

2010

Preventive Health Care Guidelines

The right preventive services at the right time can help you stay healthy by detecting potential health problems while they can still be prevented or are at a stage that is easy to treat.



Preventive services are immunizations, screenings, lab tests, and other services that either help prevent illness or help find diseases or medical problems before you experience symptoms.

The Preventive Health Care Guidelines are based on national recommendations and evidence-based medical research on which services are effective for detecting and preventing illness. Some examples of common preventive services include:

- Certain tests to screen for cancer
- Checks of your blood pressure and cholesterol levels
- Physical exams
- Vaccines against common diseases like flu or pneumonia

Different preventive services are needed over time depending on the kinds of health issues that emerge at different stages of life. This document contains a full list of recommended preventive services by age group.



Understanding preventive services

Preventive services have different out-of-pocket costs than services to diagnose, treat, or monitor an existing health condition.

When services listed here are performed for preventive purposes, you will only be responsible for your office visit copay or coinsurance for the cost of that service. Your deductible* will not apply.

Sometimes a doctor may provide or order certain services more frequently than suggested in these guidelines. This decision may be based on your personal or family health history. When this happens, these services are still considered preventive, and your plan's deductible will not apply.

*If applicable to your coverage. Please refer to your plan documents for the deductible, copayment, and/or coinsurance amounts that apply to your coverage.

What tests and screenings are not preventive?

Not all tests that your doctor may recommend for you are preventive services. Tests and services to monitor, diagnose or treat diseases may not be covered under the preventive services benefits. Also, preventive screenings that are not part of these guidelines may not be covered.

Your deductible will apply in the following cases:

- If you have a chronic disease, your doctor may run certain tests on a regular basis to monitor your condition. Because these tests are part of managing your illness, they are not considered preventive.
- If you have a preventive screening and the results indicate a health problem, your doctor may run additional tests to help diagnose the condition or confirm a diagnosis. Your doctor may also perform a test based on existing symptoms.
- If you require follow-up treatment for a disease or condition after a preventive test or screening.
- If your doctor recommends a screening or test that is not part of these guidelines, your deductible will apply. Sometimes a doctor-recommended test may not appear in these guidelines because there is not enough medical evidence to suggest that it has an overall benefit. It's important to talk to your doctor and understand why your doctor thinks a service is right for you.

[Learn More](#)

Refer to pages 10 and 11 for common examples of preventive and non-preventive services.

Questions?

If you need help determining what service is preventive and what service is diagnostic, call the customer service number on the back of your Priority Health ID card.

In addition, please call customer service if you had a preventive exam and do not feel that your claim was paid correctly. They may request that your medical records and claim be reviewed to determine if the service was preventive and if the claim was paid correctly.

Birth to 24 months

Physical exam frequency – All newborns should be evaluated two to three days after discharge.

Well-child visits: 2, 4, 6, 9, 12 and 15 months of age. 1 to 2 years: two visits at 18 and 24 months.

Clinical screenings	
Physical assessment with height, weight	During physical exam
Developmental screening	At ages 9 and 18 months
Autism screening	At 18 months
Hemoglobin and hematocrit	Once during infancy
Lead poisoning screening	Risk assessment for lead exposure between ages 6 and 12 months and again at age 24 months. Blood test for those identified as high risk.
Newborn hearing screening	Once at birth
Tuberculin skin test (PPD)	Recommended for those identified as high risk.
Prevention of dental cavities	Prescribe oral fluoride supplementation to children older than age 6 months if primary water source is deficient. Dental referral to begin at age 12 months.

