescents and adults at risk.
Immunizations	Definition included in Survey
Tetanus-Diphtheria (Td)booster and Tetanus-Diphtheria-Pertussis (T-dap)	1 Td Booster every 10 years and a one-time dose of Tdap for those under age 64.
Human Papilloma Virus	3 doses for females age 26 and under.
Measles, Mumps, and Rubella	1 or 2 doses for those 19-49; 1 dose for those 50 and older if other risk factors are present.
Varicella	2 doses for those 19-49; 2 doses for those 50 and older if other risk factors are present.
Influenza	1 annual dose for those 19-49 if other risk factors are present; 1 annual dose for those 50+.
Pneumococcal	1 or 2 doses for those 19-64 if other risk factors are present; 1 dose for those 65 and older.
Hepatitis A	2 doses if other risk factors are present.
Hepatitis B	3 doses if other risk factors are present.
Meningococcal	1 or more doses if other risk factors are present.
Zoster	For those 60 and older.
Pregnancy-Related Services	Definition included in Survey
Chlamydial infection screening	For all pregnant women age 24 and under and for older pregnant women at increased risk.
Gonorrhea screening	For all sexually active women if they are at increased risk.
Hepatitis B screening	For pregnant women at their first prenatal visit.
Syphilis screening	For all pregnant women.
Alcohol misuse counseling	Screening and behavioral counseling interventions to reduce misuse in primary care settings.
Anemia screening	For iron deficiency anemia in asymptomatic pregnant women.
Bacteriuria screening	For asymptomatic bacteriuria with urine culture at 12 to 16 weeks gestation.
Breastfeeding counseling	Interventions during pregnancy and after birth to promote and support breastfeeding.
Folic acid supplementation	A daily supplement of 0.4 to 0.8 mg of folic acid for women planning or capable of pregnancy.
Rh incompatibility screening at first visit	Rh (D) blood typing and antibody testing for all pregnant women during first pregnancy-related visit.
Rh incompatibility screening at 24-28 weeks	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Tobacco use counseling	Ask about tobacco use and provide augmented, pregnancy-tailored counseling.

NOTES: *HHS uses the 2002 recommendation on breast cancer screening. Survey is based on recommendations from the USPSTF related the ACA provision - <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm> and the Advisory Committee on Immunization Practices recommendations for adults in 2010 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

APPENDIX TABLE 2: CANCER-RELATED SERVICES (as of October 2010)

State	Breast cancer preventive medication counseling		Breast cancer screening mammography		BRCA screening and counseling		Cervical cancer screening		Colorectal cancer screening	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	N	-	Y	N	N	-	Y	N	Y	N
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Arkansas	Y	N	Y	N	Y	N	Y	N	Y	N
California	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	N	-	Y	N	Y	N
Florida	N	-	Y	Y	N	-	Y	Y	Y	Y
Georgia	Y	N	Y	N	N	-	Y	N	Y	N
Idaho	Y	N	Y	N	Y	N	Y	N	Y	N
Illinois	N	-	Y	N	Y	N	Y	Y	Y	N
Indiana	Y	N	Y	N	Y	N	Y	N	Y	N
Iowa	Y	N	Y	N	Y	N	Y	N	Y	N
Kansas	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kentucky	Y	N	Y	N	Y	N	Y	N	Y	N
Louisiana	N	-	Y	N	N	-	Y	N	Y	N
Maine	Y	N	Y	N	N	-	Y	N	Y	N
Maryland	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan	Y	N	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	-	Y	N	N	-	Y	N	Y	N
Missouri	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Montana	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Nebraska	N	-	Y	N	N	-	Y	N	Y	N
Nevada	Y	N	Y	N	N	-	Y	N	Y	N
New Hampshire	Y	N	Y	N	Y	N	Y	N	Y	N
New Jersey	Y	N	Y	N	Y	N	Y	N	Y	N
New Mexico	Y	N	Y	N	Y	N	Y	N	Y	N
New York	Y	N	Y	N	Y	N	Y	N	Y	N
North Carolina	Y	Y	Y	N	N	-	Y	Y	Y	N
North Dakota	Y	Y	Y	N	N	-	Y	N	Y	N
Ohio	Y	N	Y	N	N	-	Y	N	Y	N
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rhode Island	Y	N	Y	N	Y	N	Y	N	Y	N
South Carolina	N	-	Y	N	Y	Y	Y	N	Y	N
South Dakota	N	-	Y	N	N	-	Y	N	Y	N
Tennessee	Y	N	Y	N	Y	N	Y	N	Y	N
Texas	N	-	Y	N	Y	N	Y	N	Y	N
Utah	N	-	Y	N	Y	Y	Y	N	Y	Y
Vermont	Y	N	Y	N	Y	N	Y	N	Y	N
Virginia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Washington	N	-	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	N	-	Y	N	N	-	Y	N	Y	N
Covers Service	37		48		30		48		48	
Requires no copays	24		37		22		35		36	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate. SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 2

Alabama - Breast cancer screening mammography services are covered for those ages 50-64 only. For colorectal cancer screenings, occult blood tests and diagnostic tests are covered.

Alaska - Tests are only covered when medically necessary, not as routine testing. A \$3 copay is charged per visit for physician services.

Arizona - The state noted that the following are covered as part of a sick visit: breast cancer preventive medication counseling, cervical cancer screening mammography, and colorectal cancer screening. Those enrolled in traditional Medicaid have a copay for office visits of \$2.30; those enrolled in Transitional Medicaid - \$4.00; those enrolled in the Medical Expense Deduction (MED) program and childless adults - \$5.00. At the time of the survey, an injunction prevented implementation of the office copays for the MED program and childless adults. For more on current copays: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>.

Arkansas - The state noted that separate billable procedure codes are available and coverage is extended if deemed medically necessary for the following: breast cancer screening mammography, BRCA screening and counseling, and colorectal cancer screening. Cervical cancer screenings are covered as part of family planning services and/or if deemed medically necessary with separate billable procedure codes available. The state indicated that coverage of breast cancer preventive medication counseling is included in the visit.

California - All copays listed are \$1.

Colorado - A \$2 copay is charged for office visits for breast cancer preventive medication counseling, breast cancer screening mammography. A \$1 copay is charged for laboratory or radiology services for cervical cancer and colorectal cancer screenings.

Georgia - The state noted that breast cancer preventive medicine counseling and breast cancer screening mammography are covered for women under the Breast Cervical Cancer program. Cervical and colorectal cancer screenings are covered for select populations.

Illinois - The state covers a baseline mammogram is covered for women 35 and older and a screening mammogram once a year for women 40 years of age and older. Breast cancer preventive medication, breast cancer screening mammography, and cervical cancer screening are covered when medically necessary under the appropriate evaluation and management code. All copayments listed are for office visits (\$2).

Iowa - The following services are payable but require an appropriate supporting diagnosis code and are not an unsupported screenings: breast cancer preventive medication counseling and BRCA screening and counseling.

Kansas - All office visits are subject to \$3 copay unless beneficiary is included in an exempt from copay population.

Louisiana - For colorectal cancer screening, the state covers fecal occult blood testing, but not sigmoidoscopy and colonoscopy. The state noted that the copay amount, if any, would be based on the eligibility status of the recipient.

Maine - The state noted that it does not cover BRCA screening and counseling but also noted that it covers this service to determine appropriate treatment. There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, and ICF-MRs.

Maryland - All services, immunizations and tests listed are covered when medically necessary for adults.

Mississippi - Breast cancer preventive medication counseling is covered if it is included as part of physician visits, as part of EPSDT screening, or as part of the Perinatal High Risk program but it is not separately billable as a stand-alone procedure code.

