

Preventive Care Services

What are preventive care services?

It's important to visit your doctor regularly to get preventive care. Preventive care lets your doctor find potential health problems before you feel sick. By finding medical problems early, your doctor can help you get the care you need to stay healthy.

SmartHealth defines preventive health services using the following resources as reference:

- Services that have an A or B rating in the current recommendations of the U.S. Preventative Services Task Force (USPSTF);
- Immunization recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- Preventive care and screenings for infants, children, and adolescents as outlined in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and
- Preventive care and screenings for women as outlined in the comprehensive guidelines supported by the HRSA.

When are services free? The same service could be preventive (free) or diagnostic (copayments, coinsurance or deductibles apply).

Preventive care is free when it's:

Listed in this guide. Completed by an Ascension Network or a National Network provider.

Go to www.mysmarthealth.org to find an Ascension Network provider.

Go to <http://provider.bcbs.com/Landing> to find a National Network provider. Enter 'ASY' in the "Already a Member (First 3 Letters)" box

Done for preventive purposes.

REASON FOR SERVICE

WHAT YOU'LL PAY

Preventive care

To prevent health problems. You don't have symptoms.

You won't pay anything.

Diagnostic care

You have a symptom, or you're being checked because of a known health issue.

This is a medical claim. Your deductible, copayments and coinsurance may apply.

How do I know if a service is preventive or diagnostic?

If you receive the services in this guide for diagnostic reasons, you may have a cost. A service is diagnostic when it's done to monitor, diagnose or treat health problems. That means:

- If you have a chronic disease like diabetes, your doctor may monitor your condition with tests. Because the tests manage your condition, they're diagnostic.
- If you have a preventive screening and a health problem shows up, your doctor may order follow-up tests. In this case, the tests are diagnostic.
- If your doctor orders tests based on symptoms you're having, like a stomachache, these tests are diagnostic.

Preventive vs. Diagnostic Services:

Certain services can be done for preventive or diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported it will be adjudicated under the Preventive Care Services benefit.

Preventive services are those performed on a person who has:

1. Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
2. Had screening done within the recommended interval with the findings considered normal; or
3. Had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
4. A preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), the therapeutic service would still be considered a preventive service.

Examples include, but are not limited to:

- o A woman had an abnormal finding on a preventive screening mammography and the follow up study was found to be normal, and the patient was returned to normal mammography screening protocol, then future mammography would be considered preventive.
- o If a polyp is encountered during preventive screening colonoscopy, the colonoscopy, removal of the polyp, and associated facility, lab and anesthesia fees done at the same encounter are covered under the Preventive Care Services benefit.

When a service is done for diagnostic purposes it will be adjudicated under the applicable non- preventive medical benefit.

Healthcare Reform Preventive Services	Frequency
Preventive Services for Adults	
Abdominal Aortic Aneurysm Screening	Age 65-75 one screening per lifetime (men only with any history of smoking)
Alcohol Misuse Screening and Behavioral Counseling Interventions	One per calendar year, age restriction set up at 18 and older
Aspirin Use Counseling for CVD Prevention	Men age 45-79, Women age 55-79 every 5 years
Behavior Counseling to Prevent Skin Cancer	Ages 10-24. Counseling for children, adolescents and young adults with fair skin
Blood Pressure Screening	Age 18 and older (Usually included in the office visit) One each calendar year as needed
Cholesterol Screening	Men: age 35 and older (20-35 at risk for CAD) Women: age 45 and older (20-45 at risk for CAD) every 5 years
Colorectal Cancer Screening	Beginning at age 50 and continuing to age 75 Fecal occult blood testing - One per calendar year Sigmoidoscopy - every 3 years Colonoscopy - every 10 years Barium Enema - every 5 years
Depression Screening	Age 12 and older, one per calendar year Effective January 1, 2015 Age 11 and older, one per calendar year
Diabetes Screening (Type 2 for adults with high blood pressure)	Age 19 and older every 3 years
Diet Counseling (Adults with high risk for chronic diseases)	Age 19 and older, 6 services each calendar year
Fall Prevention Screening	Age 65 and older. Exercise, physical therapy and vitamin D supplementation
Hepatitis B Screening	Effective June 1, 2015 Age 11 and older, one per calendar year

