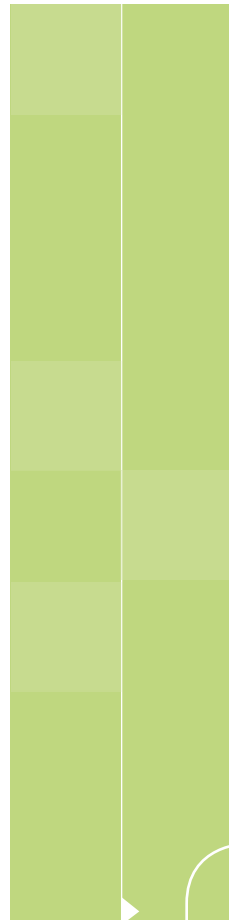




Understanding your coverage

Preventive health
care guidelines



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.

These guidelines list preventive services covered by your Priority Health plan. For more detailed information, see your plan documents or our website at priorityhealth.com or the federal government list of preventive services at healthcare.gov.



How Priority Health covers preventive services

When services listed are performed for preventive purposes, Priority Health will pay for them as follows:

- If your plan is not grandfathered*, these services will be covered at 100%. You will not need to pay anything.
- If your plan is grandfathered*, these services will be covered at your preventive health care services benefit level. If your plan covers prescription drugs, the drugs listed here will be covered according to your prescription drug rider. If your plan doesn't cover prescription drugs, the drugs listed here aren't covered by Priority Health.

Sometimes a doctor may provide or order these approved preventive services more frequently than suggested in these guidelines. When this happens, these approved preventive services are still considered preventive and your plan's deductible will not apply.

*A plan's grandfathered status under the Affordable Care Act is determined at the first renewal after March 23, 2010, and each renewal after that date. Please ask your employer if your plan is a grandfathered plan. Or you may call our Customer Service department using the phone number on the back of your member ID card.

When are services *preventive*?

Not all tests and screenings that your doctor may recommend for you are preventive services. Tests and services to monitor, diagnose or treat diseases, even if listed here, may not be covered as preventive services in some situations.

If the services you receive are not preventive services, your deductible will apply, along with applicable office visit copays and coinsurance for tests and screening.

Here are some examples:




- 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 services.
- 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. Such follow-up tests are not considered preventive services.
- If your doctor orders tests based on existing symptoms, these tests would not be considered preventive services.
- If your doctor recommends a screening or test that is not on this list, your deductible and applicable copayments and coinsurance will apply. Sometimes a doctor may recommend a test that is not on this list. In some cases, 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.



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 a preventive service in your plan. Remember – if the service is not preventive, your deductible and applicable copayments and coinsurance will apply. The following 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.
-  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.
-  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 to a lab to be tested for cancer. While the screening colonoscopy and removal of the polyp is considered preventive, the pathology testing (if needed) is diagnostic.

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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 is a preventive service when screening for diabetes.



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 is not considered preventive.

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 as a preventive service.



Under some conditions, your doctor might recommend that you also get a human papillomavirus (HPV) 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 considered diagnostic.

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 a preventive service, 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 test is considered diagnostic.

Get Answers

If you have questions about preventive services, please call the Customer Service number on the back of your Priority Health ID card.

Physical exam frequency

Age	Recommendation
Newborns	Three to five days after discharge
0 to 2 years	Well child visits at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months
3 to 6 years	Routine visit at 30 months. One visit every 12 months for ages 3 to 6 years
7 to 10 years	One visit every 12 to 24 months
11 to 18 years	One visit annually
19 to 21 years	One visit every 2 to 3 years, annually if desired
22 years and older	One visit every 24 months, annually if desired