Missouri - The state noted that breast cancer preventive medication counseling services are covered during an office visit. The state charges copays ranging from \$0.50 - \$2 for breast cancer preventive medication counseling. A \$1 copay is charged for cervical cancer screening and colorectal cancer screening. A copay between \$1 and \$3 is charged for breast cancer screening mammography.

Montana - Copays noted are \$4 for the office visit.

New Hampshire - The state indicated that breast cancer preventive medication counseling is covered as part of the office visit. BRCA screening and counseling is covered if medically necessary.

New York - Coverage of breast cancer preventive medication counseling depends on CPT codes; it is covered if deemed preventive medicine or an evaluation and management visit. Copays are not applied to physician office visits; if adults visit a clinic a \$3 copay applies except for mental health services at public and mental health clinics and ambulatory surgery at Freestanding Ambulatory Surgery Centers.

North Carolina - The state also noted that breast cancer preventive medication counseling is covered through office visits; a \$3 copay is charge for the office visit unless the recipient is in an exempted group. A \$3 copay for the office visit is charged for cervical cancer screening unless recipient is in an exempted group – the test itself does not require a copay.

North Dakota - Breast cancer preventive medication counseling is part of the payment for office and other outpatient evaluation and management services. All copays listed are \$2.

Oregon - The data reported for BRCA screening and counseling coverage has been corrected since it was originally published; the state did cover this service if a patient meets certain criteria (personal history of breast or ovarian cancer, or high risk for breast cancer).

Pennsylvania - The state noted that breast cancer preventive medication counseling is covered as part of the office visit, but not covered separately. The state indicated that copays do not apply to laboratory services.

South Carolina - All copays listed are \$3.30.

South Dakota - If seen by primary care provider, there is no copay charged; otherwise, there is a \$3 copay for those over age 21.

Utah - The state covers limited screening for BRCA screening and counseling. All copays listed are \$3 and applicable to the evaluation and management code used for normal physician visit.

Virginia - Breast cancer preventive medication counseling, BRCA screening and counseling and cervical cancer screenings are covered as part of evaluation and management office visit. Copays listed are \$1 except for breast, cervical and colorectal cancer screenings (\$3 each).

Washington - The state indicates that breast cancer screening mammography is covered for those over age 40; a pre-authorization is required for those 39 and younger. The state also covers BRCA screening but not the counseling.

APPENDIX TABLE 3: SEXUALLY-TRANSMITTED INFECTION (STI) SCREENINGS (October 2010)

State	Chlamydia screening		Gonorrhea screening		HIV screening*		Syphilis screening		STI Counseling	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	Y	N	Y	N	Y	N	Y	N	N	-
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arkansas	Y	N	Y	N	Y	N	Y	N	Y	NR
California	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N	Y	N
Florida	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Georgia	Y	N	Y	N	Y	N	Y	N	Y	N
Idaho	Y	N	Y	N	Y	N	Y	N	N	-
Illinois	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Indiana	Y	N	Y	N	Y	N	Y	N	Y	N
Iowa	Y	N	Y	N	Y	N	Y	N	N	-
Kansas	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kentucky	Y	N	Y	N	Y	N	Y	N	Y	N
Louisiana	Y	N	Y	N	Y	N	Y	N	N	-
Maine	Y	N	Y	N	Y	N	Y	N	Y	N
Maryland	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan	Y	N	Y	N	Y	N	Y	N	NR	-
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	N	Y	N	Y	N	Y	N	Y	-
Missouri	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nebraska	Y	N	Y	N	Y	N	Y	N	N	-
Nevada	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y	N	Y	N	Y	N	Y	N	Y	N
New Jersey	Y	N	Y	N	Y	N	Y	N	Y	N
New Mexico	Y	N	Y	N	Y	N	Y	N	Y	N
New York	Y	N	Y	N	Y	N	Y	N	Y	N
North Carolina	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR
North Dakota	N	-	N	-	Y	N	N	-	N	-
Ohio	Y	N	Y	N	Y	N	Y	N	Y	N
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	N	Y	N	Y	N	Y	N	Y	Y
Rhode Island	Y	N	Y	N	Y	N	Y	N	Y	N
South Carolina	Y	N	Y	N	Y	N	Y	N	Y	Y
South Dakota	Y	N	Y	N	Y	N	Y	N	N	-
Tennessee	Y	N	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	Y	N	Y	N
Utah	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR
Vermont	Y	N	Y	N	Y	N	Y	N	Y	N
Virginia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Washington	Y	N	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N	Y	Y
Wyoming	Y	N	Y	N	Y	N	Y	N	N	-
Covers Service	47		47		48		47		39	
Requires no copay	34		34		35		34		21	

NOTES: States that report not covering a service are automatically coded as "-" in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate. SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 3

***HIV screening** - The survey findings reported here reflect whether a state covers HIV screenings for adults at increased risk for HIV infection. It does not address whether the state Medicaid program covers such screenings routinely versus when deemed medically necessary. For more information on whether states cover HIV screenings on a routine basis – see the following brief: *State Medicaid Coverage of Routine HIV Screening*. Kaiser Family Foundation, March 2012. <http://www.kff.org/hiv/aids/8286.cfm>.

Alaska - Tests are only covered when medically necessary, not as routine testing. A \$3 copay is charged per visit for physician services.

Arizona - The state noted that the following are covered as part of a sick visit: Chlamydia, gonorrhea, HIV, and syphilis screenings. The state covers STI counseling for 18, 19, and 20 year olds as part of sick visit, but "high-intensity behavioral counseling" for adults age 21+ is questionable. Those enrolled in traditional Medicaid have a copay for office visits of \$2.30; those enrolled in Transitional Medicaid - \$4.00; those enrolled in the Medical Expense Deduction (MED) program and childless adults - \$5.00. At the time of the survey, an injunction prevented implementation of the office copays for the MED program and childless adults. For more on current copays: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>.

Arkansas - The state noted that coverage was extended as part of family planning services and/or if deemed medically necessary with separate billable procedure codes available for the following services: Chlamydia, gonorrhea, HIV, and syphilis screenings. The state indicated that STI counseling services were included in EPSDT and ArKids B waiver screening process / routine physician visit.

California - All copays listed are \$1.

Colorado - The state noted a \$1 copay for laboratory or radiology services for the following services: Chlamydia, gonorrhea, HIV, and syphilis screenings. For STI counseling, copay charges would depend on how the service was billed; if billed as family planning, then there would be no copay, but if billed as an office visit, there would be a \$2 copay.

Illinois - All copayments listed are for office visits (\$2).

Iowa - Chlamydia, gonorrhea, HIV, and syphilis screenings are payable services but require an appropriate supporting diagnosis code and are not unsupported screenings.

Kansas - In terms of copays, all office visits are subject to \$3 copay unless beneficiary is included in an exempt from copay population.

Louisiana - In terms of copays, the state noted that the copay amount, if any, would be based on the eligibility status of the recipient.

Maine - There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, and ICF-MRs.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.

Michigan - The state did not respond as to whether it covers STI counseling.

Mississippi – STI counseling services are covered if they are included as part of physician visits, as part of EPSDT screening, or as part of the Perinatal High Risk program but they are not separately billable as stand-alone procedure codes.

Missouri - The state noted that STI counseling services are covered during an office visit. The state charges copays ranging from \$0.50 - \$2 for STI counseling. The state charges a copay of \$1 for the following services: Chlamydia, gonorrhea, HIV, and syphilis screenings.

Montana - All copays noted here are \$4 for the office visit.