Healthcare Reform Preventive Services	Frequency
Hepatitis C Screening	Once per lifetime screening for males and females born 1945 through 1965 OR for anyone born to an HCV-infected mother
HIV Screening (At Risk and All Pregnant Women)	Once per year for males and females at high risk for infection
Immunizations	Age 11 and older
Lung Cancer Screening	See below for a complete list of covered immunizations
	Effective January 1, 2015
	Age 55-80, one per calendar year
Obesity Screening and Counseling	Age 19 and older, 7 per calendar year
Over-the Counter Pharmaceuticals	Effective August 1, 2013
Aspirin	Men age 45-79, Women age 55-79
Vitamin D Supplements	Age 65 and older
Folic Acid	Age 10 and older, women only
Prostate Screening (PSA)	Men age 40 and older, one per calendar year
Psychosocial/Behavioral Assessment	Effective January 1, 2015
	Age Newborn - 21 years, 31 services during age range
Routine Office Visit	One per calendar year
Sexually Transmitted Infection (STI) Prevention Counseling	Age 11 and older,
Tobacco Use Screening and Cessation	Age 19 and older, limited to two per calendar year
	Effective January 1, 2011 - May 15, 2014
	Age 19 and older, 4 per calendar year
	Effective May 16, 2014 - August 31, 2014
	Men age 19 and older, 8 per calendar year
	Effective September 1, 2014
	Men age 6 and older, 8 per calendar year
Tobacco Use and Tobacco-Caused Disease, Medication	Effective October 1, 2014
	Age 6 and older, two 90 day supplies per calendar year
Preventive Services for Women (Including Pregnant Women)	
Anemia Screening (Routine basis for pregnant women)	One per calendar year
Bacteriuria (pregnant women)	
BRCA Counseling about genetic testing for women at higher risk	Once in a lifetime
Breast Cancer Chemoprevention Counseling	Once in a lifetime
Breast Cancer Mammography Screenings	Age 35-39, one baseline, 40 and older, one per calendar year
Breast Cancer Prevention Medication	Effective October 1, 2014
	Age 35 and older. pharmacv only
Breast Feeding Interventions	Twice per calendar year
Cervical Cancer Screening (Pap Smear)	One per calendar year
Chlamydia Screening	Age 15 and older, one per calendar year
Folic Acid Supplements	Women only
Gonorrhea Screening	Age 11 and older, twice per calendar year
Hepatitis B Screening	One per calendar year for pregnant women
Iron Deficiency Anemia Screening	One per calendar year for pregnant women

Healthcare Reform Preventive Services	Frequency
Osteoporosis Screening	Effective October 1, 2010 - January 31, 2012 Age 65 and older, 60 and older if at risk, once every 4 years Effective February 1, 2012 Age 65 and older, 65 and younger if at risk, once every 2 years
Rh Incompatibility Screening (all pregnant women)	Twice per calendar year
Tobacco Use Screening and Interventions	Effective May 16, 2014 - August 31, 2014 Women age 10 and older, 8 per calendar year Effective September 1, 2014 Women age 6 and older, 8 per calendar year
Syphilis Screening (At Risk and All Pregnant Women)	
Human Papillomavirus (HPV) Screening	Age 30 and older, Females only, 1 every 3 years
Prenatal Conference (Pediatrician only)	
Effective August 1, 2012 - Additional Women's Preventive Services (Including Pregnant Women)	
Natural Family Planning	Age 10 and older, 1 visit per calendar year
Well Women Visit	Age 10 and older, 1 visit per calendar year depending on diagnosis and procedure
Preconception Visit	Age 10 and older, one visit per calendar year
Prenatal Care	Age 10 and older, up to six visits per calendar year depending on diagnosis and procedure
Screening for Gestational Diabetes	Age 10 and older, two per calendar year
HIV Counseling	Age 10 and older, one per calendar year
Breast Feeding	
Counseling and Support	Age 10 and older, three per year in conjunction with a birth
Supplies - Pumps and Accessories	Age 10 and older
Screening and Counseling for Interpersonal and Domestic Violence	Age 10 and older, one per calendar year (female only)
Sexually Transmitted Infection (STI) Prevention Counseling	Age 10 and older, one per calendar year
Preventive Services for Children	
Alcohol and Drug Use Assessments (adolescents)	Age 11-21, one per calendar year
Behavioral Assessments	Newborn-21 years, 31 services during age range
Behavior Counseling to Prevent Skin Cancer	Ages 10-24. Counseling for children, adolescents and young adults with fair skin
Cervical Dysplasia Screening (Pap Smear)	one per calendar year
Congenital Hypothyroidism (newborns)	Age 2-4 days
Dental Caries Prevention (< age 5)	Effective June 1, 2015
	Age birth - 5 years, 4 per calendar year
Dental Caries Prevention (preschool children)	Usually included with office visit

