

List of Covered Preventive Care Services

Preventive Health Services: The plan covers preventive health services. These are services to prevent disease or injury rather than diagnose or treat a complaint or symptom. These services are provided by your PCP, network obstetrician or other qualified network providers. To be covered, all preventive health services must be provided in accordance with the plan's medical policy guidelines; and with applicable laws and regulations.

Important Information:

In some cases a diagnosis code may be required to define a service as preventive, screening, counseling, or wellness. Additionally, these preventive services may be subject to limitations depending on medical necessity and other reasonable medical management criteria.

In the course of receiving certain outpatient services (which may or may not be subject to cost-sharing), you may also receive other covered services that require separate cost-sharing. For example, during a preventive health services office visit (no cost-sharing), you may have a lab test to check your TCH level and because this test is not preventive you may be responsible for cost-sharing for this service.

Some services may start as preventive (no cost-sharing) but during the course of the visit or procedure an additional service may be medically necessary. The removal of the polyp may result in changing a preventive procedure to a diagnostic procedure resulting, you may then be responsible for cost-sharing for this service.

Please feel free to contact member services department at 1-855-833-8120 (toll-free)
Monday – Friday 8 a.m. – 6 p.m.

Preventive Service (Based on Grade A & Grade B Recommendations from the U.S. Preventive Service Task Force – USPSTF)	Frequency*/Comments
Abdominal Aortic Aneurysm	1 Per Lifetime
Administration of Immunizations, except Influenza, Pneumococcal, Hep B, H1N1	
Alcohol Misuse Screening and Behavioral Counseling Interventions	
Annual Wellness visit	
Aspirin for the Prevention of Cardiovascular Disease	
Asymptomatic Bacteriuria in Adults, Screening	
Autism Screening	
Behavioral Assessment	
Blood Pressure Screening for Children	
Bone Mass Measurements/Osteoporosis in Postmenopausal Women, Screening	Minimum of once every two years
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing	
Breast Cancer Screening, Mammography	
Breastfeeding, Behavioral Interventions	
Breastfeeding support, supplies, and counseling	
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease	1 Per year
Cervical Cancer, Screening, Cervical dysplasia screening (screening pelvic exam, Screening PAP test)	
Chlamydial infection, Screening	
Colorectal Cancer, Screening	
Congenital Hypothyroidism, Screening	
Contraception methods and counseling	
Depression screening, 15 minutes	
Diabetes Self-Management Training (DSMT)	
Diet, Behavioral Screening & Counseling in Primary Care to Promote a healthy lifestyle (MNT)	
Diphtheria, Tetanus, Pertussia	
Diphtheria, Tetanus, Pertussia (Children & up to 18 year)	
Fluoride Chemoprevention	

*In addition to the limits listed herein, the plan adheres to the periodicity schedule as recommended by the American Medical Association, American Academy of Pediatrics, etc.

Preventive Service (Based on Grade A & Grade B Recommendations from the U.S. Preventive Service Task Force – USPSTF)	Frequency*/Comments
Gestational Diabetes Mellitus, Screening	
Glaucoma Screening	
Gonorrhea, Screening	High risk non-pregnant enrollees; 1 per year High risk pregnant enrollees; 2 per pregnancy 2 thirty minute face to face HIBC (High Intensity Behavioral Counseling) sessions annually
Glaucoma Screening	
Haemophilus Influenza Type B Vaccine	
Hearing Loss in Newborns, Screening	
Hearing Test	
Hemacrit or Hemoglobin	
Hepatitis A Vaccine (Adult)	
Hepatitis A Vaccine (Children/Adolescent)	
Hepatitis B Vaccine (Adult)	
Hepatitis B Vaccine (Children/Adolescent)	
Hepatitis B Virus Infection Screening	
Hep C Virus Infection Screening for Adults	Increased risk under age 15 or over age 65; 1 per year Pregnant enrollees; 1 per pregnancy and 1 additional at delivery
Hep C Virus Infection Screening for Adults	High risk enrollees; 1 per year Enrollees born between 1945 and 1965; 1 per lifetime Enrollees who had a blood transfusion before 1992 Enrollees with current or past history of injection drug use

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Preventive Service (Based on Grade A & Grade B Recommendations from the U.S. Preventive Service Task Force – USPSTF)	Frequency*/Comments
HIB Influenza b4	
HIV, Screening	Enrollees ages 15-65 and high risk enrollees; 1 per year Pregnant enrollees: 3 times per pregnancy
Inactivated Poliovirus Vaccine	
Influenza (Seasonal) Vaccine for Adults	
Influenza (Seasonal) Vaccine for Children	
Iron Deficiency Anemia, Screening	
Lipid Disorder in Adults & Children (LD) - Cholesterol Abnormalities Screening	
Lung Cancer Screening	Enrollees age 55-77, asymptomatic, smoking history, and quit within last 15 years; 1 per year
Major Depressive Disorder in Children and Adolescents, Screening	Limited to enrollees age 12-18 years
Measles, Mumps, Rubella Vaccine	
Meningococcal Vaccine	
Medical Nutrition Therapy (MNT)	
Obesity Screening and Counseling	
Phenylketonuria, Screening	
Pneumococcal Vaccine	
Prevention E/M (Initial Preventive Physical Examination)	
Prostate Cancer Screening	Limited to enrollees age 50 and older
RH (D) Incompatibility, Screening	Pregnant enrollees 24-28 gestation visit
Rotavirus Vaccine	
Rubella Screening	
Sexually Transmitted Infections Counseling	
Sickle Cell Disease, Screening	Newborn infants
Syphilis Infection, Screening	High risk enrollees; 1 per lifetime Pregnant high risk enrollees; 1 during third trimester and 1 at delivery

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Preventive Service (Based on Grade A & Grade B Recommendations from the U.S. Preventive Service Task Force – USPSTF)	Frequency*/Comments
	Two 30 minute face-to-face HIBC (High Intensity Behavioral Counseling) sessions annually
Tobacco Use and Tobacco-Caused Disease, Counseling	
Tuberculosis Testing for Children	
Varicella Vaccine	
Visual Impairment in Children	Children ages 3-5 years
Well-Woman Visit, including preconception (family planning) and prenatal care	

Note: The information included herein is intended as a reference tool for your convenience and is not a guarantee of payment. This guide is subject to change based on new or revised laws and/or regulations, additional guidance and/or BMCHP medical policy.

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