New York - For STI counseling services, the state indicated that coverage depends on CPT codes; if it is determined to be a preventive medicine visit or if it is an evaluation and management visit, then it is covered. Copays are not charged for physician office visits; however, if an adult visits a clinic (i.e. FQHC or RHC) a \$3 per visit copay applies except for mental health services at public and mental health clinic and ambulatory surgery at Freestanding Ambulatory Surgery Centers.

North Carolina - STI counseling services are covered, though not as a distinct service. The state indicated that copays listed are \$3 charged for office visits but not for any of the tests.

North Dakota - All copays listed are \$2. It is important to note that the survey asked about coverage of these screenings as recommended by the USPSTF. A past survey indicated that the state covered STI screenings under Medicaid Family Planning services in 2009. <http://www.kff.org/womenshealth/8015.cfm>.

Pennsylvania - The state noted that STI counseling services are covered as part of the office visit, but not covered separately. The state indicated that copays do not apply to laboratory services.

South Carolina - All copays listed are \$3.30.

South Dakota - If seen by primary care provider, there is no copay charged; otherwise, there is a \$3 copay for those over 21 years of age.

Utah - The following services are included as part of physician exam if indicated: Chlamydia, gonorrhea, HIV, and syphilis screenings. HIV screenings are also covered through local health departments. All copays listed are \$3 and applicable to the evaluation and management code used for normal physician visit.

Virginia – Gonorrhea, HIV, and syphilis screenings and STI counseling services are covered as part of an evaluation and management office visit. All copays listed are \$1.

Washington - For STI counseling, 2 sessions of risk factor reduction counseling per client are covered when billed with proper diagnosis code.

APPENDIX TABLE 4: CHRONIC CONDITION-RELATED SERVICES (October 2010)

State	Prophylactic Aspirin		Blood pressure screening		Cholesterol screening		Depression screening		Diabetes screening		Osteoporosis screening	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	Y	Y	Y	Y	Y	N	N	-	Y	N	Y	N
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	N	-	Y	Y	Y	Y	Y	Y	Y	Y	N	-
Arkansas	Y	NR	Y	NR	Y	NR	Y	NR	Y	NR	Y	NR
California	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	Y	Y	Y	Y	N	-	Y	Y	Y	Y
Connecticut	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Florida	N	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Georgia	Y	Y	Y	Y	Y	N	N	-	N	-	N	-
Idaho	N	-	Y	N	Y	N	N	-	Y	N	Y	N
Illinois	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Indiana	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Iowa	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Kansas	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kentucky	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Louisiana	N	-	Y	N	Y	N	N	-	Y	N	Y	N
Maine	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Maryland	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan	NR	-	Y	N	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	Y	Y	-	Y	N	Y	N	Y	N	Y	N
Missouri	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nebraska	N	-	Y	N	N	-	N	-	N	-	Y	N
Nevada	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Jersey	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Mexico	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New York	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
North Carolina	N	-	Y	NR	Y	Y	Y	Y	Y	Y	Y	Y
North Dakota	Y	N	Y	Y	N	-	Y	Y	Y	Y	Y	Y
Ohio	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
Rhode Island	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
South Carolina	Y	NR	Y	N	Y	N	Y	Y	Y	N	Y	N
South Dakota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Tennessee	N	-	Y	N	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Utah	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	N	-
Vermont	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Virginia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Washington	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	Y	Y	N	-	Y	N	N	-	Y	N	Y	N
Covers Service	37		47		46		41		46		45	
Requires no copay	18		28		32		26		31		31	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 4

Alaska - Tests are only covered when medically necessary, not as routine testing. A \$3 copay is charged per visit for physician services.

Arizona - The state noted that the following are covered as part of a sick visit: blood pressure screening (annually), cholesterol abnormalities screening for lipid disorders, depression screening, and diabetes screening. Those enrolled in traditional Medicaid have a copay for office visits of \$2.30; those enrolled in Transitional Medicaid - \$4.00; those enrolled in the Medical Expense Deduction (MED) program and childless adults - \$5.00. At the time of the survey, an injunction prevented implementation of the office copays for the MED program and childless adults. For more on current copays: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>.

Arkansas - The state noted that separate billable procedure codes are available and covered if deemed medically necessary for screenings of cholesterol abnormalities for lipid disorders and diabetes. The state indicated that prophylactic aspirin, depression and osteoporosis screenings are included in visits. Blood pressure screenings are covered in EPSDT and ArKids B screening process / routine physician visit.

California - All copays listed are \$1.

Colorado - A \$2 copay is charged for office visits for blood pressure screening. A \$1 copay is charged for laboratory or radiology services for cholesterol abnormalities screening for lipid disorders, diabetes screening, and osteoporosis screening. For prophylactic aspirin, the state charges a pharmacy copay of \$1 for generic drugs and \$3 for brand names that may apply.

Georgia - The state noted that the following services are covered as part of either an emergency room visit or through an evaluation and management visit: prophylactic aspirin, blood pressure screening, and cholesterol abnormalities screening for lipid disorders.

Illinois - The state noted that screenings for blood pressure, cholesterol abnormalities for lipid disorders, diabetes, and osteoporosis are covered when medically necessary under the appropriate evaluation and management procedure codes and laboratory procedure codes. Prenatal and postpartum depression screening are covered as "risk assessment." All copays listed are \$2 for office visits.

Indiana - For prophylactic aspirin, the state noted that non-legend and over-the-counter drugs are not covered (at the time of the survey).

Iowa - The state noted that blood pressure and diabetes screenings are payable but require an appropriate supporting diagnosis code.

Kansas - The state covers prophylactic aspirin if prescribed. All office visits are subject to \$3 copay unless individual is in exempt population.

Louisiana - The state noted that both blood pressure screening and osteoporosis screening are covered as part of an evaluation and management visit. The state noted that the copay amount, if any, would be based on the eligibility status of the recipient.

Maine - There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, and ICF-MRs.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. The state charges a copay for prophylactic aspirin - \$1 for generic and \$3 for brand name.

Michigan - The state did not respond as to whether it covers prophylactic aspirin.

Mississippi - The state indicated that blood pressure screenings are covered if they are included as part of physician visits, as part of EPSDT screening, or as part of the Perinatal High Risk program but they are not separately billable as stand-alone procedure codes.

Missouri - The state noted that depression screening was covered during an office visit. Prophylactic aspirin is covered if it is on the approved over-the-counter drug list. The state charges copays \$0.50 - \$2 for prophylactic aspirin, blood pressure and depression screenings. A \$1 copay applies to screenings for cholesterol abnormalities for lipid disorders, diabetes and osteoporosis.

Montana - Prophylactic aspirin is covered with a prescription with a \$1 copay. All other copays noted were \$4 for the office visit.

New Hampshire - The state indicated that screenings for blood pressure, cholesterol abnormalities for lipid disorders, and diabetes are covered as part of an office visit. Depression screenings are covered as a psychotherapy service if there is a mental health diagnosis.

New Jersey - The state indicated that it covers prophylactic aspirin when medically necessary.

New York - Coverage of blood pressure and depression screenings depend on CPT codes; it is covered if deemed a preventive medicine or an evaluation and management visit. Diabetes screenings are not covered as a separate billable service, but could be included with a medically necessary visit. Copays are not charged for physician office visits; if an adult visits a clinic (i.e. FQHC or RHC) a \$3 copay applies except for mental health services at public and mental health clinics and ambulatory surgery at Freestanding Ambulatory Surgery Centers.

North Carolina - The state noted that blood pressure screenings are covered, though not as a distinct service. The state did not indicate if copays were charged for this service. The state indicated that copays listed are \$3 charged for office visits but not for any of the tests.

North Dakota - The state indicated that for the following services, payment is included in the payment for office and other outpatient evaluation and management services: blood pressure, depression, diabetes, and osteoporosis screenings. All copays listed are \$2.

