



Preventive Services Guide

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. 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

Infants & Children	Member eligibility	Frequency as a preventive service. Additional tests are covered as other medically necessary services.
Well child exams including but not limited to height, weight, growth & development, behavioral assessment	All ages	Frequency follows American Academy of Pediatric recommendations based on child's age.
Healthy living:		
Autism screening	All ages	Annual. Intended as a component of a Well Child visit.
Depression 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. Some products cover annual routine eye and hearing evaluations.
Obesity screening	All ages	Annual. Intended as a component of a Well Child visit.

Pregnancy counseling, STD screening, cervical cancer counseling	Teens	Annual. Intended as a component of a Well Child visit.
Tobacco, alcohol and substance use screening	Teens	Annual. Intended as a component of a Well Child visit.
Immunizations:	Includes the Seasonal Flu shot, and all vaccines recommended for children.	Frequency as recommended by the American Academy of Pediatrics.
Blood tests:		
Anemia screening	All ages	Annual
Lead screening	All ages	Annual
Newborn screening, sickle cell screening, PKU and thyroid testing	Babies	Once
TB skin testing	As recommended for age	Annual

Pregnancy (<i>In addition to all age appropriate non-prenatal care</i>)	Member eligibility	Frequency as a preventive service. Additional tests are covered as other medically necessary services.
Well visits 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.
Healthy living:		
Alcohol, Tobacco, and substance use screening	All pregnant Members	Annual. Intended as a component of a Well prenatal visit.
Depression screening	All pregnant Members	Annual. Intended as a component of a Well prenatal visit.
Intimate partner violence,	All pregnant Members	Annual. Intended as a component of a Well prenatal visit.
Immunizations	All pregnant Members	All recommended immunizations
Breastfeeding support, lactation instruction, breast pump equipment	All pregnant Members	One breast pump per pregnancy
Preeclampsia prevention	For Members at high risk	After the first 12 weeks of pregnancy
Blood tests		
Diabetes screening	All pregnant Members	Twice during pregnancy
Hepatitis, HIV, & STD screening	All pregnant Members	Once during pregnancy
Bacteriuria screening	All pregnant Members	Once per pregnancy
Rh assessment	All pregnant Members	Once each pregnancy (twice if Rh negative)
Risk assessment		
Fetal ultrasound	All pregnant Members	One per fetus

Adults	Member eligibility	Frequency as a preventive service. Additional tests are covered as other medically necessary services.
Well visits Including but not limited to height, weight, heart rate, blood pressure	All ages	Annual
Healthy living:		
Advance care planning	All ages	Annual. Intended as a component of a Well visit.
Alcohol, Tobacco, and substance use screening	All ages	Annual. Intended as a component of a Well visit.
Cancer risk assessment	All ages	Annual. Intended as a component of a Well visit.
Depression screening	All ages	Annual. Intended as a component of a Well visit.
Fall risk assessment	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. Some products cover annual routine eye and hearing evaluations.
Intimate partner violence screening	All ages	Annual. Intended as a component of a Well visit.
Obesity, diet and healthy lifestyle screening	All ages	Annual. Intended as a component of a Well visit.
Immunizations & Booster shots (<i>including but not limited to the following</i>)	ALL recommended vaccines including the Seasonal Flu shot	Frequency as recommended for each vaccine.
Flu shot		Annual / Seasonal
Hepatitis A, B, HIV, meningococcal	If high risk	Frequency as recommended by the CDC
Pneumococcal	If high risk or over age 65	Frequency as recommended by the CDC
Shingles	If high risk or over age 60	Frequency as recommended by the CDC
Tetanus	All ages	Every 10 years
Blood tests:		
Cholesterol	Adult members meeting criteria	Annual
Diabetes screening	All ages	Annual
Hepatitis, HIV, & STD screening	All ages	Frequency based on testing
Lead screening	All ages	Annual
TB skin testing	All ages	Annual
Screening procedures tests:		

Abdominal aortic aneurysm screening	Male Members age 65-75 with history of smoking	One per lifetime
Breast cancer screening	Female Members over age 40 years and those at increased risk	Screening mammogram: every one to two years
Cervical cancer screening	All Female 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 55-75, meeting criteria	Frequency based on type of testing
Osteoporosis screening	All Adult Members meeting criteria	Every two years
Prostate cancer screening	All Adult Members	Annual

Related Benefit Administration Manual policies:

- **Preventive Services for Medicare Advantage Members**
- **Preventive Services for Members Other Than Medicare Members**