

SERVICE		RECOMMENDED AGES/FREQUENCY **
Routine History and Physical Examination, including BMI and pertinent patient education <i>Adult counseling and patient education include:</i>		WOMEN --19+: at least annually MEN -- 19-29: once 30-49: every 4 years 50+: annually
<i>Women</i>	<i>Men</i>	
<ul style="list-style-type: none"> Folic Acid (childbearing age) Contraceptive methods/counseling Mammography screening HRT (risk vs. benefits) Breast Cancer chemoprevention (high risk)**** Breastfeeding support/counseling/supplies 	<ul style="list-style-type: none"> Prostate Cancer screening 	
<i>For Both</i>		
<ul style="list-style-type: none"> STIs (see below) Seat Belt use Aspirin prophylaxis (high risk)**** Physical Activity Drug and Alcohol use Unintentional Injuries Family Planning Sun/UV radiation skin exposure Depression Calcium/vitamin D intake Fall Prevention Domestic/Interpersonal Violence 		
SCREENINGS		RECOMMENDED AGES/FREQUENCY**/****
Obesity	Age 19 and older; (BMI \geq 30 kg/m ²): offer Intensive Behavioral Therapy (IBT) counseling	
Obesity/overweight + cardiovascular risk factor combination ^c	Age 19 and older (high risk);**** (BMI \geq 25 kg/m ²): offer Intensive Behavioral Therapy (IBT) counseling to promote a healthful diet and physical activity	
Tobacco use counseling and cessation interventions	Age 19 and older; 2 cessation attempts per year (each attempt includes a maximum of 4 counseling visits); FDA-approved tobacco cessation medications ⁶	
Pelvic Exam/Pap Smear [USPSTF cytology option] ⁵	Age 21-29; every 3 years	
Pelvic Exam/Pap Smear [USPSTF cytology option] ⁵	Age 30-65; every 3 years	
Pelvic Exam/Pap Smear/HPV DNA [USPSTF co-testing option] ⁵	Age 30-65; every 5 years	
Pelvic Exam/HPV DNA (women) [IOM option] ⁵	Beginning at 30; every 3 years	
STI counseling ^p	Age 19 and older (high risk adults);**** offer Intensive Behavioral Therapy (IBT) counseling	
Chlamydia Test (women)	Age 19-24: Test all sexually active women; suggested testing interval is 1-3 years Age 25 and older: Test all women at increased risk;**** suggested testing interval is 1-3 years	
Gonorrhea Test (women)	Age 19-24: Test all sexually active women; suggested testing interval is 1-3 years Age 25 and older: Test all women at increased risk;**** suggested testing interval is 1-3 years	
Syphilis Test (men/women)	Age 19 and older: Test all high risk men/women;**** suggested testing interval is 1-3 years	
HIV Test (men/women)	Age 19-65: Routine one-time testing of adults not known to be at increased risk for HIV infection Age 19 and older: Repeat testing all high risk adults;**** suggested testing interval is 1-5 years	
Hepatitis B Test ^a	Age 19 and older: adults who have not been vaccinated for hepatitis B virus (HBV) infection and other high risk**** adults Periodic repeat testing of adults with <i>continued high risk</i> **** for HBV infection	
Hepatitis C Test	Offer one-time testing of adults born between 1945 and 1965 Periodic repeat testing of adults with <i>continued high risk</i> **** for HCV infection	
Blood Pressure	Age 19 and older: every 2 years (general \geq 60: < 150/90; general < 60 and all others: < 140/90)	
Diabetes Screening Test (type 2)	Beginning at 19; test asymptomatic adults with sustained BP > 135/80 every 3 years	
Fasting Lipid Profile	Beginning at 20; every 5 years	
Fecal Occult Blood Test ¹	Beginning at 50; annually	
Flexible Sigmoidoscopy ²	Beginning at 50; every 5 years	
Colonoscopy ²	Beginning at 50; every 10 years	
Barium Enema X-ray ³	Beginning at 50; every 5 years	
Prostate Specific Antigen	Offer beginning at 50 and annually thereafter	
Low-dose Chest CT Scan	Age 55-80 (high risk adults);**** Annual testing until smoke-free for 15 years.	
Abdominal Duplex Ultrasound (men) ^b	Age 65-75; one-time screening for abdominal aortic aneurysm in men who have ever smoked	
BRCA screening/counseling/testing [as needed]	Beginning at 19 (high risk women);**** reassess screening every 5-10 years	
Mammogram	Beginning at 40; every 1-2 years	
Bone Mineral Density (BMD) Testing (women)	Age 19-64; testing every 2 years may be appropriate for women at high risk.**** Beginning at 65; every 2 years	
IMMUNIZATIONS		RECOMMENDED AGES/FREQUENCY**/****
Tetanus/diphtheria/pertussis (Td/Tdap)		19+; Td every 10 years (substitute one dose of Tdap for Td, regardless of interval since last booster)
Human papillomavirus (2vHPV/4vHPV/9vHPV -- women); (4vHPV/9vHPV -- men)		19-26 (women); three doses, if not previously immunized 19-21 (men); three doses, if not previously immunized (for men 22-26, see CDC)
Hepatitis A (HepA)		19+; two doses (high risk****; see CDC)
Hepatitis B (HepB)		19+; three doses (high risk****; see CDC)
Hemophilus influenza type b (Hib)		19+; one or three doses (high risk****; see CDC)