Oregon - State noted that prophylactic aspirin is covered when prescribed by an MD.

South Carolina - All copays listed are \$3.30.

South Dakota - If seen by primary care provider, there is no copay charged; otherwise, there is a \$3 copay for those over age 21.

Tennessee - Over-the-counter medications (i.e. aspirin) are not covered by TennCare for adults.

Utah - Both cholesterol screenings of abnormalities and diabetes screenings are included as part of physician exam if indicated. Blood pressure screenings are also covered through local health departments. Depression screenings are covered through mental health centers. All copays listed are \$3 and applicable to the evaluation and management code used for normal physician visit.

Virginia - All services listed here are covered as part of an evaluation and management office visit. All copays listed here are \$1.

Washington - Blood pressure and diabetes screenings are paid as part of an office visit and not paid as a specific CPT code. Cholesterol abnormalities screenings for lipid disorders and depression screenings are paid as part of office visit if medically necessary. For osteoporosis screenings, the state indicates all nationally recognized radiological procedures by CPT code are covered.

APPENDIX TABLE 5: HEALTH PROMOTION SERVICES (as of October 2010)

State	Alcohol misuse counseling		Healthy diet counseling		Obesity screening and counseling		Tobacco use counseling and interventions	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	N	-	N	-	N	-	N	-
Alaska	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	Y	Y	Y	Y
Arkansas	Y	NR	Y	NR	Y	NR	Y	N
California	Y	Y	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	N	-	N	-	N	-
Connecticut	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N
Florida	N	-	N	-	N	-	N	-
Georgia	N	-	N	-	N	-	N	-
Idaho	Y	N	N	-	N	-	N	-
Illinois	Y	Y	Y	Y	Y	Y	Y	Y
Indiana	Y	N	Y	N	Y	N	Y	N
Iowa	Y	N	Y	N	Y	N	Y	N
Kansas	Y	Y	N	-	N	-	N	-
Kentucky	Y	N	N	-	Y	N	Y	N
Louisiana	N	-	N	-	N	-	N	-
Maine	Y	N	Y	N	Y	N	Y	N
Maryland	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	N	Y	N	Y	N	Y	Y/N
Michigan	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N
Mississippi	Y	NR	Y	NR	Y	NR	Y	NR
Missouri	Y	Y	Y	Y	Y	Y	N	-
Montana	Y	Y	Y	Y	Y	Y	Y	Y
Nebraska	N	-	N	-	N	-	Y	N
Nevada	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y	N	Y	N	Y	N	Y	Y/N
New Jersey	Y	N	Y	N	Y	N	Y	N
New Mexico	Y	N	Y	N	Y	N	Y	N
New York	Y	N	Y	N	Y	N	Y	Y
North Carolina	Y	Y	Y	NR	Y	NR	Y	Y
North Dakota	Y	Y	Y	Y	Y	Y	Y	Y
Ohio	Y	N	Y	N	N	-	Y	N
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y
Oregon	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	Y	Y	Y	Y	Y	Y	N
Rhode Island	Y	N	Y	N	Y	N	Y	N
South Carolina	Y	Y	N	-	Y	Y	Y	Y
South Dakota	N	-	N	-	N	-	N	-
Tennessee	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	Y	N
Utah	Y	-	Y	-	Y	-	Y	N
Vermont	Y	N	Y	N	Y	N	Y	N
Virginia	Y	Y	Y	Y	Y	Y	N	-
Washington	N	-	Y	N	Y	N	Y	N
West Virginia	N	N	Y	N	Y	N	Y	N
Wyoming	Y	N	N	-	N	-	Y	N
Covers Service	40		36		37		38	
Requires no copay	23		22		22		25	

NOTES: States that report not covering a service are automatically coded as “-” in copay columns. NR - the state did not respond on the related service or copay. All responses refer to adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 5

Alaska - Tests are only covered when medically necessary, not as routine testing. A \$3 copay is charged per visit for physician services.

Arizona - The state noted that healthy diet counseling and obesity screenings are covered as part of a sick visit. In terms of alcohol misuse counseling, the state covers screening, minimal behavioral counseling interventions and referral to RBHA in primary care settings. Tobacco use counseling and interventions are covered through a partnership with ADHS. Those enrolled in traditional Medicaid have a copay for office visits of \$2.30; those enrolled in Transitional Medicaid - \$4.00; those enrolled in the Medical Expense Deduction (MED) program and childless adults - \$5.00. At the time of the survey, an injunction prevented implementation of the office copays for the MED program and childless adults. For more on current copays: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>.

Arkansas - The state indicated that the following services are included in EPSDT and ArKids B screening process / routine physician visit: alcohol misuse counseling, healthy diet counseling, and obesity screening.

California - All copays listed are \$1.

Colorado - The state charges a \$2 copay for office visits for alcohol misuse counseling.

Illinois - The state covers all of these services when medically necessary under the appropriate evaluation and management procedure code and laboratory procedure code. All copayments listed are for office visits (\$2).

Iowa - The following services are payable but require an appropriate supporting diagnosis code and are not an unsupported screening: alcohol misuse counseling, healthy diet screening, obesity screening and counseling, and tobacco use counseling and interventions.

Kansas - The state only covers healthy diet counseling and obesity screening and counseling through EPSDT. The state covers tobacco use counseling and interventions for pregnant women only. All office visits are subject to \$3 copay unless individual is in exempt population.

Louisiana - The state also noted that rulemaking was in progress at the time of the survey to cover tobacco use counseling and interventions for pregnant women only. The state noted that the copayment amount, if any, would be based on the eligibility status.

Maine - There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, and ICF-MRs.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. The state covers a variety of smoking cessation products, such as gum and the patch. Smoking cessation counseling services are only available for pregnant women.

Massachusetts - The state noted copays apply to tobacco cessation medications but are not applied to related counseling.

Mississippi - The following services are covered if they are included as part of physician visits, as part of EPSDT screening, or as part of the Perinatal High Risk program but they are not separately billable as stand-alone procedure codes: alcohol misuse counseling, healthy diet counseling, obesity screening and counseling, and tobacco use counseling interventions.

Missouri - The state noted that the following services were covered during an office visit: alcohol misuse counseling, healthy diet counseling, and obesity screening and counseling. The state charges copays ranging from \$0.50 - \$2 for the following services: alcohol misuse counseling, healthy diet counseling, obesity screening and counseling, and tobacco use counseling and interventions.

Montana - All copays noted here are \$4 for the office visit.

New Hampshire - The state indicated that the following services are covered as part of the office visit: alcohol misuse counseling (basic counseling, not Screening, Brief Intervention, and Referral to Treatment (SBIRT)), healthy diet counseling (probably not "intensive" and not by independent RD's etc.), and obesity screening and counseling (not intensive). In terms of tobacco use counseling and interventions, office visits and drugs are covered but not classes. Medications for tobacco use counseling and interventions are subject to copays.

New York - Healthy diet and obesity screening and counseling services are not covered as separate billable services, but can be part of medically necessary visit. Copays are not charged for physician office visits; if an adult visits a clinic (i.e. FQHC or RHC) a \$3 copay applies except for mental health services at public and mental health clinics and ambulatory surgery at Freestanding Ambulatory Surgery Centers.

North Carolina - The following services are covered, though not as distinct services: healthy diet counseling (except for pregnant women), and obesity screening and counseling. The state indicated that copays listed are \$3 charged for office visits but not for any of the tests.

North Dakota - The state indicated that payment for all the services listed here is included in the payment for office and other outpatient evaluation and management services. All copays listed are \$2.

Pennsylvania - The state noted that the following services are covered as part of the office visit, but are not covered separately: alcohol misuse counseling, healthy diet counseling, obesity screening and counseling. The state covers obesity screening and counseling separate from office visits for those under age 21 (i.e. adults 18 through 20).