Healthcare Reform Preventive Services	Frequency
Developmental Screening (< age 3)	Age 9-30 months, 4 screenings Effective January 1, 2015
Developmental Surveillance	Age 9-30 months, 5 screenings Usually included with office visit
Dyslipidemia	Age 2-10, one every 2 years; Age 11-17, one per calendar year; Age 18-21, once during age range
Fluoride Chemoprevention	Age 6 months - 6 years, 3 assessments in age range
Gonorrhea Prevention (eye meds for newborns)	
Hearing Screening - Newborns	Age birth - 31 days, once in age range
Hearing Screening	Age 2 months- 10 years, 8 tests during age range; Age 11-21, 2 tests during age range
Height, Weight and BMI Measurements	Usually included with office visit
Hematocrit or Hemoglobin Screening	Age 4 months -10 years, 3 services during age range; Age 11-21 one per calendar year
Hemoglobinopathies (sickle cell screening for newborns)	Age birth - 31 days
Hepatitis B Screening	Effective June 1, 2015 Age 11 and older, one per calendar year
HIV Screening (adolescents at high risk)	Age 11 and older Effective August 1, 2012 females beginning age 10, Males beginning age 11
Immunizations	See below for a complete list of covered immunizations
Iron Supplements (Deficiency Screening)	At risk 6 to 12 month old babies
Lead Screening	Age 6 months - 6 years, 3 services during age range
Major Depressive Disorder Screening	Age 11 and older, one per calendar year
Metabolic Hemoglobin Screening - Newborns	Age birth -2 months, once in age range
Obesity Screening and Counseling	Age 6-18 one per calendar year
Oral Health Risk Assessment	Age 6 months - 6 years, 3 services during age range
Over-the Counter Pharmaceuticals	Effective August 1, 2013
Fluoride	Age 6 months - 6 years
Iron Deficiency Anemia	Age 6 months - 12 months
Routine Newborn Care (in hospital)	
Phenylketonuria (PKU - for newborns)	Age 2-14 days, 2 services during age range
Psychosocial/Behavioral Assessment	Effective January 1, 2015 Age Newborn - 21 years, 31 services during age range
Routine Office Visit	9 visits first two years of life; Age 2, two visits per birth year; Age 3-6, one each year (based on birth year); Age 7 and older, one visit per calendar year
Sexually Transmitted Infections counseling (STI - adolescents at high risk)	Age 11 and older, 3 services in a lifetime Effective August 1, 2012 females annually beginning age 10, Males beginning age 11, 3 hours in a lifetime
Sexually Transmitted Infections Screening (STI - adolescents at high risk)	Age 11 - 21, no frequency
Tuberculin Testing	Age 1 month - 21 years, a maximum of 6 services (IF NEEDED) during age range
Vision Screening (Visual Acuity)	Birth - 10 years, 8 services in age range; Age 11-21, 4 services in age range

Codes for Immunizations and Skin Test

Please use the appropriate code(s) when filing claims which include immunizations or skin testing.

CPT Code	CPT Code Text	CPT Code	CPT Code Text
G0008	Administration of influenza virus vaccine	90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
G0009	Administration of pneumococcal vaccine	90649	Human PapillomaVirus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use, ages 9-26, once per lifetime (includes
G0010	Administration of hepatitis B vaccine	90650	Human PapillomaVirus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule (0, 1, 6 mos.), for intramuscular use, for females 10-25, once per lifetime (includes
G9141	Influenza A (H1N1) immunization administration (includes physician counseling the patient/family) * Effective 09/01/2009	90651	Human PapillomaVirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent, 3 dose schedule, for intramuscular use, for females 9-26, once per
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/ toxoid component (New 01/01/2011)	90655	Influenza virus vaccine, split virus, preservative free, 6-35 months dosage, for intramuscular or jet injection use
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (List separately in addition to code for primary procedure.) (New 01/01/2011)	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90465	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/ family; first injection (Deleted 12/31/2010)	90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90466	Immunization administration under 8 years of age (percutaneous, intradermal, subcutaneous, or intramuscular injection) when the physician counsels the patient/ family; each additional injection (Deleted 12/31/2010)	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years and older, for intramuscular use
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed (Effective 09/28/2009)	90660	Influenza virus vaccine, live, for intranasal use (FluMist®) **
90471	Immunization administration; one vaccine	90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90472	Immunization administration; each additional vaccine	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular	90672	Influenza virus vaccine, quadrivalent, live, for intranasal use
90636	Hepatitis A and B vaccine (HepA-HepB), adult dosage, for intramuscular use	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	90685	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use

