PREVENTIVE CARE SERVICES

Detailed descriptions



How often and what kind of preventive care services you need depends upon your age, gender, health, and family history. Not all items on this list are covered benefits for all products or groups with Blue Cross or Blue Plus. Coverage for certain items and services may only be provided for plan and policy years after a certain date. Pharmacy coverage may differ for members with pharmacy benefit managers other than Prime Therapeutics. This list may not represent all possible tests or benefits, and *inclusion of a service or item on this list does not guarantee coverage*. Check your health plan benefits or call the number on the back of your member ID card for details on coverage. Additional requirements may apply. Tests ordered during a preventive visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or illness are not preventive care and are subject to deductibles, copays and/or coinsurance. Make sure to review all tests with your healthcare provider for medical necessity.

CATEGORY	DESCRIPTION	
GENERAL PREVENTIVE CARE		
Preventive medical exams and counseling	Preventive physical/medical exam – age and gender appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions. May include the following benefits (not an all-inclusive or restrictive list): Blood pressure measurement Skin cancer counseling to reduce ultraviolet (UV) ray exposure Skin exam – for melanomas, sores, lesions Aspirin use and counseling for certain adults aged 50-59 years with an increased risk for cardiovascular disease, based on risk assessment. Prostate cancer digital rectal exam, depending on risk assessment according to the healthcare provider. Domestic violence screening and counseling Height, weight, body mass index (BMI)	
CARDIOVASCULAR, METABOLIC SCREENING	TESTS, AND CHRONIC CARE TESTS/DEVICES (CERTAIN MEN AND WOMEN)	
Abdominal aortic aneurysm (AAA) ultrasound	Ultrasound screening, depending on age and risk assessment	
Cholesterol (lipid) profile	Cholesterol, High-density lipoprotein (HDL) and Low-density lipoprotein (LDL) testing for individuals diagnosed with heart disease, depending on age and risk assessment.	
Diabetes screening test	Blood glucose, glucometer for individuals diagnosed with diabetes, hemoglobin A1C, and retinopathy screening tests	

CATEGORY	DESCRIPTION		
CARDIOVASCULAR, METABOLIC SCREENING	TESTS, AND CHRONIC CARE TESTS/DEVICES (CERTAIN MEN AND WOMEN) (Continued)		
Asthma management	Peak flow testing (peak flow meter)		
Liver disease and/or bleeding disorder	International normalized ratio (INR) testing		
management			
COUNSELING AND CLINICAL ASSESSMENT OF	COUNSELING AND CLINICAL ASSESSMENT OR SCREENING		
Alcohol, drug and tobacco misuse	 May include: Screening and counseling to reduce alcohol use Drug use assessment Screening and counseling to prevent tobacco use and tobacco-caused disease Tobacco cessation counseling sessions FDA-approved tobacco cessation medications, when prescribed and provided innetwork 		
Blood infection	Hepatitis B & C virus (HBV and HCV) screening		
Depression	Screening for depression		
Intimate Partner Violence	May include:Counseling and screening for interpersonal and intimate partner violence		
Nutrition, healthy weight, and physical activity	 May include: Behavioral counseling in primary care to promote a healthy diet Nutrition counseling Screening and counseling for obesity Falls prevention counseling for older adults 		
Lung infection	Tuberculosis (TB) screening		
Pre-Exposure Prophylaxis (PrEP)	Counseling and testing		
Sexually transmitted infections (STI), risk reduction counseling and screening	May include: Human immunodeficiency virus (HIV) Chlamydia Gonorrhea Syphilis		
Vision* and hearing	Vision screening – glaucoma, acuity, refraction Hearing screening – screening test, audiometry and pure tone		

^{*}Note - The preventive vision benefit only applies for employer-sponsored health plans. There is no coverage for adult routine eye exams in non-grandfathered individual health plans.

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CATEGORY	DESCRIPTION	
IMMUNIZATIONS		
For details on doses, recommended ages, and recommended populations, see prevention guidelines at cdc.gov/vaccines/schedules. Listed below are		
most commonly utilized immunizations – list may not be all inclusive		
COVID-19 vaccines		
Tetanus, diphtheria, pertussis, poliovirus vaccines		
Influenza vaccines		
Varicella (chickenpox) vaccines		
Hepatitis A vaccines		
Hepatitis B vaccines	May be offered singly or grouped	
Human papillomavirus (HPV) vaccines		
Measles, mumps, rubella (MMR) vaccines		
Pneumonia vaccines		
Meningitis vaccines		
Zoster (herpes shingles) vaccines		
Rotavirus vaccines		
CANCER SCREENING TESTS		
Colorectal cancer screening	Ages 45-75. May start younger if at risk. May include one or more of the following: Stool test for blood (once/year) Air contrast barium enema Sigmoidoscopy/Flexible – sigmoidoscopy Proctosigmoidoscopy Colonoscopy Stool DNA CT Colonography Bowel preparations (pharmacy benefit)	
Lung cancer screening	Ages 50 to 80 using low – dose computed tomography (LDCT), depending on smoking history, as determined by health care provider.	
Prostate cancer screening	 May include: Digital rectal exam (DRE) usually performed as part of preventive medical exam Prostate-Specific Antigen (PSA) – when appropriate as determined by joint decision-making between the member and the physician based on individual risk. 	