South Carolina - All copays listed are \$3.30.

South Dakota - If seen by primary care provider, there is no copay charged; otherwise, there is a \$3 copay for those over age 21.

Tennessee - Tobacco cessation counseling and interventions are covered, but drugs are not covered for adults except for pregnant women.

Utah - Alcohol misuse counseling services are included in the mental health waiver contract. Tobacco use counseling and interventions are covered through a separate health department program. All copays listed are \$3 and applicable to the evaluation and management code used for normal physician visit.

Virginia - All services listed are covered as part of an evaluation and management office visit. All copays listed are \$1.

Washington - State indicated that obesity screening and counseling services are paid as part of an office visit and not paid as a specific CPT code. Healthy diet counseling services are paid as part of office visit but specialized dietary counseling must be pre-authorized. Tobacco cessation counseling and interventions are covered for all clients 18 and older through state-only funded Tobacco Quit Line.

**APPENDIX TABLE 6A: IMMUNIZATIONS (October 2010)
RECOMMENDED IF OTHER RISK FACTORS ARE PRESENT**

State	Hepatitis A		Hepatitis B		Meningococcal		Pneumococcal	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	Y	N	Y	N	Y	N	Y	N
Alaska	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	Y	Y	Y	Y
Arkansas	Y	N	Y	N	Y	N	Y	N
California	Y	Y	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	Y	Y	Y	Y	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N
Florida	N	-	N	-	N	N/A	N	N/A
Georgia	Y	N	Y	N	Y	N	N	N/A
Idaho	Y	N	Y	N	Y	N	Y	N
Illinois	Y	N	Y	N	Y	N	Y	N
Indiana	Y	N	Y	N	Y	N	Y	N
Iowa	Y	N	Y	N	Y	N	Y	N
Kansas	Y	N	Y	N	Y	N	Y	N
Kentucky	Y	N	Y	N	Y	N	Y	N
Louisiana	N	-	N	-	N	N/A	Y	N
Maine	Y	N	Y	N	Y	N	Y	N
Maryland	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	N	Y	N	Y	N	Y	N
Michigan	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N
Mississippi	N	-	Y	N	N	N/A	Y	N
Missouri	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y
Nebraska	Y	N	Y	N	Y	N	N	N/A
Nevada	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y	N	Y	N	Y	N	Y	N
New Jersey	Y	N	Y	N	Y	N	Y	N
New Mexico	Y	N	Y	N	Y	N	Y	N
New York	Y	N	Y	N	Y	N	Y	N
North Carolina	Y	N	Y	N	Y	N	Y	N
North Dakota	Y	N	Y	N	Y	N	Y	N
Ohio	Y	N	Y	N	Y	N	Y	N
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y
Oregon	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	Y	Y	Y	Y	Y	Y	Y
Rhode Island	Y	N	Y	N	Y	N	Y	N
South Carolina	Y	N	Y	N	Y	N	Y	N
South Dakota	Y	N	Y	N	Y	N	Y	N
Tennessee	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	Y	N
Utah	Y	Y	Y	Y	Y	Y	Y	Y
Vermont	Y	N	Y	N	Y	N	Y	N
Virginia	Y	Y	Y	Y	Y	Y	Y	Y
Washington	Y	N	Y	N	Y	N	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N
Wyoming	Y	N	Y	N	Y	N	Y	N
Covers Service	45		46		45		45	
Requires no copays	35		36		35		35	

NOTES: States that report not covering a service are coded as “-” for copays. All responses refer to non-elderly adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more. DC, HI and WI did not participate. Immunizations included here are recommended if other risk factors are present; for more information - <http://www.cdc.gov/vaccines/pubs/acip-list-sup/acip-sup-adult.htm>.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 6A

Alaska - Tests are only covered when medically necessary, not as routine testing. A \$3 copay is charged per visit for physician services.

Arizona - All immunizations listed here are covered based on medical necessity. Those enrolled in traditional Medicaid have a copay for office visits of \$2.30; those enrolled in Transitional Medicaid - \$4.00; those enrolled in the Medical Expense Deduction (MED) program and childless adults - \$5.00. At the time of the survey, an injunction prevented implementation of the office copays for the MED program and childless adults. For more on current copays: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>.

California - All copays listed are \$1.

Colorado - All copays listed for immunizations are \$2 for office visit.

Iowa - The following immunizations are payable but require an appropriate supporting diagnosis code and are not unsupported screenings: Hepatitis A, Hepatitis B, and Meningococcal.

Kansas - All office visits are subject to \$3 copay unless beneficiary is included in an exempt from copay population. Vaccines alone do not have copay applied.

Louisiana - The following immunizations are covered for those 21 years of age and younger: Hepatitis A, Hepatitis B, and Meningococcal.

Maine - There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, and ICF-MRs.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.

Missouri - All copays listed for covered vaccinations are \$0.50 - \$2.

Montana - All copays for covered immunizations are \$4 for the office visit.

New York - Copays are not charged for physician office visits; however, if an adult visits a clinic (i.e. FQHC or RHC) a \$3 per visit copay applies except for mental health services at public and mental health clinic and ambulatory surgery at Freestanding Ambulatory Surgery Centers.

North Carolina - The state also noted that there are no copays for the injection itself. The state indicated that copays listed are \$3 for office visits only.

South Dakota - If seen by primary care provider, there is no copay charged; otherwise, there is a \$3 copay for those over 21 years of age.

Utah - All copays listed are \$3 and applicable to the evaluation and management code used for normal physician visit.

Virginia - DMAS covers vaccines until age 21 as preventive services. Virginia Medicaid does not cover routine immunizations for adults (age 21 and older.) However, Virginia Medicaid covers adult immunizations when medically indicated on an individual basis. When adult immunization is covered, Virginia Medicaid does not require a copay for the vaccine itself, but there is a copay for the physician or clinic visit.

APPENDIX TABLE 6B: IMMUNIZATIONS (as of October 2010)

(RECOMMENDED FOR ALL PERSONS MEETING AGE AND GENDER REQUIREMENTS WHO LACK EVIDENCE OF IMMUNITY)

State	Td booster/ Tdap		MMR		Influenza		Varicella		Zoster		HPV	
	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay	Covers	Copay
Alabama	Y	N	Y	N	Y	N	Y	N	Y	N	N	-
Alaska	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arkansas	Y	N	Y	N	Y	N	N	-	N	-	N	-
California	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	Y	Y	Y	Y	Y	Y	N	-	Y	Y
Connecticut	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Delaware	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Florida	N	-	N	-	N	-	N	-	N	-	N	-
Georgia	N	-	N	-	N	-	N	-	N	-	Y	N
Idaho	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Illinois	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Indiana	Y	N	Y	N	Y	N	Y	N	N	-	N	-
Iowa	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Kansas	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Kentucky	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Louisiana	N	-	N	-	Y	N	N	-	N	-	Y	N
Maine	Y	N	Y	N	Y	N	Y	N	Y	N	N	-
Maryland	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Massachusetts	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Michigan	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Minnesota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Mississippi	N	-	N	-	Y	N	N	-	N	-	Y	N
Missouri	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nebraska	N	-	N	-	Y	N	N	-	N	-	N	-
Nevada	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Hampshire	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Jersey	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New Mexico	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
New York	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
North Carolina	Y	N	Y	N	Y	N	Y	N	N	-	N	-
North Dakota	Y	N	N	-	Y	N	N	-	N	-	N	-
Ohio	Y	N	Y	N	Y	N	Y	N	N	-	N	-
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oregon	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Pennsylvania	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rhode Island	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
South Carolina	N	-	N	-	Y	N	N	-	N	-	N	-
South Dakota	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Tennessee	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Texas	Y	N	Y	N	Y	N	N	-	Y	N	Y	N
Utah	N	-	N	-	Y	Y	Y	Y	Y	Y	N	-
Vermont	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Virginia	Y	Y	Y	Y	Y	Y	Y	Y	N	-	Y	Y
Washington	Y	N	Y	N	Y	N	Y	N	N	-	Y	N
West Virginia	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Wyoming	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Covers Service	41		40		46		39		34		37	
Requires no copay	32		31		36		29		26		26	

NOTES: States that report not covering a service are automatically coded as "N" in copay columns. All responses refer to non-elderly adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate. Immunizations included here are recommended for all individuals that meet age requirements and who lack evidence of immunity for adults under age 65. For more information - <http://www.cdc.gov/vaccines/pubs/acip-list-sup/acip-sup-adult.htm>.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 6B

Alabama - HPV immunizations are covered for those 18 and younger.

