



## Preventive Services Guide for Members Other Than Medicare Members

**What are preventive services:** Preventive services are tests or procedures provided to keep you healthy by looking for health issues or risks in people who don't have any diagnosis, history, or other known risk factors. It's meant to help prevent illness or find problems before any symptoms arise. The Benefit Administration Manual policy for Preventive Services gives more information such as ages, frequency as well as specific codes. Your doctor has access to tools that list the specific codes identified by HAP as preventive services.

**What aren't preventive services:** Services obtained to evaluate a complaint or symptom; in greater frequency or at different ages than recommended for screening; obtained out of network; or billed with service codes not designated as preventive. Tests used for these purposes are called diagnostic tests.

**Product type and Recommendations:** Coverage of preventive services for employer and individual products are based on United States Preventive Task Force Recommendations and Affordable Care Act recommendations. Medicare/Senior Plus based products are based on Medicare preventive services and are not addressed by this document. Medicaid/HAP Empowered products are based on USPSTF and ACA recommendations. Some products may not have coverage for "preventive services", please see Member's subscriber documents.

**What's a well visit:** A well visit is an evaluation scheduled at recommended intervals to check on your health status and point out concerns or risks that might prompt further investigation to maintain optimal health. A well visit is also known as a check-up. Visits to address a complaint such as a stomachache or an earache aren't considered well visits.

**NOTE:** The below charts reflect very basic information, not every test or service is listed. This document is intended as a guide and doesn't guarantee services. Please see the Benefit Administration Manual policy for the most current coverage information.

<b>Infants, Children and Teens</b>	<b>Member eligibility</b>	<b>Frequency as a preventive service. Additional tests are covered as other medically necessary services.</b>
<b>Well child visits</b> including but not limited to height, weight, growth & development.	All ages	Frequency follows American Academy of Pediatric recommendations based on child's age.
<b>Healthy living:</b>		
Autism screening	All ages	Annual. Intended as a component of a Well Child visit.
Behavioral screening	All ages	Annual. Intended as a component of a Well Child visit.
Depression, Anxiety & Suicide Risk screening	All ages	Annual. Intended as a component of a Well Child visit.
Developmental screening	All ages	Annual. Intended as a component of a Well Child visit.
Hearing & Vision screening	All ages	Annual. Intended as a component of a Well Child visit.

Obesity counseling & screening	All ages	Annual. Intended as a component of a Well Child visit.
Prevention of dental caries	All ages	Annual. Intended as a component of a Well Child visit.
Pregnancy counseling	Teens	Annual. Intended as a component of a Well Child visit.
Cervical cancer counseling,	Teens	Annual. Intended as a component of a Well Child visit.
HIV counseling & screening	Teens	Annual. Intended as a component of a Well Child visit.
Sexually transmitted infections counseling & screening	Teens	Twice per year
<ul style="list-style-type: none"> <li>Alcohol counseling &amp; screening</li> <li>Tobacco counseling &amp; screening</li> <li>Substance use counseling &amp; screening</li> </ul>	Teens	Annual. Intended as a component of a Well Child visit.
<b>Immunizations:</b> <ul style="list-style-type: none"> <li>Includes the Seasonal Flu shot, and all vaccines recommended for Children, including approved COVID vaccines and RSV prevention</li> </ul>	Age-appropriate	Frequency as recommended by the American Academy of Pediatrics.
<b>Preventive medications:</b> <ul style="list-style-type: none"> <li>Iron supplements for infants at risk for anemia</li> <li>Topical gonorrhea prophylactic medication</li> <li>Fluoride varnish</li> <li>HIV preexposure prophylaxis</li> </ul>	<ul style="list-style-type: none"> <li>Infants</li> <li>Newborns</li> <li>Children under 5yrs old</li> <li>Teens</li> </ul>	<ul style="list-style-type: none"> <li>As indicated for the individual child</li> <li>Once (billed as part of hospital stay)</li> <li>Frequency as recommended by the American Academy of Pediatrics</li> <li>Must meet criteria, covered as indicated.</li> </ul>
<b>Tests:</b>		
<ul style="list-style-type: none"> <li>Newborn screening,</li> <li>Sickle cell screening,</li> <li>Bilirubin screening,</li> <li>PKU screening</li> <li>Thyroid screening</li> </ul>	Infants	Once, each
<ul style="list-style-type: none"> <li>Anemia screening</li> </ul>	All ages	Annual
<ul style="list-style-type: none"> <li>Cholesterol screening</li> </ul>	All ages	Annual
<ul style="list-style-type: none"> <li>Lead screening</li> </ul>	All ages	Annual
<ul style="list-style-type: none"> <li>TB skin testing</li> </ul>	Age-appropriate	Annual
<ul style="list-style-type: none"> <li>Hepatitis B &amp; C screening</li> </ul>	Age-appropriate	Annual
<ul style="list-style-type: none"> <li>Refractive vision and hearing evaluations</li> </ul>	Age-appropriate	Annual