Immunizations	
Diphtheria and tetanus toxoids and acellular pertussis (DTaP) [DTaP is the preferred vaccine for all doses in the series.]	At ages 2, 4, 6 and 18 months. The fourth dose may be given as early as 12 months, if six months have elapsed since the third dose and the child is considered unlikely to return at age 15 to 18 months.
Inactivated poliovirus (IPV)	At ages 2, 4 and 6 to 18 months.
Measles, mumps and rubella (MMR)	Two vaccinations, the first at ages 12 to 15 months. MMR vaccinations should never be given less than one month apart.
Haemophilus influenzae type b (Hib) conjugate vaccine	At ages 2, 4 and 6 months and once between ages 12 and 18 months. Combination vaccine products may reduce the number of doses required.
Hepatitis B (HepB)	Three doses in the first 18 months. (First dose of Hep B to be administered to all newborns before leaving the hospital.)
Varicella (Var)	One vaccination between ages 12 and 18 months. Children between ages 19 months and 12 years can get one dose if they have no history of varicella.
Influenza	For healthy children ages 6-59 months, two doses separated by four weeks if receiving for the first time.
Pneumococcal	For all children ages 23 months and younger, four doses at 2, 4, 6 and 12 to 15 months.
Rotavirus (Rota)	At 2, 4 and 6 months
Hepatitis A (HepA)	Two doses at least six months apart at ages 12 to 23 months

2 to 6 years

Physical exam frequency – Routine visit at 30 months. One visit every 12 months for ages 3 to 6.

Clinical screenings	
Blood pressure (beginning at age 3), height, weight and physical assessment	During physical exam
Developmental screening	At 30 months
Autism screening	At 24 months
BMI percentile	To begin at age 2. Include counseling for nutrition and physical activity.

2 to 6 years, continued

Vision screening	Once between ages 2 and 4
Hearing screening	Once between ages 2 and 6
Lead poisoning screening	Risk assessment for lead exposure. Blood test for those identified as high risk.
Tuberculin skin test (PPD)	For those identified as high risk
Dyslipidemia screening (risk assessment based on family history and physical exam)	Assessment at 2, 4 and 6 years. (Routine lab testing not recommended, but may be done for children identified as high risk.)
Prevention of dental cavities	Prescribe oral fluoride supplementation if primary water source is deficient. Dental referral at ages 3 and 6 years.

Immunizations

Diphtheria and tetanus toxoids and acellular pertussis (DTaP)	Once between ages 4 and 6
Inactivated poliovirus (IPV)	Once between ages 4 and 6
Measles, mumps and rubella (MMR)	Second vaccine given between ages 4 and 6. (See previous page for first vaccine.) MMR vaccines should never be given less than one month apart.
Hepatitis B (HepB)	May begin three-dose series if not vaccinated in infancy.
Varicella (Var)	Second dose at 4 to 6 years
Influenza	Annually. Two doses separated by four weeks if receiving influenza for the first time.
Pneumococcal	Ages 2 to 6: a single dose, if not immunized previously for healthy children. One additional dose for children with underlying medical conditions who have already received three doses.
Hepatitis A (HepA)	At physician discretion: two doses at least 6 months apart if not vaccinated previously and at high risk.
Meningococcal	One dose for ages 2 to 10 if high risk

7 to 12 years

Physical exam frequency – Ages 7 to 10: One visit every 12-24 months. Ages 11 to 12: One visit annually.

Clinical screenings

Blood pressure, height and weight, physical assessment and BMI percentile	During physical exam. BMI percentile: Include counseling for nutrition and physical activity.
Hearing screening	Every two years
Dyslipidemia screening (risk assessment based on family history and physical exam)	Assessment at ages 8 and 10, then annually. (Routine lab testing not recommended. May be done for children at high risk.)
Urinalysis	Once between ages 11 and 21
Vision screening	Once between ages 7 and 12
Hemoglobin and hematocrit	Once between ages 11 and 21
Tuberculin skin test (PPD)	For those identified as high risk
Prevention of dental cavities	Prescribe oral fluoride supplementation if primary water source is deficient.
Tobacco use	All adolescents
Depression screening	During physical exam ages 12 and older
Alcohol/drug misuse	All adolescents

7 to 12 years, continued

Immunizations	
Measles, mumps and rubella (MMR)	Two doses if not vaccinated previously or no history of disease.
Hepatitis B (HepB)	May begin three-dose series if not vaccinated in infancy.
Tetanus, diphtheria and acellular pertussis (Tdap)	Ages 11-12: A single dose of Tdap instead of Td for booster immunization. (Subsequent Td every ten years)
Varicella (Var)	Two-dose series at least four weeks apart (if no history of varicella and no previous vaccination).
Influenza	Annually. For children aged < 9 years, give two doses if receiving influenza for the first time (four-week interval).
Pneumococcal	For high risk groups
Hepatitis A (HepA)	At physician discretion: Two doses for all children and adolescents up to six months apart if not vaccinated previously and high risk.
Meningococcal	Between 11-12 years.
Human Papillomavirus (HPV)	Three-dose series at age 11-12 years on a zero, two and six-month schedule. Minimum spacing: Four weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3.

13 to 18 years

Physical exam frequency – Annually

Clinical screenings	
Chlamydia and Gonorrhea screening (STIs)	All sexually active women to be screened for STIs
HIV screening	Annually for adolescents and adults at high risk
Cervical cancer screening (females)	Start screening with Pap test within three years of beginning sexual activity.
Hearing screening	Every three years
Height, weight, BMI percentile and blood pressure	During physical exam; nutrition and physical activity counseling for those identified as high risk.
Dyslipidemia screening (risk assessment based on family history and physical exam)	Assessment annually. (Routine lab testing not recommended. May be done for children at high risk.)
Urinalysis	Once between ages 11 and 21
Tuberculin skin test (PPD)	For those identified as high risk
Hemoglobin and hematocrit	Once between ages 11 and 21; annually for menstruating adolescents
Depression screening	During physical exam
Tobacco use	During each visit
Alcohol/drug misuse	During each visit
Prevention of dental cavities	Prescribe oral fluoride supplementation to children through age 16 if primary water source is deficient.
Safety, injury prevention, sexually transmitted infections	Anticipatory guidance at physician discretion

13 to 18 years, continued

Immunizations	
Tetanus, diphtheria and acellular pertussis (Td/Tdap)	Every ten years. (One dose of Tdap if pertussis booster was not received previously.)
Measles, mumps and rubella (MMR)	Two doses if not vaccinated previously or no history of disease
Hepatitis B (HepB)	May begin three dose series if not previously vaccinated
Varicella (Var)	Two-dose series at least four weeks apart if no history of varicella and no previous vaccination
Influenza	Annually
Pneumococcal	For high risk groups
Hepatitis A (HepA)	Two doses for all adolescents up to age 18.
Meningococcal	One dose if not vaccinated previously.
Human Papillomavirus (HPV)	Three-dose series for ages 13-18 on a zero, two and six-months schedule if no previous vaccination. Minimum spacing: 4 weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3.

19 to 39 years

Physical exam frequency – Ages 19 to 21: One visit every two to three years; annually if desired. **Ages 22 to 39:** One visit every 24 months; annually if desired.

Clinical screenings	
Depression screening	During physical exam
Tobacco use	During each visit
Alcohol/drug misuse	During each visit
Chlamydia and Gonorrhea screening (STIs)	All sexually active women to be screened for STIs
HIV screening	Annually for adolescents and adults at high risk
Cervical cancer screening (women)	Start screening with Pap test within three years of beginning sexual activity, or at age 21, whichever is first. Annual screening up to age 30. For ages 30 and older, screening every two to three years.
Height, weight, BMI and blood pressure	During physical exam; nutrition and physical activity counseling for those identified as high risk.
Dyslipidemia screening (risk assessment based on family history and physical exam)	Assessment annually through age 21. For all adults ages 20 and older, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years.
Hemoglobin and hematocrit	Once every two years
Tuberculin skin test (PPD)	For those identified as high risk
Family and intimate partner violence, breast self exam, etc.	Anticipatory guidance at physician discretion

Immunizations	
Tetanus, diphtheria and pertussis (Td/Tdap)	Every ten years. (One dose of Tdap if pertussis booster was not received previously.)
Measles, mumps and rubella (MMR)	One to two doses if not vaccinated previously or no history of disease.