Alaska - Tests are only covered when medically necessary, not as routine testing. A \$3 copay is charged per visit for physician services.

Arizona - Td booster and Tdap, MMR, Varicella, Zoster, and HPV immunizations are covered based on medical necessity. The state has a copay requirement for office visits that varies by population. Those enrolled in traditional Medicaid have a copay for office visits of \$2.30; those enrolled in Transitional Medicaid - \$4.00; those enrolled in the Medical Expense Deduction (MED) program and childless adults - \$5.00. At the time of the survey, an injunction prevented implementation of the office copays for the MED program and childless adults. For more on current copays: <http://www.azahcccs.gov/commercial/providerbilling/copayments.aspx>.

Arkansas - The state covers HPV immunizations for those ages 9 -18. MMR immunizations are covered for those ages 19 and 20 for both men and women; MMR immunizations are covered for women ages 21-44.

California - All copays listed are \$1.

Colorado - All copay listed for immunizations are \$2 for office visit.

Georgia - Coverage of the following immunizations is limited to those under age 21: Td booster and Tdap, MMR, Varicella, and Influenza.

Iowa - The following immunizations are payable but require an appropriate supporting diagnosis code and are not unsupported screenings: Td booster and Tdap, MMR, Varicella, and Zoster.

Illinois - HPV immunizations are also covered for males as well as females.

Indiana - HPV immunizations are covered for females under age 21.

Kansas - All office visits are subject to \$3 copay unless beneficiary is included in an exempt from copay population. Vaccines alone do not have copay applied.

Louisiana - The following immunizations are covered for those 21 years of age and younger: Td booster and Tdap, MMR, and Varicella.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.

Maine - HPV immunizations are covered for those under age 21 only. There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day. Copays are charged for hospital services, FQHCs and RHCs, but not for physician services, nursing facilities, and ICF-MRs.

Missouri - All copays listed for covered vaccinations are \$0.50 - \$2.

Montana - All copays for covered immunizations are \$4 for the office visit.

North Carolina – HPV immunizations are covered for those 19 and 20 years old, but are not covered for those 21-26. The state also noted that there are no copays for the injection itself. The state indicated that copays listed are \$3 for office visits only.

North Dakota - The state reimburses HPV for females and males for ages 19, 20, 21. The North Dakota Department of Health (NDDoH) supplies HPV vaccine for females and males ages 9-18 and 22-26. The state also noted that NDDoH supplies MMR for all 19 years of age and older enrolled in ND university or college.

New York - Copays are not charged for physician office visits; however, if an adult visits a clinic (i.e. FQHC or RHC) a \$3 copay per visit applies except for mental health services at public and mental health clinic and ambulatory surgery at Freestanding Ambulatory Surgery Centers.

Ohio - State covers HPV immunizations for men and women through 18 years of age.

South Carolina - The following immunizations are covered for children only: Td booster and Tdap, HPV, MMR, and Varicella.

South Dakota - If seen by primary care provider, there is no copay charged; otherwise, there is a \$3 copay for those over 21 years of age.

Utah - HPV immunizations are covered for those 19 years of age and above. All copays listed are \$3 and applicable to the evaluation and management code used for normal physician visit.

Virginia – Department of Medical Assistance Services (DMAS) covers vaccines until age 21 as preventive services. Virginia Medicaid does not cover routine immunizations for adults (age 21 and older.) However, Virginia Medicaid covers adult immunizations when medically indicated on an individual basis. When adult immunization is covered, Virginia Medicaid does not require a copay for the vaccine itself, but there is a copay for the physician or clinic visit.

APPENDIX TABLE 7A: SEXUALLY-TRANSMITTED INFECTION (STI) SCREENINGS AND ALCOHOL AND TOBACCO USE COUNSELING FOR PREGNANT WOMEN (October 2010)

State	Chlamydia screening	Gonorrhea screening	Hepatitis B screening	Syphilis screening	Alcohol misuse counseling	Tobacco use counseling
Alabama	Y	Y	Y	Y	Y	Y
Alaska	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	Y	Y
Arkansas	Y	Y	Y	Y	Y	Y
California	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	Y	Y	Y	In Progress
Connecticut	Y	Y	Y	Y	Y	Y
Delaware	Y	Y	Y	Y	Y	Y
Florida	Y	Y	Y	Y	Y	Y
Georgia	Y	Y	Y	Y	Y	Y
Idaho	Y	Y	Y	Y	Y	Y
Illinois	Y	Y	Y	Y	Y	Y
Indiana	Y	Y	Y	Y	Y	Y
Iowa	Y	Y	Y	Y	Y	Y
Kansas	Y	Y	Y	Y	Y	Y
Kentucky	Y	Y	Y	Y	Y	Y
Louisiana	Y	Y	Y	Y	N	In Progress
Maine	Y	Y	Y	Y	Y	Y
Maryland	Y	Y	Y	Y	Y	Y
Massachusetts	Y	Y	Y	Y	Y	Y
Michigan	Y	Y	Y	Y	Y	Y
Minnesota	Y	Y	Y	Y	Y	Y
Mississippi	Y	Y	Y	Y	Y	Y
Missouri	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y
Nebraska	Y	Y	Y	Y	N	Y
Nevada	Y	Y	Y	Y	Y	Y
New Hampshire	Y	Y	Y	Y	Y	Y
New Jersey	Y	Y	Y	Y	Y	Y
New Mexico	Y	Y	Y	Y	Y	Y
New York	Y	Y	Y	Y	Y	Y
North Carolina	Y	Y	Y	Y	Y	Y
North Dakota	Y	Y	Y	Y	Y	Y
Ohio	Y	Y	Y	Y	Y	Y
Oklahoma	Y	Y	Y	Y	Y	Y
Oregon	Y	Y	Y	Y	Y	Y
Pennsylvania	Y	Y	Y	Y	Y	Y
Rhode Island	Y	Y	Y	Y	Y	Y
South Carolina	Y	Y	Y	Y	Y	Y
South Dakota	Y	Y	Y	Y	Y	N
Tennessee	Y	Y	Y	Y	Y	Y
Texas	Y	Y	Y	Y	Y	Y
Utah	Y	Y	Y	Y	Y	Y
Vermont	Y	Y	Y	Y	Y	Y
Virginia	Y	Y	Y	Y	Y	Y
Washington	Y	Y	Y	Y	Y	Y
West Virginia	Y	Y	Y	Y	Y	Y
Wyoming	Y	Y	Y	Y	N	Y
Covers Service	48	48	48	48	45	45

NOTES: NR indicates the state did not respond on the related service or copay. In Progress indicates that the state was in the process of implementing coverage of this service. All responses refer to adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate. The survey did not ask about copays for these services since services for pregnant women are exempt from cost-sharing under Federal Medicaid statute.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 7A

Alaska - Tests are only covered when medically necessary, not as routine testing.

