

Bluegrass Family Health

COVERED PREVENTIVE GUIDELINES

Effective December 1, 2011

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Aortic Aneurysm Screening, Abdominal ultrasound	ONCE	MALE	65 YRS to 75 YRS
Alcohol Misuse Counseling	1/YEAR		
Blood Pressure Screening			Adults age 18 and older
Breast & Ovarian Cancer Susceptibility, Genetic Risk Assessment & BRCA Counseling and Evaluation		FEMALE	
Breast Cancer Screening, Mammography	1/YEAR		≥30 YRS
Breastfeeding Counseling			
Cholesterol/Lipid Screening	1/YEAR		Men (age 20 to 35 if increased risk or age 35 and up if normal risk) Women (age 20 to 45 if increased risk, 45 and up if normal risk)
Colorectal Cancer Screening: Colonoscopy, Flexible Sigmoidoscopy, Digital Rectal Exam, Air Contrast Barium Enema, CT Colonography (1), Stool DNA Test, gFOBT or FIT (2)	1/YEAR		≥50 YRS (or less than 50 years of age if at high risk for colorectal cancer according to the current colorectal cancer screening guidelines of the American Cancer Society)
Dental Caries Chemical Prevention: Oral Fluoride Supplementation, Preschool Children			6 months up to 5 YRS
Depression Screening: Adolescents, Adults			
Diabetes Screening			asymptomatic adults with sustained blood pressure >135/80
Gynecological Exam, Including Cervical Cytology (PAP test)	1/YEAR	FEMALE	Per current ACS recommendations
Healthy Diet Counseling	1/YEAR		adult patients with hyperlipidemia or other known risk factors for cardiovascular and diet-related chronic disease
Newborn and Infant Office Visits	PER MD		0-24 MOS
Newborns: Hearing Loss Screening, Hemoglobinopathies Screening, Hypothyroidism Screening, PKU Screening, Sickle Cell Disease Screening			Newborns
Obesity Screening and Counseling: Children, Adults	1/YEAR		all adults and children age 6 and up
Osteoporosis Screening (Bone Density Study)	1/YEAR	FEMALE	≥35 YRS
Pregnancy - Anemia Screening, Bacteriuria Screening, Hepatitis B Screening, Rh Incompatibility, Folic Acid Supplementation, Tobacco Use Counseling		FEMALE	
Prostate Exam	1/YEAR	MALE	
Prostate Specific Antigen Test (PSA)	1/YEAR	MALE	≥50 YRS
Routine Office Visits	1/YEAR		
Sexually Transmitted Disease (STD) Counseling & Screening Including HIV, Chlamydia, Gonorrhea, Syphilis	1/YEAR		All sexually active adolescents and adults at increased risk of STD
Tobacco Use Counseling: Non-Pregnant Adults, Pregnant Women	1/YEAR		
Visual Acuity Screening: Children	1/YEAR		younger than age 5 YRS
Well Child Office Visits	1/YEAR		24 MOS-18YRS

The following recommended services will be provided without cost-sharing when delivered by an in-network provider and as described in your schedule of benefits.

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Aspirin to Prevent CVD			Men aged 45 to 79, women ages 55 to 79
Folic Acid Supplementation		FEMALE	all women planning or capable of pregnancy
Iron Supplementation: Children			6 to 12 months at increased risk of anemia

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IMMUNIZATIONS/VACCINES	RESTRICTION	AGE REQUIREMENTS
Diphtheria, Tetanus, Pertussis (DTaP)		Minimum age 6 weeks, maximum age 7 YRS
Haemophilus influenza type B (HIB)		Minimum age 6 weeks
Hepatitis A		Minimum age 12 months
Hepatitis B		
Human Papilloma Virus (HPV)		ages 9 to 26 YRS
Influenza	AT MD OFFICE	Minimum age 6 months for trivalent inactivated influenza vaccine (TIV); 2 years for live, attenuated influenza vaccine (LAIV)
Meningococcal		Ages 2 YRS and up
Measles, Mumps, Rubella (MMR)		Minimum age 12 months
Pneumococcal		Minimum age 6 weeks for pneumococcal conjugate vaccine (PCV); 2 YRS for pneumococcal polysaccharide vaccine (PCV)
Polio Vaccine, Inactivated (IPV)		Minimum age 8 weeks
Rotavirus		first dose to be given between 6 wks and 14 wks of age
Tetanus		
Varicella		Minimum age 12 months
Zoster		Ages 60 YRS and older

The list of Covered Preventive Services reflects A and B Recommendations from the U.S. Preventive Services Task Force that are relevant for implementing the Affordable Care Act. These may be found on the internet at <http://www.ahrq.gov/clinic/uspstf/uspsabrecs.htm> . This list of Covered Preventive Services may be subject to change based on recommendations of the most current medical literature and the US Preventive Services Task Force. Items on this list may be added after review by Bluegrass Family Health.

FOOTNOTES

(1) Requires Precertification

(2) Guaiac Fecal Occult Blood Test, Fecal Immunochemical Test

Adolescent and childhood immunizations are covered per 2011 recommended age-appropriate immunization schedules approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Practice.