19 to 39 years, continued

Hepatitis A (HepA)	For high risk groups
Hepatitis B (HepB)	For high risk groups
Varicella (Var)	Two dose series at least four weeks apart if no history of varicella and no previous vaccination.
Influenza	Annually
Pneumococcal	For high risk groups
Meningococcal	Ages 19-24: One dose if not vaccinated previously.
Human Papillomavirus (HPV)	Three-dose series for ages 19-26 on a zero, two and six-months schedule if no previous vaccination. Minimum spacing: 4 weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3.

40 to 64 years

Physical exam frequency – One visit every 24 months; annually if desired

Clinical screenings	
Depression screening	During physical exam
Tobacco use	During each visit
Alcohol misuse	During each visit
Height, weight, BMI and blood pressure	During physical exam; nutrition and physical activity counseling for those identified as high risk
Diabetes screening	Fasting plasma glucose test every three years in adults with hypertension or hyperlipidemia beginning at age 45
Dyslipidemia screening	For all adults, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years.
Tuberculin skin test (PPD)	For those identified as high risk
Hemoglobin and hematocrit	Once every two years
Mammogram (women)	Ages 40 to 49, every one to two years; ages 50 and older, annually
Cervical cancer screening (women)	Pap test every two to three years
Chlamydia and Gonorrhea screening (STIs)	All sexually active women to be screened for STIs
HIV screening	Annually for adults at high risk
Colorectal cancer screening	<p>Beginning at age 50, one of the following screening options:</p> <ul style="list-style-type: none"> • Fecal occult blood test annually • Flexible sigmoidoscopy every five years • Fecal occult blood testing annually and flexible sigmoidoscopy every five years • Colonoscopy every ten years <p><i>Those with a family history (first degree relative) of colorectal cancer, or adenomatous polyps: begin screening at age 40 or ten years before the youngest case in the immediate family. Colonoscopy every five years.</i></p>
Osteoporosis risk factor assessment (women)	Once every two years as part of the physical exam (does not include bone density test)
Menopause counseling, breast self exam, family and intimate partner violence	Anticipatory guidance at physician discretion

40 to 64 years, continued

Immunizations	
Tetanus, diphtheria and pertussis (Td/Tdap)	Every ten years (Give one dose of Tdap if pertussis booster was not received previously.)
Hepatitis A (HepA) and Hepatitis B (HepB)	For high risk groups
Varicella (Var)	Two dose series at least four weeks apart if no history of varicella or previous vaccination.
Influenza	Annually
Pneumococcal	For high risk groups
Zoster (Shingles)	One dose at age 60 and older
Meningococcal	For high risk groups
MMR	For high risk groups

65 years and older

Physical exam frequency – One visit every 24 months; annually if desired

Clinical screenings	
Depression screening	During physical exam
Tobacco use	During each visit
Alcohol/drug misuse	During each visit
Height, weight, BMI and blood pressure	During physical exam; nutrition and physical activity counseling for those identified as high risk
Lipoprotein screening	For all adults, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) should be obtained once every five years.
Diabetes screening	Screening once every three years (e.g., fasting plasma glucose test)
Tuberculin skin test (PPD)	For those identified as high risk
Hemoglobin and hematocrit	Once every two years
Mammogram (women)	Annually
Cervical cancer screening (women)	Pap test every two to three years. Suggest stopping at age 70 if three or more normal Pap tests in a row, no abnormal Pap test in previous ten years and not at high risk.
Chlamydia and Gonorrhea screening (STIs)	All sexually active women to be screened for STIs
HIV screening	Annually for adults at high risk
Colorectal cancer screening	<p>One of the following screening options:</p> <ul style="list-style-type: none"> • Fecal occult blood test annually • Flexible sigmoidoscopy every five years • Fecal occult blood test annually and flexible sigmoidoscopy every five years • Colonoscopy every ten years <p><i>Consider stopping screening at age 75. Use individual consideration between ages 75-85. Screening is not recommended for individuals older than 85.</i></p>
Osteoporosis risk factor assessment (women)	Routine beginning at age 65 (does not include bone density test)
Abdominal aortic aneurysm screening (men)	Between ages 65 and 75 who have ever smoked, a one-time screening for abdominal aortic aneurysm.

