



HAP Preventive Services Guidelines

Routine Preventive Services for Infants and Children (Birth - 24 Months)*

Screening	Females	Males
Newborn metabolic screening and screening for congenital hearing loss	Prior to hospital discharge (over 24 hours of age)	Prior to hospital discharge (over 24 hours of age)
Health, developmental, parental education, and risk assessments	Every three months (11 visits)	Every three months (11 visits)
Blood lead testing	As indicated	As indicated
Immunizations*	See*	See*

Routine Preventive Services for Children and Adolescents (Ages 2 - 18)

Screening	Females	Males
Health, developmental and risk assessments with parental and child education and counseling	Yearly	Yearly
Weight assessment	Yearly	Yearly
Cholesterol	Yearly	Yearly
Tobacco	Yearly	Yearly
Vision	Once before beginning school, and every two years after that	Once before beginning school, and every two years after that
Sexually transmitted infection (sexually active adolescents)	Yearly	Yearly
Cervical cancer screening (sexually active females)	Yearly	
Immunizations*	See*	See*

Adult Preventive Services (Ages 18 – 49)

Screening	Females	Males
Health assessment screening, history and counseling	Yearly	Yearly
Routine Prenatal office visits	ACOG** recommended frequency	
Blood pressure	Yearly	Yearly
Daily aspirin use		Age 45 - 79 years
Cholesterol and lipid	Yearly	Yearly
Diabetes mellitus	Yearly	Yearly
Colorectal cancer screening	Ask your doctor	Ask your doctor
Cervical cancer screening (sexually active females)	Yearly	
Sexually transmitted infection/HIV	Yearly	Yearly
Breast cancer screening	Yearly	
Immunizations*	See*	See*

Adult Preventive Services (Ages 50 and up)

Screening	Females	Males
Health assessment screening, history and counseling	Yearly	Yearly
Blood pressure	Yearly	Yearly
Daily aspirin use		Age 45 - 79 years
Cholesterol and lipid	Yearly	Yearly
Diabetes mellitus	Yearly	Yearly
Colorectal cancer	Annual Fecal Occult Blood Test (FOBT), sigmoidoscopy every 5 years combined with high-sensitivity FOBT every 3 years, or screening colonoscopy every 10 years	Annual Fecal Occult Blood Test (FOBT), sigmoidoscopy every 5 years combined with high-sensitivity FOBT every 3 years, or screening colonoscopy every 10 years
Cervical cancer screening	Yearly	
Sexually transmitted infection/HIV	Yearly	Yearly
Breast cancer screening	Yearly	
Immunizations*	See*	See*
Osteoporosis	Every two years, beginning at age 65	

This does not apply to grandfathered groups under the federal healthcare reform law that will not have to comply until a future date. Check with your employer to find out if your plan is grandfathered.

*Centers for Disease Control (CDC) recommended immunizations are always considered preventive and are recommended for all HAP members.

** ACOG is the American Congress of Obstetricians and Gynecologists

Additional information about covered services, authorization requirements and criteria can be found on the following resources available on <https://www.hap.org/>

Medicare Advantage Members:

Procedure Reference Lists - Medicare Preventive List

Benefit Administration Manual policy: [Preventive Services for Medicare Advantage Members](#)

Non-Medicare Advantage Members:

Procedure Reference Lists - Preventive Services Procedures Codes List

Benefit Administration Manual policy: [Preventive Services for Members other than Medicare Advantage Members](#)