* Rubella Screening for Women of Childbearing Age: If patient is not pregnant and vaccination history is unknown, provide vaccination. Serology is not recommended prior to vaccination for non-pregnant women. If patient is pregnant, serology is recommended. If serology is negative, provide vaccination after delivery.

** FluMist® is recommended for patients 2-49 years of age. FluMist® is not recommended for patients who are pregnant, immunocompromised, actively wheezing, less than 5 years of age and currently wheezing, have a history of Guillain-Barre syndrome, or have asthma or other underlying medical condition that predisposes them to influenza complications.

Please use the appropriate code(s) when filing claims which include immunizations or skin testing.

CPT Code	CPT Code Text	CPT Code	CPT Code Text
90686	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	90716	Varicella virus vaccine, live, for subcutaneous use
90688	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use	90718	Tetanus and diphtheria toxoids (Td) absorbed, when administered to individuals 7 years or older, for intramuscular use
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and polio virus vaccine, inactive (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	90719	Diphtheria toxoid, for intramuscular use
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hemophilus influenza B and polio virus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use	90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTap) when administered to individuals younger than 7 years, for intramuscular use	90721	Diphtheria, tetanus toxoids, acellular pertussis vaccine and Hemophilus influenza B vaccine, inactivated (DTaP-Hib) for intramuscular use
90701	Diphtheria, tetanus toxins, and whole cell pertussis vaccine (DTP), for intramuscular use	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and polio virus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90702	Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90703	Tetanus toxoid absorbed, for intramuscular use	90734	Meningococcal conjugate vaccine, serogroups A, C,Y and W-135, (tetravalent), for intramuscular use
90704	Mumps virus vaccine, live, for subcutaneous use	90736	Zoster (shingles) vaccine, live, for subcutaneous injection. Zostavax vaccine for shingles for individuals age 50 and older, once per lifetime.
90705	Measles virus vaccine, live, for subcutaneous use	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90706	Rubella virus vaccine, live, for subcutaneous use *	90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use *	90744	Hepatitis B vaccine, pediatric/adolescent dosages (3 dose schedule), for intramuscular use
90708	Measles and rubella virus vaccine, live, for subcutaneous use *	90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use *	90747	Hepatitis B vaccine, dialysis immunosuppressed patient dosages (4 dose schedule), for intramuscular use
90713	Poliomyelitis vaccine, inactivated, (IPV), for subcutaneous or intramuscular use	90748	Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular
90714	Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	86580	Skin test; tuberculosis, intradermal
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaP), when administered to individuals 7 years or older, for intramuscular use		

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Healthcare Reform Preventive Services

Frequency

* Before getting one of the above immunizations at a pharmacy, ask the pharmacist if your pharmacy benefit will cover the immunizations at no cost to you. Otherwise, to receive the immunization at 100% and no cost sharing you will need to go to an Ascension Network or a National Network provider.

Women's Health and Cancer Rights Act Information: A member who is receiving benefits in connection with a mastectomy will also receive coverage for reconstruction of the breast on which a mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema. Benefits for this treatment will be subject to the same calendar year deductible and coinsurance provisions that apply for other medical and surgical benefits.

Benefits for mammograms vary depending upon the reason the procedure is performed and the way in which the provider files the claim:

- If the mammogram is performed in connection with the diagnosis or treatment of a medical condition, and if the provider properly files the claim with this information, we will process the claim as a diagnostic procedure according to the benefit provisions of the plan dealing with diagnostic X-rays.
- If you are at high risk of developing breast cancer or you have a family history of breast cancer within the meaning of our medical guidelines – and if the provider properly files the claim with this information, we will process the claim as a diagnostic procedure according to the benefit provisions of the plan dealing with diagnostic X-rays.

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