CATEGORY	DESCRIPTION
WOMEN'S HEALTH (ALSO SEE PREGNANCY-RE	LATED)
Preventive gynecological exam	Preventive physical/medical exam – age-appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions. May include evaluation of breasts and abdomen as well as pelvic exam.
Well-woman visits	Ages 12 to 64.
Contraceptive methods and counseling	Counseling for contraception and specific FDA-approved contraceptives, including over the counter, when prescribed and provided in-network. Religiously exempt groups and certain plans may exclude this benefit.
Counseling for BRCA and BRCA testing	Genetic counseling for women at increased risk for breast and ovarian cancer. BRCA lab tests BRCA lab tests subject to medical necessity criteria in Blue Cross medical policy "Genetic Testing for Hereditary Breast and/or Ovarian Cancer Syndrome (VI-16)"
Counseling regarding and use of medication to reduce risk of breast cancer	For women at elevated risk, may be part of "Well-Woman visit" Generic Tamoxifen and raloxifene with a prescription when medically necessary and provided innetwork.
Osteoporosis screening	Bone density measurement (once every two years)
Cervical cancer screening	May include: Pap test (starting at age 21) and/or: HPV testing (starting at age 30)
Breast cancer screening	Mammogram, two dimensional (2D (conventional)) or three dimensional (3D), unilateral or bilateral

CATEGORY	DESCRIPTION
PREGNANCY-RELATED	
Breastfeeding support, supplies and counseling	May include: Primary care interventions to promote breastfeeding Breastfeeding support supplies and counseling, including coverage of purchase of a manual breast pump
Routine prenatal tests	Such as: Gestational diabetes mellitus screening Presence of bacteria in the urine Hepatitis B Iron-deficiency anemia Screening for Rh incompatibility
Alcohol, drug and tobacco misuse assessment and counseling, preventive medicine counseling and/or risk factor reduction interventions	 May include: Screening and counseling to reduce alcohol misuse Drug use assessment Screening and counseling to prevent tobacco use and tobacco-caused disease Tobacco counseling during pregnancy FDA-approved tobacco cessation medications, when prescribed and provided innetwork Preventive medicine counseling and/or risk factor reduction interventions
Sexually transmitted infections (STI), risk reduction and screening	Such as: Chlamydia infection screening Gonorrhea screening Hepatitis B screening Hepatitis C screening for high-risk individuals HIV (human immunodeficiency virus) screening Syphilis screening
Counseling for folic acid supplementation	For women planning pregnancy, may be part of "Well-Woman visit" Folic acid supplements for women with a prescription when provided in-network

CATEGORY	DESCRIPTION
CHILDREN AND ADOLESCENTS	
Preventive medical exam for children and adolescents (Bright Futures)	Preventive physical/medical exam – age and gender appropriate medical history and physical exam, counseling or anticipatory guidance and risk-factor interventions.
	May include the following benefits (not an all-inclusive or restrictive list): • Blood pressure screening
	 Skin cancer counseling to reduce ultraviolet (UV) ray exposure Skin exam – for melanomas, sores, lesions
	 Iron supplementation recommendation for children at increased risk for iron-deficiency anemia Iron supplements for children ages 6 – 12 months
	Sickle cell screening
	Family violence screening and counseling
	Height, weight, body mass index (BMI)
	Safety and injury prevention
	Assessment of risk of lead exposure
Depression screening	Screening for depression
	May include:
	Behavioral counseling in primary care to promote a healthy diet
Nutrition, healthy weight and physical activity	Nutrition counseling
	Screening and counseling for obesity
Vision and hearing	Vision screening – glaucoma, acuity, refraction
The same was a second s	Hearing screening – screening test, audiometry and pure tone
	Includes:
	Alcohol, drugs and tobacco Intellectual and mantal discarders
Behavioral health assessment	Intellectual and mental disordersDepression
	Behavioral Health Assessment
	Denavioral Health Assessment
Tooth decay and cavity prevention	Fluoride supplements for children whose water supply lacks fluoride, ages 6 months to 6 years
	old with a prescription.
There had testing	Topical application of fluoride varnish birth through 6 years old Tasting for the large basis (TD) for a bither.
Tuberculosis testing	Testing for tuberculosis (TB) for children