# **2013 PREVENTIVE SCHEDULE**



This Schedule is a reference tool for planning your family's preventive care, and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, the laws and regulations of the Commonwealth of Pennsylvania, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this Schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this Schedule or prior authorizations, please call the Member Service number on the back of your ID card.

### Adult (age 19+) Preventive Schedule

GENERAL HEALTH CARE	
Physical Exams/Health <sup>1</sup>	Every 1-2 years for adults 19-49 years of age. Every year for adults 50 years of age and older.
Guidance	
Pelvic /Breast Exam by	Annually.
Practitioner	
SCREENINGS/PROCEDURES	
Lipid Panel	Routine screening every 5 years beginning at age 20. More frequent testing of those at risk for
	cardiovascular disease.
Fasting Blood Glucose	For high-risk patients screenings should start at age 45 at three-year intervals.
	Earlier screening may be indicated based on individual risk factors.
Abdominal Aortic Aneurysm	One-time screening by ultrasonography for men between age 65 and 75 who previously smoked.
Screening	
Mammogram	Starting at age 40, performed annually if recommended by your doctor.
BRCA Mutation Screening	One-time genetic assessment for breast and ovarian cancer susceptibility as recommended by your doctor.
Dem Telef	Annual breast MRI if BRCA positive or immediate family of BRCA carrier but untested. Ages 21-65: Every 3 years. From ages 30-65: can be performed every 5 years if combined Pap and HPV are
Pap Test	negative. Over age 65: As recommended by your doctor.
Chlamydia, Gonorrhea, HIV and	All sexually active males and females, as recommended by your doctor.
Syphilis Screenings	
Bone Mineral Density Screening	Once every 2 years: All women 65 years and older or men 70 years and older. Or, younger post-
	menopausal women who have had a fracture or have one or more risk factors for osteoporosis.
Colorectal Cancer Screening	All: beginning at age 50 annual screening with fecal occult blood test (FOBT), or screening with
	flexible sigmoidoscopy every 5 years with or without annual FOBT, or double contrast barium
	enema every 5 years or colonoscopy every 10 years. High-risk: Earlier or more frequently as
	recommended by your doctor.
IMMUNIZATIONS	
Diphtheria, Tetanus (Td/Tdap)	One time Tdap. Td booster every 10 years for all adults.
Measles/Mumps/Rubella (MMR)	One to two doses as recommended by your doctor.
Pneumococcal	High-risk or at age 65: One to two doses as recommended by your doctor.
Influenza	Annually.
Chicken Pox (Varicella)	One series of two doses at least one month apart for adults with no history of chicken pox.
Hepatitis A	Based on individual risk or physician recommendation: One two-dose series.
Hepatitis B	Based on individual risk or physician recommendation: One three-dose series.
Meningococcal	Based on individual risk or physician recommendation: One or two doses per lifetime.
Human Papillomavirus (HPV)	For individuals age 9 to 26, one three-dose series. Dose 2 at 2 months from Dose 1. Dose 3 at 6
	months from Dose 1.
Shingles (Zoster)	One dose age 60 years of age and older.

1. Includes discussion of alcohol use, blood pressure screening, depression, interpersonal and domestic violence, sexually transmitted diseases, aspirin therapy and tobacco use.

## Schedule for Children

	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	24 MONTHS	30 MONTHS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	
Wellness Exam <sup>1</sup>	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	
Blood Pressure												✓	✓	<ul> <li>✓</li> </ul>	✓	✓	<ul> <li>✓</li> </ul>	Т
Visual Screening <sup>2,3</sup>												$\checkmark$	$\checkmark$	<ul> <li>✓</li> </ul>	✓		✓	
Hearing Screening <sup>2</sup>	$\checkmark$												$\checkmark$	<ul> <li>✓</li> </ul>	✓		<ul> <li>✓</li> </ul>	T
SCREENINGS				<u> </u>			I	I				<u> </u>	L		1	I	1	
Hereditary/ Metabolic Screening	✓																	
Lead Screening						$\checkmark$								Wł	nen indicated. (F	Please also refer	to your stat	te sp
Hematocrit or Hemoglobin							✓									Annuall	y for female	es d
IMMUNIZATIONS <sup>4</sup>							·			•								
Hepatitis A⁵							Dose 1		Dose 2									
Hepatitis B⁵	Dose 1		Dose 2			Dos	e 3 (6 to 18	months)										
Diphtheria/ Tetanus/ Pertussis (DTaP) <sup>6</sup>			Dose 1	Dose 2	Dose 3				(15 to 18 nths)				I	Dose 5 (4 to 6 years	s)	One dose	of Tdap if fi pr	ive o revio
H. Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3 <sup>6</sup>			(12 to 15 onths)										
Polio (IPV) <sup>6</sup>			Dose 1	Dose 2		Dos	e 3 (6 to 18		Г				[	Dose 4 (4 to 6 years	s)			
Pneumococcal Conjugate (PCV) <sup>6,7</sup>			Dose 1	Dose 2	Dose 3		mo	(12 to 15 onths)										
Measles/Mumps/ Rubella (MMR)⁵								(12 to 15 onths)					The second d	ose of MMR is routing		t dose and that bo	oth doses are	adn
Chicken Pox⁵							De	ose 1					Dose 2			Children not receiving the vacc who haven't been vaccinated a apart. Second dose,		
Influenza⁵						ŀ		1	Γ			(	One or two dos	es annually for all o	children 6 mont	hs to 18 years of	fage	
Meninogococcal <sup>6</sup>																		
Rotavirus			Dose 1	Dose 2	Dose 3													4
Human Papillomavirus (HPV)																		(
CARE FOR PATIENTS	WITH R	ISK FA	CTORS (Inclu	uding discu	ussion of alc	ohol u	se, sexua	l activity ar	nd tobacco a	abuse.)								
BRCA Mutation Screening																		
Tuberculin Test												Test	ting should be a	l done upon recogni	ition of high-risl	k factors. Freque	ency should	be
Cholesterol Screening													Screening will be done at the doctor's discretion,					
Chlamydia, Gonorrhea, HIV and Syphilis Screening <sup>8</sup>													A				s re	

