Preventive Health Services for Adults:

- Abdominal Aortic Aneurysm One Time Screening – men ages 65-75 with a history of smoking
- Alcohol Misuse Screening & Counseling
- Anemia Screening – up to age 21
- Aspirin Use – adults age 50-59
  - For the primary prevention of cardiovascular disease and colorectal cancer in adults who have a 10% or greater 10-year cardiovascular risk
  - Allowed when ordered by physician and a prescription is received from the provider
  - Prescription filled using pharmacy benefit
- High Blood Pressure Screenings outside of a clinical setting – ages 18 and older
  - Screenings Inside a clinical setting are included in the code for a wellness visit.
- Cholesterol (Lipid Disorder) Screening — age 20-75
- Colorectal Cancer Screening – Ages 45-75
  - Includes screening colonoscopy, sigmoidoscopy, fecal occult blood test (FOBT) and Cologuard®
- Dyslipidemia Screening – up to age 21
- Depression Screening – ages 18 and older
- Diabetes Type 2 Screening – ages 40-70
- Counseling to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention – for adults with cardiovascular risk factors
- Hearing testing – up to age 21
- Hepatitis B Screening – up to age 75
- Hepatitis C Screening – ages 18-79
- HIV screening – up to age 65
- Latent Tuberculosis Infection Testing and Office Visit
- Lead screening – up to age 21
- Lung Cancer Screening – ages 55-75
- Obesity Screening and Counseling, including nutritional therapy – up to age 75
- Physician Wellness Visit
- Prostate Cancer Screening — Men ages 40 and older
- Skin Cancer Prevention Counseling – up to age 24
- Sexually Transmitted Infection (STI) Prevention Counseling & Screening – includes Chlamydia, Gonorrhea, Syphilis
- Tobacco Use Screening, Counseling & Interventions
- Tuberculin Testing (TB skin test) – up to age 21
- Vaccinations/Immunizations (includes Immunization administration):
  - Diphtheria, Pertussis and Tetanus – includes:
    - Tetanus and Diphtheria (Td)
    - Tetanus, diphtheria toxoids and acellular Pertussis (Tdap)
    - Diphtheria, tetanus an acellular Pertussis, hepB, and polio inactive (DTaP-HepB-IPV)
    - Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)
  - Hepatitis A (HepA, HepA-HepB)
  - Hepatitis B (HepB, HepA-HepB, Hib-HepB)
  - Haemophilus influenza B (Hib, Hib-HepB)
  - Human Papilloma Virus (HPV) – up to age 26, special exceptions may be granted up to age 45 for
at risk individuals
- Influenza (seasonal flu)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (MenB, MenB-4C, MenB-FHbp, MPSV4, MCV4, MenACWY-CRM)
- Pneumococcal (pneumonia)—includes:
  - pneumococcal polysaccharide vaccine, 23-valent (PPSV23)
  - pneumococcal conjugate vaccine, 13-valent (PCV13)
- Polio (IPV)
- Rotavirus (RV1, RV5)
- Varicella/Chicken Pox (VAR)
- Zoster/Shingles (HZV/ZVL, RZV)
- Visual Acuity/Screening – up to age 21

Preventive Health Services for Women:
- Breast Cancer screening & counseling services, including:
  - Breast Cancer Preventive Medication Counseling (Chemoprevention)
  - Breast Cancer Risk Evaluation and Genetic Counseling
  - Breast Cancer Risk Testing (BRCA 1 & 2)
  - Breast Cancer Mammography Screening - ages 40 and older
- Cervical Cancer Screening (Pap Smear) – ages 21-65
- Contraception & Sterilization
  - For medications, refer to on our Prescription Drug formulary.
  - Prescriptions filled using pharmacy benefit.
  - Benefit includes but is not limited to IUD insertion/removal, tubal ligation, diaphragm fitting, subdermal implant systems.
- Domestic & Interpersonal Violence Screening & Counseling - included in the code for a wellness visit.
- Human Papilloma Virus (HPV) DNA Testing
- Osteoporosis Screening (bone density) – ages 50 and older
- Prenatal/Postnatal Screenings & Services:
  - Anemia Screening
  - Bacteriuria Screening
  - Gestational Diabetes (during and after pregnancy)
  - Hepatitis B Screening
  - Rh Incompatibility Screening
  - Rubella Screening
  - Prenatal office visits
  - Folic Acid
    - If ordered by physician and a prescription is received from the provider
    - Prescription filled using pharmacy benefit
    - Pregnant females or of child-bearing age
  - Breastfeeding Support & Counseling, including Lactation Classes
  - Breast Pumps – If ordered by a licensed professional after the birth of a child. Coverage is limited to one standard manual, simple breast pump or one basic single electric pump. A hospital-grade model is not covered.
- Well woman visits
PREVENTIVE HEALTH SERVICES AND SCREENINGS