65 years and older, continued

Immunizations	
Tetanus, diphtheria and pertussis (Td/Tdap)	Every ten years (Give one dose of Tdap if pertussis booster was not received previously.)
Hepatitis A (HepA)	For high risk groups
Hepatitis B (HepB)	For high risk groups
Varicella (Var)	Two dose series at least four weeks apart if no history of varicella or previous vaccination.
Influenza	Annually
Pneumococcal	Once after age 65
Zoster (Shingles)	One dose at age 60 and older
Meningococcal	If high risk
MMR	If high risk

Examples of Preventive and Non-Preventive Services

Before you have a test or screening, it's good to understand if it will be covered as preventive care in your plan. These examples may help.

Colorectal cancer screening

- If your doctor recommends a routine colonoscopy or sigmoidoscopy to screen for early signs of colorectal cancer based on your age or family history, the procedure is considered a preventive service and is covered under the preventive benefit. You may be responsible for a copay or coinsurance as part of your plan, but the cost of the service will not be subject to your deductible.
- If you are having a colonoscopy or sigmoidoscopy for another reason – for example, to diagnose problems with bleeding or irregularity – the service is not considered preventive. In this case, your deductible will apply.
- If a polyp (an abnormal growth that can sometimes be precancerous) is discovered and removed during your preventive colonoscopy, your doctor will often send the sample into a lab to be tested for cancer. While the screening colonoscopy is considered preventive, the follow-up test (if needed) is considered diagnostic. Your deductible will apply to the follow up test.

- Most colonoscopies are done with a level of anesthesia called “conscious sedation.” This is considered routine and is covered as part of the service for a preventive colonoscopy. If your doctor believes that a higher level of anesthesia is required (called “general anesthesia”), the anesthesia is an additional service, and your deductible would apply for the non-routine anesthesia charge. This is an important concern to discuss with your physician before you have your procedure done.

Diabetes screening

- A blood glucose test is used to detect whether you have a problem with your blood sugar control, even though you may not have any symptoms. This test is approved under the preventive health guidelines as a form of screening for diabetes, and your plan deductible will not apply.
- If it is confirmed that you have diabetes, your doctor will want to check your glucose control regularly over time using a different test called an “A1c.” This becomes part of monitoring your condition and making sure that your diabetes is under control, and therefore your plan deductible will apply.

Cervical cancer screening

- The pap test is the standard screening procedure for determining if a woman has early signs of cervical cancer. Screening for cervical cancer using the pap test is covered under the preventive health guidelines, and your plan’s deductible would not apply for this service.
- Under some conditions, your doctor might recommend that you also get an HPV (human papillomavirus) test, either to diagnose whether an HPV infection may be causing abnormal cells in your cervix or to provide an additional level of screening for cervical cancer. The HPV test is not included in the preventive health guidelines. If you have this test your deductible will apply.

Metabolic panels

- Your doctor may recommend that you have a metabolic panel to check certain aspects of your blood chemistry. This test is not considered preventive care, because there is not enough medical evidence to show that it helps to detect or prevent treatable diseases before symptoms occur. Sometimes this test is done to monitor the effects of a health condition or treatment on different functions in your body. In either case, the cost of test will apply against your deductible benefit.

The Preventive Health Care Guidelines were developed and approved by Priority Health network physicians.

For physician use only: Specific EPSDT requirements may vary from the guidelines.

Please refer to the online Provider Manual to review the EPSDT periodicity chart for the mandated health screening program for Medicaid recipients younger than age 21.

References:

American Academy of Family Physicians

American Academy of Pediatrics

American Cancer Society

American College of Obstetricians and Gynecologists

American College of Physicians

American Medical Association

National Cancer Institute

U.S. Preventive Services Task Force, U.S. Public Health Service

Go to www.ahrq.gov/clinic/prevenix.htm for a complete list of evidence-based preventive services and risk factors from USPSTF.



Life just got a little easier.®