<b>Pregnancy</b> <i>(In addition to all age-appropriate non-prenatal care)</i>	<b>Member eligibility</b>	<b>Frequency as a preventive service.</b>
<b>Well Prenatal and Postnatal visits</b> [also known as <b>routine visits</b> ] including but not limited to weight and blood pressure monitoring, fetal heartbeat and fundal height monitoring.	All ages.	Frequency based on the American College of Obstetrician/Gynecologist recommendations.
<b>Healthy living:</b>		
<ul style="list-style-type: none"> <li>Alcohol counseling &amp; screening</li> <li>Substance use counseling &amp; screening</li> </ul>	All pregnant Members	Intended as a component of a Well prenatal visit.
<ul style="list-style-type: none"> <li>Tobacco counseling &amp; screening</li> <li>Tobacco cessation behavioral interventions</li> </ul>	All pregnant Members	Intended as a component of a Well prenatal visit.
Anxiety screening	All pregnant Members	Intended as a component of a Well prenatal visit.
Depression & Suicide Risk screening	All pregnant Members	Frequency based on the American College of Obstetrician/Gynecologist recommendations. Intended as a component of a Well prenatal visit.
Healthy weight assessment & counseling	All pregnant Members	Intended as a component of a Well prenatal visit.
Hypertension & Pre-Eclampsia counseling & screening	All pregnant Members	Intended as a component of a Well prenatal visit.
Intimate partner violence,	All pregnant Members	Intended as a component of a Well prenatal visit.
<b>Immunizations:</b>	All pregnant Members	All recommended immunizations
<b>Preventive medications:</b>		
<ul style="list-style-type: none"> <li>Aspirin, Preeclampsia prevention</li> <li>HIV preexposure prophylaxis</li> </ul>	For Members at high risk	<ul style="list-style-type: none"> <li>After the first 12 weeks of pregnancy.</li> <li>Must meet criteria, covered as indicated.</li> </ul>
<b>Breastfeeding supports:</b>		
<ul style="list-style-type: none"> <li>Lactation instruction and support</li> <li>Breast pump equipment &amp; supplies</li> </ul>	All pregnant or lactating Members	<ul style="list-style-type: none"> <li>Pre and postnatal</li> <li>One breast pump per pregnancy</li> </ul>
<b>Tests</b>		
Diabetes screening	All pregnant Members	Twice during pregnancy
Hepatitis B & C, HIV, & Sexually transmitted infections screening	All pregnant Members	Once during pregnancy
Asymptomatic Bacteriuria screening	All pregnant Members	Once per pregnancy
Rh assessment	All pregnant Members	Once each pregnancy (twice if Rh negative)
Fetal ultrasound	All pregnant Members	One per fetus

<b>Adult Members</b>	<b>Member eligibility</b>	<b>Frequency</b> as a preventive service. Additional tests are covered as other medically necessary services.
<b>Well visits</b> including but not limited to height, weight, heart rate, blood pressure	All ages	Annual
<b>Healthy living:</b>		
Advance care planning	All ages	Annual. Intended as a component of a Well visit.
Alcohol, Tobacco, and substance use counseling & screening	All ages	Annual. Intended as a component of a Well visit.
Anxiety screening	All ages	Intended as a component of a Well visit.
Cancer risk assessment <ul style="list-style-type: none"> <li>• BRCA assessment &amp; counseling</li> <li>• Cervical cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Lung cancer counseling &amp; screening</li> <li>• Prostate cancer screening</li> <li>• Skin cancer prevention counseling</li> </ul>	All ages	Annual. Intended as a component of a Well visit.
Breast Cancer Genetic counseling	All ages	Once. Members at increased risk
Contraception including sterilization by tubal ligation.	All ages	Counseling and education intended as a component of a well visit.
Depression & Suicide Risk screening	All ages	Annual. Intended as a component of a Well visit.
Fall risk assessment/prevention	All ages	Annual. Intended as a component of a Well visit.
Hearing & Vision screening	All ages	Annual. Intended as a component of a Well visit.
HIV preexposure prophylaxis	For Members at high risk	As recommended by the CDC.
High blood pressure, hypertension counseling & screening	All ages	Annual. Intended as a component of a Well visit.
Intimate partner violence screening	All ages	Annual. Intended as a component of a Well visit.
Obesity, healthy diet and healthy lifestyle counseling & screening	All ages	Frequency based on service. Intended as a component of a Well visit.
Prediabetes & Type 2 Diabetes counseling & screening	All ages	Annual. Intended as a component of a Well visit.