Childhood Preventive Services:

- Physician Wellness Visit includes: Well Child, Well Baby, Psychosocial/Behavioral Assessments
- Alcohol Misuse Screening & Counseling – ages 11 and older
- Anemia Screening
- Autism Screening – ages 1-2
- Behavioral Assessments – included in the code for a wellness visit.
- Dental caries (fluoride application) – ages 0-5
- Depression Screening – ages 12 and older
- Dyslipidemia Screening – ages 9 – 21
  - Dyslipidemia Risk Assessments for ages 2-16 are included in the code for a wellness visit
- Gonorrhea preventive Medication
- Hearing Testing
- HIV screening – ages 15 and older
- Childhood Vaccinations/Immunizations (includes Immunization administration):
  - Diphtheria, Pertussis and Tetanus – includes:
    - Diphtheria and tetanus (DT) – ages 0-6
    - Diphtheria, tetanus and acellular Pertussis (DTap) – ages 0-6
    - Diphtheria, tetanus toxoids, acellular pertussis and polio inactive (DTap-IPV) – ages 4-6
    - Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza B, and polio inactive (DTap-IPV/Hib)
    - Diphtheria, tetanus and acellular Pertussis, hepB, and polio inactive (DTaP-HepB-IPV)
    - Tetanus and Diphtheria (Td)
    - Tetanus, diphtheria toxoids and acellular Pertussis (Tdap)
  - Haemophilus influenza B (Hib, Hib-HepB)
  - Hepatitis A (HepA, HepA-HepB)
  - Hepatitis B (HepB, HepA-HepB, Hib-HepB)
  - Human Papilloma Virus (HPV) – ages 9-26
  - Polio (IPV)
  - Influenza (seasonal flu)
  - Measles, Mumps, Rubella (MMR)
  - Meningococcal (MenB, MenB-4C, MenB-FHbp, MPSV4, MCV4, MenACWY-CRM, Hib-MenCY)
    - Hib-MenCY allowed ages 0-2
    - All others allowed any age
  - Pneumococcal (pneumonia) – includes:
    - pneumococcal polysaccharide vaccine, 23-valent (PPSV23)
    - pneumococcal conjugate vaccine, 13-valent (PCV13)
  - Rotavirus (RV1, RV5)
  - Varicella/Chicken Pox (VAR)
PREVENTIVE HEALTH SERVICES AND SCREENINGS

- Iron Supplements
  - If ordered by physician and a prescription is received from the provider
  - Prescription filled using pharmacy benefit
- Lead Poisoning Screening
- Obesity Screening and Counseling, including nutritional therapy
- Tobacco Use Screening, Counseling & Interventions – ages 11 and up
- Sexually Transmitted Infection (STI) Prevention Counseling & Screening – includes Chlamydia, Gonorrhea, Syphilis
- Tuberculin Testing (TB skin test)
- Skin Cancer Prevention Counseling
- Vision Screening

Newborn Screening (up to age 1):
- Hearing/Auditory Screening
- Hypothyroidism Screening
- Phenylketonuria (PKU) Screening
- Sickle Cell Screening
- Metabolic Screenings

Preventive care services may not be performed for the primary reason of diagnosing or treating an illness or injury.

Certain preventive care services may only be covered based on what is recommended for your age or gender. Some services may also require a specific screening, condition or risk factor related diagnosis in order to be covered at no cost to you.

These guidelines were developed based upon the requirements set forth by the Affordable Care Act utilizing the recommendations as established by the United States Preventive Services Task Force (USPSTF) – A & B recommendations, Health Resources and Services Administration (HRSA) for Women’s Preventive Services, and the American Academy of Pediatrics Bright Futures program.

These guidelines will be reviewed no less than annually and may be updated at any time upon review and formal approval of the Benefit & Code Coverage Committee should any of the aforementioned agencies announce updated recommendations or standards.

Website References

United States Preventive Services Task Force (USPSTF)
http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/

Health Resources and Services Administration (HRSA)
http://www.hrsa.gov/womensguidelines/

American Academy of Pediatrics Bright Futures

More information about the preventive services coverage required under the Affordable Care Act please visit: