



Medical Policy

Subject: PREVENTIVE SERVICES

Policy Number: HS-MP-P5

Effective Date: September 26, 2018

The information presented here does not constitute medical advice and is not intended to replace consultation with a qualified medical professional. Treating health care providers are solely responsible for diagnosis, treatment and medical advice. Sharp Health Plan (Plan) is not responsible for, does not provide, and does not represent itself as a provider of medical care.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this guideline. This Policy provides assistance in determining coverage under the members benefit plan. The terms of a member's benefit plan summary defined in the evidence of coverage document may differ from the standard benefit plans upon which this guideline is based. In the event of a conflict, the member's specific benefit document supersedes these guidelines.

Effective for plan years on or after September 23, 2010:

The Federal Patient Protection and Affordable Care Act (ACA) requires non-grandfathered benefit plans to cover certain "recommended preventive services" identified by ACA under the Preventive Care Services benefit, without cost sharing (i.e. covered at 100% of Eligible Expenses without deductible, coinsurance or copayment) to members when provided by Plan Providers.

Grandfathering for Preventive Services:

A Grandfathered Plan as defined by the ACA is a group or individual benefit plan created on or before March 23, 2010. Grandfathered Plans are exempt from the requirement to provide the additional Preventive Services listed in I(C). If the additional Preventive Services are covered by a Grandfathered Plan, it is not required by law to provide this coverage without cost sharing.

****Please refer to the enrollee specific plan document for details****

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I. **Description:**

- A. The Plan is committed to ensuring that members receive timely and appropriate preventive health assessments. Preventive Services are health assessments, including the physical examination of an asymptomatic, healthy member, consistent with The Guide to Clinical Preventive Services, a report of the U. S. Preventive Services Task Force (USPSTF) <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>, Advisory Committee for Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and other clinical preventive service guidelines as applicable or stated by law. Covered preventive services that were given an 'A' or 'B' rating from the USPSTF and are considered important for implementing the ACA include, but are not limited to those below. The source is noted if it is a recommendation not included in the USPSTF 'A' and 'B' recommendations.
- B. The member's Primary Care Physician (PCP) is responsible for basic medical care management and the provision an initial and periodic preventive health assessments, unless otherwise indicated. At a minimum the initial health assessment includes: ¹
1. Medical history
 2. Height/weight
 3. Blood pressure
 4. Body Mass Index (BMI) assessment.
 5. Percentile assessment for pediatric patients, if applicable.
 6. Preventive health screens and tests considered necessary in the best clinical judgment of the practitioner and consistent with Plan policy.
 7. Discussion of age, risk and gender appropriate preventive measures.
 8. Follow-up appointments as needed.
- C. Summary of Preventive Care Services include, but are not limited to the following services and/or screenings:
1. **All Members:**
 - a. Age and/or gender appropriate Preventive Medicine visits (Wellness Visits).
 - b. Routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).
 - c. Age gender and/or risk status appropriate counseling and/or screening for:
 - 1) Alcohol abuse.
 - 2) Aspirin as a preventive measure in adult men and women (actual medication covered under pharmacy benefits).

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- 3) Colorectal cancer for adults over 50 until age 75..
- 4) Depression
- 5) Diabetes
- 6) Diet and nutrition.
- 7) Elevated cholesterol and lipids for members at higher risk.
- 8) Falls prevention for older adults.
- 9) Hepatitis C Virus.
- 10) High blood pressure.
- 11) HIV
- 12) Obesity
- 13) Skin cancer
- 14)
- 15) Syphilis and other Sexually Transmitted Infections for adults and adolescents at higher risk.
- 16) TB screening for pediatrics and adults at higher risk.
- 17) Tobacco use and cessation interventions.
- 18) Hepatitis B for people at high risk
- 19) Lung cancer screening for persons at high risk

2. **Women's Health:**

- a. Age appropriate screening mammography.
- b. Cervical cancer screening.
- c. Genetic counseling and evaluation for the BRCA testing.
- d. Counseling for chemoprevention for women at high risk for breast cancer.
- e. Screening for gonorrhea, chlamydia, syphilis.
- f. Osteoporosis screening
- g. For Pregnant Women:
 - 1) Instructions to promote and aid with breast feeding.
 - 2) Screening for
 - a) Anemia
 - b) Asymptomatic Bacteriuria
 - c) Depression
 - d) Gestational diabetes
 - e) Hepatitis B virus.
 - f) HIV
 - g) Rh incompatibility.
 - h) Syphilis
 - i) Tobacco use.