Immunization vaccines for children from birth to age 18



Immunizations	
Diphtheria, tetanus, pertussis	At ages 2, 4, 6 and 18 months, once between 4 and 6 years, a single dose of Tdap for booster between ages 11 and 12 and subsequently every 10 years
Haemophilus influenzae type B	At ages 2, 4, 6 and 15 to 18 months
Hepatitis A	Two doses at least six months apart at ages 12 to 23 months. From age 2 to 18 years, at physician's discretion: two doses at least six months apart if not vaccinated previously and at high risk
Hepatitis B	Three doses in the first 18 months. (First dose of Hep B to be administered to all newborns before leaving the hospital.) May begin three-dose series age 2 to 18 years if not vaccinated in infancy
Human papillomavirus (HPV)	Three dose series at age 11 to 12 years on a zero, two and six-month schedule for females. Minimum spacing: four weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3
Inactivated poliovirus	At ages 2, 4 and 6 to 18 months, once between ages 4 and 6 years
Influenza	For healthy children receiving the immunization for the first time, ages 6 months to 9 years, two doses separated by four weeks. Annually for children 2 years and older after first immunization
Measles, mumps, rubella (MMR)	Two vaccinations, the first at ages 12 to 15 months. MMR vaccinations should never be given less than one month apart. Second vaccination given between ages 4 and 6 years. After age 7, two doses if not previously vaccinated or no history of disease
Meningococcal	One dose for ages 2 to 10 years if high risk. One dose between 11 to 12 years. One dose 13 to 18 years if not previously vaccinated
Pneumococcal	For all children ages 23 months and younger, four doses at 2, 4, 6, and 12 to 15 months. For ages 2 to 6 years, 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. Vaccinate high risk groups after age 7
Rotavirus	At 2, 4 and 6 months
Varicella	One vaccination between ages 12 and 18 months. Second dose to be given at 4 to 6 years. Two-dose series for children 7 years to adult if no history of varicella and no previous vaccination



Assessments and screenings for children from birth to age 18

Assessments, screenings and counseling	
Alcohol and drug use assessments	All adolescents, during each visit for age 11 to 18 years
Anticipatory guidelines as defined by Bright Futures	For all children at physician discretion
Autism screening	Children at 18 and 24 months
Blood pressure	Beginning at 3 years
Cervical dysplasia/cancer screening	At start of sexual activity for females
Chlamydia infection, gonorrhea and syphilis screenings	All sexually active adolescents to be screened for sexually transmitted infections (STIs)
Congenital hypothyroidism screening	Newborns
Depression screening and behavioral assessments	Children of all ages
Developmental screening	Children under the age of 3 to be checked at 9, 18 and 30 months
Dyslipidemia screening	Risk assessment at 2, 4, 6, 8 and 10 years old, then annually through age 21. (Routine lab testing not recommended, but may be done for children identified as high risk)
Gonorrhea preventive medication	For the eyes of all newborns
Hearing screening	All newborns, 4, 5, 6, 8 and 10 years. After 11 years if at high risk
Height, weight and body mass percentile measurements	Height and weight at each visit up to 2 years. Starting at 2 years body mass percentile at each visit
Hematocrit or hemoglobin screening	Once at 12 months, once between ages 11 and 21, once annually for menstruating adolescents
HIV screening	Annually for adolescents at high risk
Lead screening	Children at risk of exposure. Risk assessment for lead exposure between ages 6 and 12 months and again at 24 months and assess for risk between ages 2 to 6. Blood tests for those identified as high risk
Medical history	All children throughout development
Newborn screenings as identified by the federal Health Resources and Services Administration	Once at birth, screenings include but are not limited to PKU and sickle cell screenings
Obesity screening and physical activity and nutrition counseling	6 years and older
Oral health risk assessment	12, 18, 24 and 30 months. 3 and 6 years
Sexually transmitted infection (STI) prevention counseling	Adolescents at higher risk, anticipatory guidance at physician discretion for ages 11 to 18 years
Tuberculin testing	Children at high risk of tuberculosis
Urinalysis	Once between ages 11 and 21
Vision screening	3, 4, 5, 6, 8, 10, 12, 15 and 18 years

Immunization vaccines for adults



Immunizations	
Hepatitis A	For high risk groups
Hepatitis B	For high risk groups
Herpes zoster	One dose at age 60 and older
Human papillomovirus	Three dose series at age 19 to 26 years on a zero, two and six-month schedule for females. Minimum spacing: four weeks between #1 and #2; 12 weeks between #2 and #3; must be 24 weeks between doses #1 and #3
Influenza	Annually
Measles, mumps, rubella (MMR)	One to two doses if not vaccinated previously or no history of disease. For high risk groups age 40 years and older
Meningococcal	For ages 19 to 24, one dose if not vaccinated previously. For high risk groups 24 years and older
Pneumococcal	For high risk groups under age 65. One after age 65
Tetanus, diphtheria and pertussis (Td/Tdap)	Every 10 years (One dose of Tdap if pertussis booster was not received previously) After 65 Td alone
Varicella	Two-dose series for adults if no history of varicella and no previous vaccination