Arizona - The state noted that alcohol misuse counseling is covered as part of a prenatal visit and not a billed as a separate billable service. Tobacco use counseling services for pregnant women are covered as part of a partnership with ADHS.

Colorado - In terms of tobacco use counseling for pregnant women, the state noted they provide this service through the Prenatal Plus program, though not all pregnant women are enrolled in this program. The state at the time was awaiting further guidance from CMS to implement this reform provision.

Georgia - The state covers Syphilis screening and alcohol misuse counseling for pregnant women if at risk.

Illinois - The state covers all of these services for pregnant women when medically necessary under the appropriate evaluation and management procedure code and laboratory procedure code.

Louisiana - State noted that rulemaking was in progress at the time of the survey to cover tobacco use counseling for pregnant women.

Maine - There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults. For tobacco cessation, the state covers a variety of smoking cessation products, such as gum and the patch. In our adult population, smoking cessation counseling services are only available for pregnant women.

Mississippi - Alcohol misuse counseling and tobacco use counseling services for pregnant women are covered if they are included as part of physician visits, as part of EPSDT screening, or as part of the Perinatal High Risk program but they are not separately billable as stand-alone procedure codes.

North Dakota - The state indicated that payment for alcohol misuse counseling and tobacco use counseling services for pregnant women are included in the payment for office and other outpatient evaluation and management services.

Nebraska - The following screenings are covered if medically necessary: Chlamydia, Gonorrhea, Hepatitis B, and Syphilis.

New Hampshire - All services listed here in reference to pregnant women are covered as part of the obstetrician visit. A basic discussion on alcohol misuse counseling is included as part of the obstetrician visit. Some of the tobacco use counseling services are provided through MCH programs.

New York – The state indicated that coverage of alcohol misuse counseling for pregnant women depends on CPT codes; if determined to be a preventive medicine visit or if it is an evaluation and management visit, then it is covered under NYS Medicaid.

Pennsylvania - The state noted that alcohol misuse counseling services for pregnant women are covered as part of the office visit, but not covered separately.

Washington - State indicated that all pregnant women regardless of age are eligible for smoking cessation services through services delivered by primary or obstetrical care provider and/or through a state-funded Tobacco Quit Line.

APPENDIX TABLE 7B: PREGNANCY-RELATED SCREENINGS AND COUNSELING SERVICES (October 2010)

State	Anemia screening	Bacteriuria screening	Breastfeeding counseling	Folic acid supplementation	Rh Incompatibility Screening	
					At the first prenatal visit	Second screening at 24-28 weeks
Alabama	Y	Y	Y	N	Y	Y
Alaska	Y	Y	Y	Y	Y	Y
Arizona	Y	Y	Y	Y	Y	Y
Arkansas	Y	Y	Y	N	Y	Y
California	Y	Y	Y	Y	Y	Y
Colorado	Y	Y	N	Y	Y	Y
Connecticut	Y	Y	Y	N	Y	Y
Delaware	Y	Y	Y	Y	Y	Y
Florida	Y	Y	Y	Y	Y	Y
Georgia	Y	Y	Y	Y	Y	Y
Idaho	Y	Y	Y	Y	Y	Y
Illinois	Y	Y	Y	Y	Y	Y
Indiana	Y	Y	Y	Y	Y	Y
Iowa	Y	N	N	Y	Y	Y
Kansas	Y	Y	Y	Y	Y	Y
Kentucky	Y	Y	Y	N	Y	Y
Louisiana	Y	Y	N	Y	Y	Y
Maine	Y	Y	N	Y	Y	Y
Maryland	Y	Y	Y	Y	Y	Y
Massachusetts	Y	Y	Y	Y	Y	Y
Michigan	Y	Y	Y	Y	Y	Y
Minnesota	Y	Y	Y	Y	Y	Y
Mississippi	Y	Y	Y	Y	Y	Y
Missouri	Y	Y	Y	Y	Y	Y
Montana	Y	Y	Y	Y	Y	Y
Nebraska	Y	Y	NR	Y	Y	Y
Nevada	Y	Y	Y	Y	Y	Y
New Hampshire	Y	Y	Y	Y	Y	Y
New Jersey	Y	Y	Y	Y	Y	Y
New Mexico	Y	Y	Y	Y	Y	Y
New York	Y	Y	Y	Y	Y	Y
North Carolina	Y	Y	N	N	Y	Y
North Dakota	Y	N	Y	Y	Y	Y
Ohio	Y	Y	Y	Y	Y	Y
Oklahoma	Y	Y	Y	Y	Y	Y
Oregon	Y	Y	Y	Y	Y	Y
Pennsylvania	Y	Y	Y	Y	Y	Y
Rhode Island	Y	Y	Y	Y	Y	Y
South Carolina	Y	Y	Y	Y	Y	Y
South Dakota	Y	Y	N	Y	Y	Y
Tennessee	Y	Y	Y	N	Y	Y
Texas	Y	Y	Y	Y	Y	Y
Utah	Y	Y	Y	Y	Y	Y
Vermont	Y	Y	Y	Y	Y	Y
Virginia	Y	Y	N	Y	Y	Y
Washington	Y	Y	Y	Y	Y	Y
West Virginia	Y	Y	Y	Y	Y	Y
Wyoming	Y	Y	N	N	Y	Y
Covers Service	48	46	39	41	48	48

NOTES: NR indicates the state did not respond on the related service or copay. In Progress indicates that the state was in the process of implementing coverage of this service. All responses refer to adult coverage in Medicaid Fee-For-Service as of October 2010; see methodology section for more information. DC, HI and WI did not participate. The survey did not ask about copays for these services since services for pregnant women are exempt from cost-sharing under Federal Medicaid statute.

SOURCE: KCMU/HMA Survey of State Medicaid Coverage of Adult Preventive Services, October 2010.

Footnotes for Appendix Table 7B

Alaska - Tests are only covered when medically necessary, not as routine testing.

Arizona - The state noted that breastfeeding counseling services are covered as part of a prenatal visit and are not billed as a separate billable service. The state noted that folic acid supplementation is considered over-the-counter and must be ordered.

Arkansas - State noted that breastfeeding counseling services are covered as part of visit.

Illinois - The state covers screenings for anemia, bacteriuria, and Rh incompatibility (both at the first prenatal visit and at 24-28 weeks) as well as breast feeding counseling for pregnant women when medically necessary under the appropriate evaluation and management procedure code and laboratory procedure code.

Maine - There may not be unique procedure codes to identify the specific service(s) or they may be incidental to the office visit of the day.

Maryland - All of the services, immunizations and tests listed are covered when medically necessary for adults.

Mississippi – Breastfeeding counseling services are covered if they are included as part of physician visits, as part of EPSDT screening, or as part of the Perinatal High Risk program but they are not separately billable as stand-alone procedure codes.

Missouri - The state noted that breastfeeding counseling is included in office visit and prenatal case management services if woman is considered high risk. Folic acid supplementation is covered if it is on the approved over-the-counter list.

Nebraska - The state indicated that the following services are covered if medically necessary: anemia screening, bacteriuria screening, and folic acid supplementation.

New Hampshire - All services listed here in reference to pregnant women are covered. Screenings for anemia, bacteriuria, and Rh incompatibility (both at the first prenatal visit and at 24-28 weeks) as well as breast feeding counseling for pregnant women are covered as part of the obstetrician visit.

North Dakota - The state indicated that payment for breastfeeding counseling services for pregnant women are included in the payment for office and other outpatient evaluation and management services.