Sexually transmitted infections counseling	All ages	Twice per year.
Tobacco smoking cessation – counseling & behavioral interventions	All ages	Eight visits/year. Intended as a component of a Well visit.
Urinary Incontinence counseling & screening:	All ages	Annual. Intended as a component of a Well visit.
Healthy weight assessment and counseling	All ages	Annual. Intended as a component of a Well visit.
<b>Immunizations &amp; Booster shots</b> (including but not limited to the following) <ul style="list-style-type: none"> <li>Flu shot (seasonal)</li> <li>Hepatitis A, B, HIV, meningococcal</li> <li>Pneumococcal</li> <li>Shingles</li> <li>Tetanus</li> <li>All other routine recommended vaccines, including approved COVID vaccines and RSV vaccines</li> </ul>	<ul style="list-style-type: none"> <li>All Members</li> <li>If high risk</li> <li>If high risk or over age 65</li> <li>If high risk or over age 60</li> <li>All ages</li> <li>Age-appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Seasonal</li> <li>As recommended by the CDC</li> <li>As recommended by the CDC</li> <li>As recommended by the CDC</li> <li>Every 10 years</li> <li>As recommended by the CDC</li> </ul>
<b>Preventive medications:</b> <ul style="list-style-type: none"> <li>BRCA medication for prevention</li> <li>Folic acid</li> <li>HIV preexposure prophylaxis</li> <li>Statins</li> </ul>	<ul style="list-style-type: none"> <li>All ages</li> <li>All ages</li> <li>All ages</li> <li>40-75 yrs</li> </ul>	<ul style="list-style-type: none"> <li>Member must meet criteria</li> <li>Member of childbearing age</li> <li>Member must meet criteria</li> <li>As directed.</li> </ul>
<b>Contraceptives:</b> <ul style="list-style-type: none"> <li>All Food &amp; Drug Administration approved contraceptive methods including emergency contraceptives, tubal ligation procedures, and related counseling and education.</li> </ul>	Female Members	As prescribed by provider for preventive purposes, consistent with ACA & HRSA guidelines and subject to subscriber contracts.
<b>Tests:</b>		
Cholesterol testing	All Adult Members	Annual
Diabetes screening, (Hemoglobin A1C)	All Adult Members	Annual
Hepatitis B & C, HIV, & STD screening	All Adult Members	Frequency based on testing
Lead screening	All Adult Members	Annual
TB skin testing/ TB screening	All Adult Members	Annual
BRCA genetic testing	All Adult Members	Once. Must meet criteria.
<b>Screening procedures &amp; tests:</b>		
Abdominal aortic aneurysm screening	Male Members age 65- 75 with history of smoking	Once per lifetime

Breast cancer screening (mammograms)	Female Members over age 40 years and those at increased risk	Screening mammogram: every one to two years
Cervical cancer screening (pap smears)	All Adult Members	Frequency based on type of testing
Colorectal cancer screening	All Adult Members	Frequency based on type of testing
Diabetic retinopathy screening	All Adult Members with Diabetes	Annual
Glaucoma screening	All Adult Members	Annual
Lung Cancer screening	Age 50-80 meeting criteria	Annual
Osteoporosis screening (Bone density testing)	Adult members meeting criteria	Every two years
Prostate cancer screening	All Adult Members	Annual
Refractive Vision and hearing evaluation	All Adult Members	Annual
Sexually transmitted infections screening (including Chlamydia & Gonorrhea, syphilis)	All Adult Members	Annual

**Please note:** Coverage as a preventive service with no Member cost share is based on the use of billing codes listed as specific preventive services and network limitations as described in the Related Benefit Administration Manual policies:

- **Preventive Services for Members Other Than Medicare Members**
- **Preventive Service: Mammography**
- **Preventive Services - Colorectal Cancer Screening for Members OTHER THAN Medicare Advantage Members**
- **Routine Prenatal and Postnatal Care**

**Medicare plan Members** are not addressed by this document. Please refer to the Benefit Administration Manual policies:

- **Preventive Services for Medicare Advantage Members**
- **Preventive Service: Mammography**
- **Preventive Services - Colorectal Cancer Screening for Medicare Advantage Members**

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HAP278742 – 8/2023