

## PREVENTIVE SERVICES

### ADULTS/WOMEN/CHILDREN

Policy Number: CP-IFP21-013A

Effective Date: 10/1/2021

UCare covers preventive services that meet the coverage requirements under federal law. Preventive health services include screening tests (to detect conditions that have not been diagnosed and have not produced symptoms), immunizations, preventive check-ups, and preventive counseling. Preventive benefits undergo regular review that may result in change. Coverage may also change for specific member ages or gender.

**Non-preventive services provided during a visit scheduled as preventive are covered as non-preventive/diagnostic. This includes lab tests such as Thyroid Stimulating Hormone (TSH), Basic Metabolic Panel (BMP), and Complete Blood Count (CBC).**

**If you receive preventive and non-preventive (diagnostic) health services in the same visit, the non-preventive (diagnostic) health services may require a copayment, coinsurance or deductible. The most specific and appropriate benefit will apply for each service received during a visit.**

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members. These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the Ucare plan documents prevail. Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

**Benefit Category: Preventive Care, Screenings, and Immunizations****Summary:**

UCare covers preventive care services from health care professionals, based on age, gender and certain risk factors that are included in:

- Items and services with an A or B rating in the most current recommendations of the United States Preventive Services Task Force (USPSTF),
- Affordable Care Act (ACA), Essential Benefit Set,
- MN State statutes,
- Advisory Committee on Immunizations Practices (ACIP) of the Centers for Disease Control (CDC),
- Health Resources and Services Administration (HRSA), and
- Bright Futures.

**\*Scope of this coverage policy includes preventive care based on the above guidance. COVID-19 coverage (such as coverage for testing, vaccines, etc.) is outside scope of this preventive guide, and is outlined elsewhere on the UCare provider website.**

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Routine health exams and health assessments. The health care provider will advise members on how often assessments are needed based on their age, gender, and health status. For additional information, including recommended immunization schedule, please see the Preventive Health Care Guidelines: [ucare.org/preventivecare](https://ucare.org/preventivecare)

**For all Adults**

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting

- Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants, and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- Hepatitis C screening for adults ages 18 to 79 years
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Lung cancer screening for adults ages 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Prostate cancer screening (PSA) including digital rectal exam and PSA blood test
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults ages 40 to 75 at high risk
- Syphilis screening for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults without symptoms at high risk

**Immunizations for adults** — doses, recommended ages, and recommended populations vary:

- Chickenpox (Varicella)
- Diphtheria
- Flu (influenza) (*covered without member cost share in or out of network.*)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV) (Gardasil)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Rubella
- Shingles
- Tetanus
- Whooping Cough (Pertussis)

**Covered Preventive medications require a prescription (see plan formulary for limitations)**

- Antiretroviral to prevent HIV infection pre-exposure antiretroviral therapy for HIV negative individuals at high risk of infection
- Aspirin to help prevent cardiovascular disease
- Bowel preps
- Drugs for HIV prevention
- Statins to help prevent cardiovascular disease
- Tobacco cessation products

**Women's Health** All preventive services and screenings listed above and the following screenings:

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk
- Breast cancer mammography screenings, which includes 2D and 3D mammography or digital tomosynthesis
  - Every 1-2 years for women 40 and over
- Breast cancer chemoprevention counseling for women at higher risk
- Cervical cancer screening
  - Pap test (also called a Pap smear) for women ages 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Gonorrhea screening for all women under age 25, and for members age 25 and at high risk
- HIV screening and counseling for everyone ages 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use
- Rh incompatibility screening follow-up testing for women at higher risk
- Sexually transmitted infections counseling for sexually active women
- Syphilis screening for women at increased risk
- Tobacco use screening and interventions
- Urinary incontinence screening for women yearly
- Well-woman visits, to get recommended services for all women

**Covered Preventive medications require a prescription (see plan formulary for limitations)**

- Drugs to lower risk of breast cancer
- Folic acid for women of childbearing age

**Women's FDA-approved contraceptives from a pharmacy or contraception services given in a provider's office. Includes member education and counseling. *Covered contraception methods require a prescription.***

**Coverage is for at least one form of contraception on the plan's formulary in each of these methods:**

- Cervical caps
- Diaphragms
- Emergency contraception (Plan B /Plan B One Step / Next Choice / Ella)
- Female condoms
- Implantable rods
- IUD with copper
- IUD with progestin
- Oral contraceptives (combined pill)
- Oral contraceptives (extended/continuous use)

- Oral contraceptives (progestin only)
- Patch
- Shot/injection
- Spermicides
- Sponges
- Vaginal contraceptive rings

**Services for pregnant women or women who may become pregnant.** All preventive services and screenings listed above and the following:

- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity.
- Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Expanded tobacco intervention and counseling for pregnant tobacco users
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits (PDF, 1.5 MB)
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Syphilis screening
- Urinary tract or other infection screening

**Covered Preventive medications require a prescription (see plan formulary for limitations)**

- Low-dose aspirin for pregnant women at risk for preeclampsia

### **Children's Health**

Child health supervision services including pediatric preventive services, routine immunizations, developmental assessments, and laboratory services for children from birth to the end of month they turn age 21.

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Autism spectrum disorder screening (18 and 24 months)
- Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns

- Depression screening (starting at age 12)
- Depression screening for adolescents beginning routinely at age 12
- Development observation
- Developmental screening (9, 18 and 30 months)
- Developmental screening for children under age 3
- Developmental/behavioral health screenings
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight, and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- Lead screening for children at risk of exposure
- Maternal depression screening (1, 2, 4 and 6 months). Performed at newborn screenings.
- Measurements (blood pressure, length, height, weight, BMI, head circumference)
- Obesity screening and counseling
- Oral health risk assessment for young children ages 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Psychosocial/behavioral assessment
- Routine hearing assessments and/or exams
- Sensory screenings
- Sexually transmitted infection (STI) prevention counseling and screening for adolescents who are sexually active and at higher risk
- Tobacco, alcohol, and drug use assessment (beginning at age 11)
- Tuberculin testing for children at higher risk of tuberculosis ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Vision screenings. One screening is covered every calendar year.
- Well-baby and well-child visits

**Immunizations for children from birth to age 18** — doses, recommended ages, and recommended populations vary. For additional information, including recommended immunization schedule, please see the Preventive Health Care Guidelines: [ucare.org/preventivecare](https://ucare.org/preventivecare)

- Chickenpox (Varicella)
- Diphtheria, tetanus, and pertussis (DTaP)
- Haemophilus influenza type b
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus
- Influenza (flu shot) (*covered without member cost share in or out of network.*)
- Measles
- Meningococcal
- Mumps
- Pneumococcal
- Rotavirus
- Rubella

#### **Oral Health**

- Fluoride supplements
- Fluoride varnish

#### **Covered Preventive medications require a prescription (see plan formulary for limitations)**

- Anti-retroviral to prevent HIV infection for those at high risk of HIV infection
- Gonorrhea preventive medication (administered immediately following birth to prevent eye infection in newborns)
- Iron supplements
- Oral Fluoride supplements

#### **Coverage for services that are not preventive**

- Benefits for diagnostic and treatment related services would follow the applicable benefit category and be subject to member cost share.

#### ***Examples of services subject to member cost share include, but are not limited to:***

- Any tests or services done as a follow-up to findings during a preventive screening.
- A service or test when it monitors, diagnoses, or treats a new or existing health problem or monitors a chronic disease.

<b>Prior Authorization</b>
<b>Not required for Preventive Health Services</b>

## LINKS TO UCARE CONTRACT, CMS, MHCP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.

**Individual and Family Plan (IFP) 2021 member benefits**

<https://home.ucare.org/en-us/health-plans/ifp/benefit-documents/>

**Individual and Family Plan (IFP) 2021 Formulary**

<https://home.ucare.org/en-us/providers/pharmacy/pharmacy-choices/>

**Individual and Family Plan (IFP) 2021 Preventive Health Care Guidelines**

<https://home.ucare.org/en-us/health-plans/ifp/preventive-care/>

**Preventive health services under the Affordable Care Act (ACA)**

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

**United States Preventive Services Task Force (USPSTF) A & B recommendations**

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>

**Bright Futures**

[https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

**Advisory Committee on Immunization Practice (ACIP)**

<https://www.cdc.gov/vaccines/acip/index.html>

**Affordable Care Act (ACA) Essential Health Benefits**

<https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>

**Minnesota Statute COVERAGE FOR DIAGNOSTIC PROCEDURES FOR CANCER**

<https://www.revisor.mn.gov/statutes/cite/62A.30>

## Coverage Policy Development and Revision History

Version	Date	Note
V1		New policy