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- j) HIV
- 3) Prevention
 - a) preeclampsia
 - h. Well Woman Preventive visits to include preconception and prenatal service.
 - i. Folic Acid Supplements for women who may become pregnant (actual medication covered under pharmacy benefit).
 - j. FDA-approved contraception methods and contraceptive counseling.
 - k. Human papillomavirus (HPV) screening DNA testing for women 30 years and older.
 - l. Breastfeeding support and counseling.
 - m. Domestic violence screening and counseling.
 - n. Annual human immunodeficiency virus (HIV) screening and counseling.
 - o. Annual sexually transmitted infection counseling.
 - p. Screening for gestational diabetes for women 24-28 weeks pregnant and those at higher risk that have no prior history of diabetes⁵
- 3. **Men's Health:**
 - a. Screening for prostate cancer for men age 40 and older.
 - b. Screening for abdominal aortic aneurysm in men 65 – 75 years old who have ever smoked.
 - c. Human papillomavirus (HPV) vaccine for males age 9-26¹
- 4. **Pediatrics:**
 - a. Measurements³
 - 1) Height and Weight.
 - 2) Head Circumference.
 - 3) Weight for Length.
 - 4) BMI
 - 5) BMI percentile.
 - b. Assessments/Examinations/Screening:
 - 1) Anticipatory Guidance³
 - 2) Assessments for:
 - a) Alcohol and Drug Use³
 - b) Developmental Surveillance³
 - c) Psychosocial/Behavioral³
 - d) Oral Health risk³

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- e) Obesity
- c. Counseling for:
 - 1) Fluoride for children without fluoride in their water source (actual supplements provided through pharmacy benefit).
 - 2) Firearm safety
 - 3) Obesity, including diet and nutrition.
 - 4) Skin cancer behavior.
- d. Gonorrhea preventive medication for the eyes.
- e. Iron supplementation for asymptomatic children ages 6-12 who are at increased risk for iron deficiency anemia (iron supplements covered under pharmacy benefit).
- f. Screening for:
 - 1) Autism³
 - 2) Anemia³
 - 3) Basic vision screening and referral to vision provider if necessary
 - 4) Cervical Dysplasia screening for sexually active females
 - 5) Developmental delay³
 - 6) Dyslipidemia screening for children at higher risk for lipid disorders
 - 7) Hearing Screening³
 - 8) Hemoglobinopathies or sickle cell anemia
 - 9) HIV Screening for adolescents at higher risk
 - 10) Lead
 - 11) Major depressive disorders
 - 12) Phenylketonuria³
 - 13) Sexually Transmitted Infections³
 - 14) Thyroid disease (Congenital hypothyroidism (in neonates))³
 - 15) Tuberculosis³
 - 16) Hepatitis B for adolescents at higher risk
 - 17) BP screening per age appropriate screenings
- 5. **Preventive vs. Diagnostic Services:**
 - a. Certain services can be done for both preventive and 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.
 - b. Preventive services are those performed on a person who has:

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- 1) Not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities
 - 2) Had screening done within the recommended interval with the findings considered normal
 - 3) Had diagnostic service results that were normal, after which the physician recommendation was for future preventive screening studies using the preventive services intervals
 - 4) Had a therapeutic service provided at the same encounter and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy).
- c. Diagnostic services will be adjudicated under the applicable non-preventive medical benefit. Diagnostic services are performed on a person who has or has had:
- 1) Symptom(s) that required further diagnosis.
 - 2) Abnormalities on previous preventive or diagnostic studies that require repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals.
 - 3) Abnormalities on previous preventive or diagnostic studies that require further diagnostic studies.
- d. Preventive Services covered benefits will be updated as new recommendations and guidelines are issued, revised or removed by the applicable regulating authority.

