

Tobacco Cessation as a Preventive Service

The Affordable Care Act (ACA) requires non-grandfathered health insurance plans to cover preventive services that have received an “A” or “B” grade recommendation¹ from the U.S. Preventive Services Task Force (USPSTF). ACA also requires these services be provided with no cost sharing for the member, which means no copays, coinsurance or deductibles when you use an in-network provider.

The USPSTF, an independent, volunteer panel of experts in prevention and evidence-based medicine, has given tobacco cessation interventions for adults an “A” grade.

Our tobacco cessation interventions include cessation medications

In addition to the currently covered tobacco cessation counseling and screening for members who use tobacco products, Blue Cross and Blue Shield of Oklahoma (BCBSOK) covers two 90-day treatments for tobacco cessation medications per benefit period with no cost share. This coverage includes a variety of FDA-approved tobacco cessation drugs (including both prescription and over-the-counter) when prescribed by a health care provider.

Tobacco cessation medications covered

BCBSOK coverage without cost sharing for non-grandfathered plans includes:

PRESCRIPTION	OVER-THE-COUNTER
BUPROBAN (BUPROPION SR 150 MG TABLETS)	COMMIT
CHANTIX	NICOTINE TRANSDERMAL KITS
NICOTROL INHALER	NICODERM CQ AND GENERICS
NICOTROL NS	NICORETTE GUM AND GENERICS
ZYBAN (BUPROPION SR 150 MG TABLETS)	NICORETTE LOZENGES AND GENERICS

Tobacco cessation counseling

Tobacco cessation counseling sessions (including telephone, group, and individual counseling) led by qualified providers are available at no cost share for members of non-grandfathered plans who use tobacco products. Please refer to your specific plan for information on your level of coverage.

For more information

Members who wish to learn more about tobacco cessation coverage under their BCBSOK plan should call the number on the back of their BCBSOK member ID card or log in to Blue Access for MembersSM.

New recommendations can be issued at any time. A new recommendation must be covered beginning on the first plan or policy year that is one year after the recommendation is issued.

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This material is provided for informational purposes only and is not intended to be a substitute for the sound independent medical judgment of health care practitioners. Health care providers are instructed to exercise their independent medical judgment based on the patient’s individual medical circumstances including, but not limited to symptoms, history, family history and other factors. The final decision about whether a particular service or treatment should be rendered is between the health care provider and the member.

¹ Information on “A” and “B” USPSTF recommendations can be found at: <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>