



BAPTIST HEALTH PLAN

PREVENTIVE HEALTH GUIDELINES Effective January 1, 2016

Including Services
Required by Affordable
Care Act Women's
Health (ACAWH)

The following recommended services will be covered under the preventive benefit when delivered by an in-network provider and as described in the member's Schedule of Benefits. Non-Grandfathered Health Benefit Plans will cover these services without member cost-sharing; Grandfathered Health Benefit Plans may require member cost-sharing for preventive services.

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Alcohol & Drug Misuse Screening, Assessment & Counseling	1 Per Year		
Aortic Aneurysm Screening, Abdominal Ultrasound	Once	Male	65 to 75 years
Aspirin to Prevent Cardiovascular Disease			Men age 45 to 79, women age 55 to 79
Autism Spectrum Disorder Screening		Young Children	18 and 24 months
Behavioral Assessments		Children	Younger than 18 years
Blood Pressure Screening			
Breast & Ovarian Cancer Susceptibility, Genetic Risk Assessment & BRCA Counseling & Evaluation	1 Per Lifetime	Female with family history of increased risk of the BRCA 1 or 2 gene mutation; Prior Authorization Required	
Breast Cancer Chemoprevention Counseling		Female at increased risk	
Breast Cancer Screening, Mammography	1 Per Year		35 years & older
Breastfeeding Support, Certain Supplies & Counseling including a \$225 allowance for breastfeeding equipment rentals or purchases, upon receipt. Certain supplies for breastfeeding equipment will be reimbursed at cost when receipt is submitted.	With Each Birth		18 years & older
Cholesterol/Lipid Screening	1 Per Year		
Colorectal Cancer Screening: Colonoscopy, Flexible Sigmoidoscopy, Digital Rectal Exam, Air Contrast Barium Enema, CT Colonography (requires prior authorization), Guaiac Fecal Occult Blood Test (gFOBT), or Fecal Immunochemical Test (FIT)	1 Per Year		50 years & older (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)

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Contraceptive Methods (FDA Approved) and Counseling including: Diaphragm with Spermicide; Generic Oral Contraceptives; Hormonal Patch, Vaginal Ring, and Injection; Implanted Devices; and Sterilization Procedures		Female	18 years & older
Dental Caries Chemical Prevention: Oral Fluoride Supplementation			6 months up to 5 years
Depression Screening	1 Per Year		10 years & older
Developmental Screening	1 Per Year		Younger than 3 years
Diabetes Screening (Type II)		Asymptomatic adults with sustained blood pressure greater than 135/80	
Falls Prevention in Older Adults: Counseling and Preventive Medication		Exercise or physical therapy and vitamin D medication to prevent falls in a community dwelling	
Folic Acid Supplementation (0.4 - 0.8mg Per Day)		Females planning or capable of pregnancy	
Gynecological Exam, Including Cervical Cytology (PAP test)	1 Per Year	Female	Per current American Cancer Society recommendations
Healthy Diet and Physical Activity Counseling	1 Per Year	Adult patients with hyperlipidemia or other known risk factors for cardiovascular & diet-related chronic disease	
Hematocrit or Hemoglobin Screening		Children	1 to 4 years
Hepatitis B Virus Infection Screening		Persons at high risk of infection	
Hepatitis C Virus Infection Screening		Persons at high risk of infection	One time screening for persons born between 1945 and 1965
Human Immunodeficiency Virus (HIV) Infection Screening & Counseling			15 - 65 years and other ages at increased risk of infection
Human Papillomavirus (HPV) DNA Testing	Every 3 Years	Female	30 years & older

SERVICE	FREQUENCY	RESTRICTION	AGE REQUIREMENTS
Intimate Partner Violence Screening & Counseling	1 Per Year		
Iron Supplementation		Infants	6 to 12 months at increased risk of anemia
Lead Screening	1 Per Year	Children at risk of exposure	Younger than 18 years
Lung Cancer Screening with low-dose computed tomography	1 Per Year	Prior Authorization Required	55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Newborn & Infant Office Visits including Height, Weight and Body Mass Index (BMI) measurements	Per MD		0 to 24 months
Newborns: Screening for Hearing Loss, Hemoglobinopathies, Hypothyroidism, PKU, Sickle Cell Disease, Prophylactic Ocular Gonococcal Medication			Newborns
Obesity Screening & Counseling	1 Per Year		6 years & older
Osteoporosis Screening (Bone Density Study)	1 Per Year	Female	60 years & older
Pregnancy: Screening for Bacteriuria, Chlamydia, Folic Acid Supplementation, Gestational Diabetes, Hepatitis B, HIV, Iron Deficiency Anemia, Rh Incompatibility, Syphilis & Tobacco Use Counseling		Female	
Prostate Exam	1 Per Year	Male	50 years & older
Prostate Specific Antigen Test (PSA)	1 Per Year	Male	50 years & older
Routine Office Visits	1 Per Year		
Sexually Transmitted Disease (STD) Counseling & Screening Including Chlamydia, Gonorrhea, Syphilis	1 Per Year	Increased risk of STD	
Sun Exposure & Risk for Skin Cancer Counseling			10 to 24 years
Syphilis		Persons at high risk of infection	
Tobacco Use Screening, Counseling & Interventions	1 Per Year		5 years & older
Tuberculin Testing		Children at increased risk	Younger than 18 years
Visual Acuity Screening	1 Per Year	Children	Younger than 18 years
Well Child Office Visits including Height, Weight and Body Mass Index (BMI) measurements	1 Per Year		24 months to 18 years
Well Woman Office Visits	1 Per Year	Female	

IMMUNIZATIONS/VACCINES	RESTRICTION	AGE REQUIREMENTS
Diphtheria, Tetanus, Pertussis (DTaP)		Minimum age 6 weeks
Haemophilus Influenza Type B (HIB)		Minimum age 6 weeks
Hepatitis A		Minimum age 12 months
Hepatitis B		
Human Papillomavirus (HPV)		9 to 26 years
Influenza	At a MD Office	Minimum age 6 months for trivalent inactivated influenza vaccine (TIV); 2 years for live, attenuated influenza vaccine (LAIV)
Meningococcal		6 weeks Hib-MenCY; 9 months Menactra; 2 years & older Menveo
Measles, Mumps, Rubella (MMR)		Minimum age 12 months
Pneumococcal		Minimum age 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years for pneumococcal polysaccharide vaccine (PPSV)
Polio Vaccine, Inactivated (IPV)		Minimum age 6 weeks
Rotavirus		First dose to be given between 6 weeks & 14 weeks 6 days of age
Tetanus		19 years & older
Varicella		Minimum age 12 months
Zoster		60 years & older

The list of Covered Preventive Services includes A and B Recommendations from the U.S. Preventive Services Task Force (USPSTF) provided at <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm> and other Preventive Services found on www.healthcare.gov as required by the Affordable Care Act. Baptist Health Plan may add or remove services based on recommendations of the most current medical literature, the USPSTF and www.healthcare.gov.

Adolescent & childhood immunizations are covered per 2014 recommended age-appropriate immunization schedules approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Practice, www.healthcare.gov and the U.S. Department of Health & Human Services Centers for Disease Control & Prevention.