Assessments and screenings for adults

Assessments, screenings and counseling	
Abdominal aortic aneurysm screening	Men between ages 65 and 75 who have ever smoked, a one-time screening for abdominal aortic aneurysm
Alcohol misuse screening	All adults at physical exam
Anticipatory guidance for family and intimate partner violence, breast self-exam, menopause counseling, safety, injury prevention	At physician discretion for all adults
Bacteriuria (urinary tract or other infection screening)	Pregnant women
Blood pressure screening	All adults at physical exam
Breast feeding counseling	Interventions to support and promote breast feeding for new mothers
Cervical dysplasia/cancer screening	Start screening at beginning of sexual activity or at 21, whichever is first. Annual screening up to age 30. For ages 30 and older, screening every two to three years. Suggest stopping at 70 if three or more normal Pap tests in a row, no abnormal Pap test in previous 10 years and not at high risk
Chlamydia infection, gonorrhea and syphilis screenings	All sexually active adults to be screened for sexually transmitted infections (STIs)
Colorectal cancer screening	Adults over 50. Beginning at age 50, one of the following screening options: <ul style="list-style-type: none"> • Fecal occult blood test annually • Flexible sigmoidoscopy every five years • Colonoscopy every 10 years. Those with a family history (first degree relative) of colorectal cancer or adenomatous polyps: begin screening at age 40 or 10 years before the youngest case in the immediate family. Colonoscopy every five years. Consider stopping screening at age 75. Use individual consideration between ages 75 and 85. Screening is not recommended for individuals older than 85
Counseling for breast cancer chemoprevention	Women at high risk
Counseling related to BRCA screening	Women at high risk
Depression screening	All adults, during each physical exam
Diabetes screening	Fasting plasma glucose test every three years in adults with hypertension or hyperlipidemia
Diet counseling	Adults at higher risk for chronic disease
Height, weight and body mass percentile measurements	All adults during physical exam
Hematocrit or hemoglobin screening	Once every two years for adults
Hepatitis B screening	Pregnant women at their first prenatal visit
HIV screening	Annually for adults at high risk
Iron deficient anemia screening	On a routine basis for pregnant women

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Lipoprotein profile	For all adults age 20 and older, a fasting lipoprotein profile (total cholesterol, LDL, HDL and triglyceride) once every five years
Mammography	Women ages 40 to 49, every one to two years. Annually for ages 50 and older
Obesity screening and counseling	All adults
Osteoporosis screening	Once every two years as a part of physical exam (does not include bone density test) for women 40 to 64 years old. Bone density test beginning at 65, or at 60 for women at risk
Rh incompatibility screening	All pregnant women on first visit and follow-up testing for women at higher risk
Sexually transmitted infection (STI) prevention counseling	Adults at higher risk
Tobacco use screening	All adults during each visit (includes cessation interventions for tobacco users) expanded counseling for pregnant tobacco users
Tuberculin testing	Adults at higher risk of tuberculosis
Urinalysis	Once between ages 11 and 21

Drugs (prescription required)

Prescription	Recommendation
Fluoride supplements	Children without fluoride in their water source
Folic acid supplements	Women who may become pregnant
Iron supplements	Children ages 6 to 12 months at risk for iron deficiency anemia
Low-dose aspirin therapy for the prevention of cardiovascular disease	Men ages 45 to 79 years, women age 55 to 79 years and others with risk factors. Consult your doctor before beginning aspirin therapy

Note: The drugs listed above are provided at no charge for non-grandfathered plans. If your plan is grandfathered, the drugs listed here will be covered according to your prescription drug rider. If your grandfathered plan doesn't cover prescription drugs, the drugs listed here aren't covered.

The Preventive Health Care Guidelines were 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

Centers for Disease Control

National Cancer Institute

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

Healthcare.gov

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



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