1. This includes, at appropriate ages, height, weight and Body Mass Index (BMI) measurement, developmental and behavioral assessment, including autism screening, and other care as determined by the doctor. Coverage is based on a calendar year.

As shown and when conditions indicate. If patient is uncooperative, rescreen within six months.

3. Optometric exams require an optional vision benefit.

4. Additional immunizations and expanded age ranges may be eligible based on the PA state mandate for childhood immunizations.

5. Children can get this vaccine at any age if not previously vaccinated.

6. Or other series/schedule as recommended by the doctor.

7. Previously unvaccinated older infants and children who are beyond the age of the routine infant schedule should follow the dosing guidelines recommended by their doctor

8. Routine screening for all sexually active females and males.

9 YEARS	10 YEARS	11 YEARS	12 YEARS	15 YEARS	18 YEARS			
$\checkmark$	$\checkmark$	Every	year fron	n age 11 t	hrough 18			
$\checkmark$	✓	Every	year from age 11 through 18					
	✓		<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	~			
	$\checkmark$		$\checkmark$	$\checkmark$				
specific recor	nmendations.)							
during adole	scence and when	indicated.						
e doses were ı viously	not received				Td every 10 years			
	g any visit, providec or after age 12 mon		onth has el	apsed since	e receipt of the			
d and haven't h	18 months can recein ad chicken pox sho recommended for tl	ould receive two	doses of t	he vaccine	at least 4 weeks			
	<b></b>	[		Onati	ma haastar at			
		Dose	1	One th	me booster at 16			
	ose series for indi months from Dos							
As recommended by doctor								
e determined by community and personal risk factors.								
n, based on the child's family history and risk factors.								
ecommendeo	ecommended by doctor							

#### MATERNITY

The following services are considered preventive care for pregnant women.

You should expect to receive the following screenings and procedures.

- Hematocrit and/or Hemoglobin (Anemia)
- Urine Culture & Sensitivity (C&S)
- Rh typing during your first visit
- Rh antibody testing for Rh-negative women
- Hepatitis B screening and immunization, if needed

In addition, your doctor may discuss breast feeding during weeks 28 through 36 and/or post-delivery, tobacco use and behavioral counseling to reduce alcohol use.

#### **PREVENTION OF OBESITY**

#### Benefits for Children

Children with a body mass index (BMI) in the 85<sup>th</sup> to 94<sup>th</sup> percentile (overweight) and the 95<sup>th</sup> to 98<sup>th</sup> percentile (obese) are eligible for:

- Four additional annual preventive office visits specifically for obesity
- Four annual nutritional counseling visits specifically for obesity
- One set of recommended laboratory studies
  - ✓ Lipid Profile

**PREVENTIVE DRUG MEASURES** 

- ✓ Hemoglobin A1c
- ✓ Aspartate Aminotransferase (AST)
- ✓ Alanine Aminotransferase (ALT)
- ✓ Fasting Glucose (FBS)

#### Benefits for Adults

Adults with a BMI over 30 are eligible for:

- Two additional annual preventive office visits specifically for obesity and blood pressure measurement
- Two annual nutritional counseling visits specifically for obesity
- One set of recommended laboratory studies:
  - ✓ Lipid Profile
  - ✓ Hemoglobin A1c
  - ✓ AST
  - ✓ ALT
  - ✓ Fasting Glucose

Adult	
Aspirin	For men age 45 to 79 years and women age 55 to 79 years to prevent cardiovascular disease
Folic Acid	All women planning or capable of pregnancy should take a daily supplement containing .4 to .8 mg of folic
	acid
Tobacco cessation	Interventions for those adults who use tobacco products
Children	
Iron	Routine supplementation for asymptomatic children age 6 to 12 months who are at increased risk for iron
	deficiency anemia
Oral Fluoride	For preschool children older than 6 months of age whose primary water source is deficient in fluoride

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