New York - For the following services, the state indicated that coverage depends on CPT codes; if deemed a preventive medicine or an evaluation and management visit, then it is covered under NYS Medicaid: anemia screening, breastfeeding counseling, folic acid supplementation, and Rh incompatibility screening at 24-28 weeks.

Oregon - The data reported for folic acid supplementation coverage has been corrected since the data was originally published; the state did cover this service for pregnant women as of October 2010.

Pennsylvania - The state noted that breastfeeding counseling services are covered as part of the office visit, but not covered separately.

Utah - State indicated that breastfeeding counseling services are covered as hospital services. State also indicated that folic acid supplementation is covered during pregnancy.

Washington - State indicated that breastfeeding counseling is reimbursed as part of an office visit and not as a specific CPT code.

- ⁱ The survey instrument was developed based on recommendations from the USPSTF related the ACA provision - <http://www.uspreventiveservicestaskforce.org/uspstf/uspabrecs.htm> and the Advisory Committee on Immunization Practices recommendations for adults in 2010 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>.
- ⁱⁱ Michigan did not report whether they covered 2 services – STI counseling and prophylactic aspirin. The state reported covering all other services without cost-sharing. Since this data was originally published, Oregon has corrected data for two services (BRCA screening and folic acid supplementation). Therefore, the state did cover all of the preventive services without cost-sharing included in this survey as of October 2010.
- ⁱⁱⁱ Garfield, Rachel and Anthony Damico. "Medicaid Expansion Under Health Reform May Increase Service Use and Improve Access for Low-Income Adults with Diabetes." *Health Affairs*, Vol. 31 no. 1, pages 159-167. January 2012. <http://www.kff.org/medicaid/kcmu110120th.cfm>.
- ^{iv} *Medicaid Benefits: Online Database*. Kaiser Commission on Medicaid and the Uninsured, October 2010. <http://medicaidbenefits.kff.org/index.jsp>.
- ^v For more information on cost-sharing in Medicaid, see *Premiums and Cost-Sharing in Medicaid*. Kaiser Commission on Medicaid and the Uninsured, forthcoming publication.
- ^{vi} *How is the Affordable Care Act Leading to Changes in Medicaid Today? State Adoption of Five New Options*. Kaiser Commission on Medicaid the Uninsured, May 2012. <http://www.kff.org/medicaid/8312.cfm>
- ^{vii} *Preventive and Obesity Related Services Available to Medicaid Enrollees*. Dept. of Health and Human Services. (2010). http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/RTC_PreventiveandObesityRelatedServices.pdf.
- ^{viii} The survey findings reported here reflect whether a state covers HIV screenings for adults at increased risk for HIV infection. It does not address whether the state Medicaid program covers such screenings routinely versus when deemed medically necessary. For more information on whether states cover HIV screenings on a routine basis – see the following brief: *State Medicaid Coverage of Routine HIV Screening*. Kaiser Family Foundation, March 2012. <http://www.kff.org/hiv/aids/8286.cfm>.
- ^{ix} *STD Trends in the United States: 2010 National Data for Gonorrhea, Chlamydia, and Syphilis*. Centers for Disease Control and Prevention, updated November 17, 2011. <http://www.cdc.gov/std/stats10/trends.htm>.
- ^x It is important to note that we asked about coverage of these screenings as recommended by the USPSTF. A past survey indicated that North Dakota covered STD screenings under Medicaid Family Planning services in 2009. Salganicoff, Alina, et al. *State Medicaid Coverage of Family Planning Services*. Kaiser Family Foundation and the George Washington University Medical Center School of Public Health and Health Services, November 2009. <http://www.kff.org/womenshealth/8015.cfm>.
- ^{xi} These 11 states also reported cost-sharing for the STI screenings; 2 states (NC and UT) did not respond to whether they charge cost-sharing for this service but did report charging cost-sharing for the STI screenings.
- ^{xii} Salganicoff, Alina, et al. *State Medicaid Coverage of Family Planning Services*. Kaiser Family Foundation and the George Washington University Medical Center School of Public Health and Health Services, November 2009. <http://www.kff.org/womenshealth/8015.cfm>.
- ^{xiii} *Chronic Illnesses among Low-Income Adults: A Comparison of Medicaid Beneficiaries and the Uninsured*. Kaiser Commission on Medicaid and the Uninsured, forthcoming publication.
- ^{xiv} Farley, Thomas A. et al. "Deaths Preventable in the U.S. by Improvements in the Use of Clinic Preventive Services." *American Journal of Preventive Medicine*, Vol. 38 no. 6, 2010. <http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379710002072.pdf>.
- ^{xv} Maciosek, Michael V. et al. "Greater Use of Preventive Services in U.S. Health Care Could Save Lives at Little or No Cost," *Health Affairs*, Vol. 29 no. 9, September 2010. <http://content.healthaffairs.org/content/29/9/1656.full.pdf>.
- ^{xvi} Nardone, Mike, Julia Paradise et al. *Medicaid Health Homes for Beneficiaries with Chronic Conditions*. Kaiser Commission on Medicaid and the Uninsured, August 2012. <http://www.kff.org/medicaid/8340.cfm>.
- ^{xvii} Beyond the 16 noted here, AR and MS did not report whether they charged cost-sharing for some of these services.
- ^{xviii} Thirty-five states covered both healthy diet counseling and obesity screening and counseling services; exceptions include OH (which covers healthy diet counseling but not obesity screening and counseling) and KY and SC (both of which reported covering obesity screening and counseling but not healthy diet counseling.) The 11 states that charged cost-sharing for these services were AK, AZ, CA, IL, MO, MT, ND, OK, PA, UT, and VA.
- ^{xix} *Obesity: Halting the Epidemic by Making Health Easier*. Centers for Disease Control and Prevention, 2011. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/obesity.htm>
- ^{xx} Maciosek, Michael V. et al. "Greater Use of Preventive Services in U.S. Health Care Could Save Lives at Little or No Cost," *Health Affairs*, Vol. 29 no. 9, September 2010. <http://content.healthaffairs.org/content/29/9/1656.full.pdf>.
- ^{xxi} Richard P, West K, Ku L. "The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts." *PLoS ONE*, Vol.7 no.1, January 2012. <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0029665>.
- ^{xxii} *Preventive and Obesity Related Services Available to Medicaid Enrollees*. Dept. of Health and Human Services. (2010). http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/RTC_PreventiveandObesityRelatedServices.pdf.
- ^{xxiii} Michigan did not report whether they covered 2 services – STI counseling and prophylactic aspirin. The state reported covering all other services without cost-sharing. Since this data was originally published, Oregon has corrected data for two services (BRCA screening and folic acid supplementation). Therefore, the state did cover all of the preventive services without cost-sharing included in this survey as of October 2010.
- ^{xxiv} Smith, V. et al. *Moving Ahead Amid Fiscal Challenges: A Look at Medicaid Spending, Coverage and Policy Trends*. Kaiser Commission on Medicaid and the Uninsured, October 2011. <http://www.kff.org/medicaid/8248.cfm>.
- ^{xxv} Nevada Medicaid and Nevada Check Up News. Department of Health Care Financing and Policy, Vol. 9 no. 2, Quarter 2 of 2012. http://www.medicaid.nv.gov/downloads/provider/NV_Medicaid_News_2012-0719.pdf.
- ^{xxvi} Maciosek, Michael V. et al. "Greater Use of Preventive Services in U.S. Health Care Could Save Lives at Little or No Cost," *Health Affairs*, Vol. 29 no. 9, September 2010. <http://content.healthaffairs.org/content/29/9/1656.full.pdf>.

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This publication (#8359) is available on the Kaiser Family Foundation's website at www.kff.org.



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