



BAPTIST HEALTH PLAN

PREVENTIVE HEALTH PAYMENT GUIDELINES

Effective January 1, 2017

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 LIMITS/COMMENTS
Alcohol & Drug Misuse Screening, Assessment & Counseling	1 Per Year		18 and older
Aortic Aneurysm Screening, Abdominal Ultrasound	Once	Male	65 to 75 years
Aspirin to Prevent Cardiovascular Disease and Colorectal Cancer			Low dose aspirin use for adults aged 50 to 59 who have a 10% or > 10 year cardiovascular risk, are not at increased risk of bleeding and willing to take aspirin daily for at least 10 years.
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	

SERVICE	FREQUENCY	RESTRICTION	AGE LIMITS/COMMENTS
Breast Cancer Screening, Mammography	<ul style="list-style-type: none"> • Baseline between 35-39 yrs • Every 1 to 2 yrs 40-49 yrs • 1 every yr age 50 and older 		35 years & older
Breastfeeding Support, Certain Supplies & Counseling including breastfeeding equipment rentals or purchases.	With Each Birth	All Women who are pregnant	Breast pumps can be obtained through Edwards Medical. Please contact Edwards Medical by calling 1-888-344-3434, emailing breastpumps@myehcs.com or the web at https://www.myehcs.com/breastpumps
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)	<ul style="list-style-type: none"> • Annual high-sensitivity fecal occult blood test • Sigmoidoscopy every 5 years with high-sensitivity fecal occult blood test every 3 yrs • Colonoscopy every 10 yrs 		50 years until 75 years (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)
Contraceptive Methods (FDA Approved) and Counseling including: Diaphragm with Generic Oral Contraceptives; Hormonal Patch, Vaginal Ring, and Injection; Implanted Devices; and Sterilization Procedures		Female	All women of childbearing age
Dental Caries Chemical Prevention: Oral Fluoride Supplementation			6 months up to 5 years
Depression Screening	1 Per Year		12 years & older
Developmental Screening	1 Per Year		Younger than 3 years

SERVICE	FREQUENCY	RESTRICTION	AGE LIMITS/COMMENTS
Diabetes Screening (Type II) Hemoglobin A1C, Fasting Plasma Glucose, or Oral Glucose Tolerance Test (Abnormal screens should be followed by repeat test for confirmation, preferably by the same screening test used)	1 per 3 years if screen normal. UP to 2 per year if Pre-Diabetic.	Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	Adults aged 40 to 70 years who are overweight or obese
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	
Cervical Cancer Screening/Gynecological Exam, Including Cervical Cytology (PAP test)/Human Papillomavirus (HPV) test	<ul style="list-style-type: none"> • 21-65 yrs cytology (PAP) every 3 yrs • 30-65 yrs combo of PAP & HPV every 5 yrs • High risk up to 1 time a year 	Female	21 to 65 years old (>65 yrs in those defined as high risk)
Healthy Diet and Physical Activity Counseling	1 Per Year	Adult patients with hyperlipidemia or other known riskfactors for cardiovascular & diet-related chronic disease	
Hematocrit or Hemoglobin Screening		Children	1 to 4 years

SERVICE	FREQUENCY	RESTRICTION	AGE LIMITS/COMMENTS
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 5 Years	Female	30 years & older
Intimate Partner Violence Screening & Counseling	1 Per Year		
Iron Supplementation		Infants	6 to 12 months at
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 30 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
Preeclampsia Prevention: Aspirin	Low dose (81mg) of Aspirin a day	Pregnant Females	After 12 weeks gestation for those at high risk for preeclampsia
Pregnancy: Screening for Bacteriuria, Chlamydia, Folic Acid Supplementation, Gestational Diabetes, Hepatitis B, HIV, Iron Deficiency Anemia, Rh Incompatibility, Syphilis & Tobacco Use Counseling		Female	

SERVICE	FREQUENCY	RESTRICTION	AGE LIMITS/COMMENTS
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 (non-pregnant persons)		Persons at high risk of infection	
Tobacco Use Screening, Prevention & Cessation Counseling & Interventions	1 Per Year		5 years & older
Tuberculin Testing		Children at increased risk	Younger than 18 years
Tuberculosis Screening for Latent Infection		Adults at increased risk	18 years and older
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		36 months to 18 years
Well Woman Office Visits	1 Per Year	Female	

IMMUNIZATIONS/VACCINES	RESTRICTION	AGE LIMITS/COMMENTS
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	Covered Vaccines for preventive Services will be those recommended by the CDC for the current influenza season. (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/Page/Name/uspstf-a-and-b-recommendations/> 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.

Discrimination is Against the Law.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.787.2680 (TTY: 1.844.708.1389).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1.800.787.2680 (TTY : 1.844.708.1389).