6. **Coverage Limitations and Exclusions:**

- a. Services not covered under the preventive care benefit may be covered under another portion of the medical, dental, vision or pharmacy benefit plan.
- b. The drugs, medications, vitamins or supplements, or over the counter contraceptive barrier methods that are recommended or prescribed for preventive measures are covered under the pharmacy benefit. Examples include, but are not limited to:
 - 1) Aspirin for any indication, including but not limited to, aspirin for prevention of cardiovascular disease.
 - 2) Chemoprevention for any indication, including but not limited to, chemoprevention for breast cancer.
 - 3) Supplements, including but not limited to: oral fluoride supplementation, and folic acid supplementation.
 - 4) Tobacco cessation products or medications.
- c. An off-label use for immunization is not a covered benefit.
- d. Examinations, screenings, testing, or immunizations are not covered

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when:

- 1) Required solely for the purpose of travel (travel immunizations).
 - 2) Related to judicial or administrative proceedings or orders.
 - 3) Conducted for purposes of medical research, unless covered under an approved Clinical Trial.
 - 4) Required to obtain or maintain a license of any type.
 - 5) Required for school pre-participation athletic physicals, camp.
 - 6) Required for adoption, insurance, education.
- e. Services that are investigational, experimental, or not medically necessary are not covered.

7. **Preventive Services Monitoring:**

- a. The Plan Quality Improvement (QI) department monitors the provision of age-appropriate preventive services via annual HEDIS data collection and other quality monitoring activities. Information from QI monitoring and any action plans developed to improve preventive service compliance will be shared with the Plan Provider or Plan Medical Group.

These guidelines are used in conjunction with the independent judgment of a qualified licensed physician and do not constitute the practice of medicine or medical advice.

II. **References:**

- A. Knox-Keene Health Care Service Plan Act of 1975 Health and Safety Code §§1340- 1399.818.
- B. *Vaccine Recommendations of the ACIP: Advisory Committee for Immunization Practices (ACIP)*. Retrieved October 07, 2015, from Centers for Disease Control and Prevention: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- C. American Academy of Pediatrics. (n.d.). *Recommendations for Preventive Pediatric Health Care: Bright Futures/American Academy of Pediatrics*. Retrieved November 2, 2015, from Bright Futures: American Academy of Pediatrics: <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>
- D. Centers for Disease Control and Prevention. (1995, September 08) *Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations Recommendations of the Advisory Council for the Elimination of Tuberculosis* Retrieved November 2, 2015 from Centers for Disease Control and Prevention: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00038873.htm>
- E. Centers for Medicare and Medicaid Services. *The Center for Consumer Information & Insurance Oversight*. Retrieved November 2, 2015, from CMS.gov: <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services->



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[list.html#CoveredPreventiveServicesforAdults](#)

- F. California Health and Safety Code Section 104315. Retrieved.
- G. Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq.
- H. U.S. Preventive Services Task Force. USPSTF A and B Recommendations. U.S. Preventive Services Task Force. Retrieved November 2, 2015 from <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
- I. ACA Healthcare.gov/preventive care
- J. American Academy of Family Physicians. Summary of Recommendations for Clinical preventative Services Jul 2017 http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cpsrecommendations.pdf

III. **Revision History:**

Date	Modification (Original, Reviewed or Revised)
08/28/2013	Replaces two previous policies (Adults/Peds & Young Adults) Compliance with ACA
11/19/2014	Revised – Approved at QMC
11/18/15	Revised
11/01/2016	Revised
12/6/2017	Revised
09/26/2018	Revised, Approved