Influenza ⁴	19+; one dose annually during influenza season
Meningococcal (MCV4/MPSV4)	19+; one or more doses: (college students and others at high risk ^{***} not previously immunized; see CDC)
Pneumococcal (conjugate) (PCV13)	19-64; one dose (high risk ^{***} ; see CDC; serial administration with PPSV23 <i>may be</i> indicated) Beginning at 65; one dose (only if PCV13-naive; see CDC; serial administration with PPSV23 <i>may be</i> indicated)
Pneumococcal (polysaccharide) (PPSV23)	19-64; one or two doses (high risk ^{***} ; see CDC; serial administration with PCV13 <i>may be</i> indicated) Beginning at 65; one dose (regardless of previous PCV13/PPSV23 immunization; see CDC; serial administration with PCV13 <i>may be</i> indicated)
Measles/Mumps/Rubella (MMR)	19-58; one or two doses, give as necessary based upon risk and past immunization history; see CDC
Varicella (Chickenpox)	Beginning at 19; two doses, give as necessary based upon past immunization or medical history
Zoster (Shingles)	Beginning at 50; one dose, regardless of prior zoster episodes (see CDC)

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*Traditional and Comprehensive plans may not provide coverage for all of the services and screenings listed above. Please refer to the certificate of coverage for specific benefit details or the Member may call Customer Service at the number listed on the front of their ID card.

**Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. Occupational, school and other "administrative" exams are not covered.

***Capital BlueCross considers individuals to be "high risk" or "at risk" in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC) [www.cdc.gov]

****Capital BlueCross considers individuals to be "high risk" or "at risk" in accordance with the recommendations set forth by the U.S. Preventive Services Task Force (USPSTF)[www.ahrq.gov/clinic/uspstfix.htm]

^A Implementation date: May 2015

^B Implementation date: June 2015

^C Implementation date: August 2015

^D Implementation date: September 2015

¹ For guaiac-based testing, six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing, specific manufacturer's instructions are followed.

² Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

³ Barium enema is listed as an alternative to a flexible sigmoidoscopy, with the same schedule overlap prohibition as found in footnote #2.

⁴ Capital BlueCross has extended coverage of influenza immunization to all individuals with the preventive benefit regardless of risk.

⁵ Recommendations of both the USPSTF and the IOM are included in order to aid clinicians in counseling their patients about preferred or acceptable preventive strategies. It should be noted that screening for cervical cancer should not be the sole health care concern when conducting ongoing well-woman visits.

⁶ Capital BlueCross providers should refer to the most recent Formulary that is listed on the Capital BlueCross web site at <http://www.capbluecross.com/>.

Reference Sources: U.S. Preventive Services Task Force (USPSTF); National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27-29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); Institute of Medicine (IOM); U.S. Food and Drug Administration (FDA)

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