

Preventive Service Guidelines for Adults

To stay healthy, adults need preventive check-ups. These guidelines* describe recommended preventive services that most adults need. Depending on your personal health care needs or risk factors, your doctor may give you a different schedule. If you think you may be at risk for a particular condition, talk to your doctor.

To verify your benefits, check your benefits contract, your enrollment materials or log in to *My Account* at carefirst.com/myaccount.

Counseling and education

Depending on the patient's age, health care providers will discuss one or more of these topics or provide screenings during exams:

- Drug and alcohol use
- Tobacco use
- Harmful effects of smoking on children's health
- Physical activity and diet, including recommended changes
- Injury prevention
- Dental health
- Hepatitis A, B and C
- Sexual behavior
- Sexually transmitted diseases
- Use of alternative medicines and therapies
- Tuberculosis (TB)
- Domestic violence
- Aspirin therapy
- Sleep patterns
- Sun safety/skin cancer prevention

Screenings for men and women ages 21 & older

- **Medical history and physical exam:** At the advice of the doctor
- **Height:** At least once with follow-up as needed
- **Weight:** Screen all adults for obesity; body mass index (BMI) recommended at least every two years; doctor may offer or refer adults with BMI of 30 or higher to intensive, multicomponent behavioral interventions
- **Blood pressure:**
 - At least every 2 years if blood pressure is less than 120/80
 - Every year if systolic measure (top number) is 120–139 or diastolic measure (bottom number) is 80–90
- **Cholesterol:** Every 5 years for men and women ages 20 and older
- **Diabetes:** Every 3 years for patients with any of these risk factors:
 - Overweight (BMI greater than or equal to 25)
 - Family history of diabetes
 - High blood pressure
 - High cholesterol
 - High blood sugar
- History of vascular disease
- Inactivity
- African American, Latino, Native American, Asian American or Pacific Islander race/ethnicity
- **COPD:** Spirometry for patients with dyspnea, chronic cough/sputum production and history of risk factors
- **Colorectal cancer:** Ages 45–75 with average risk. The decision to screen before or after this age range should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor. The options for colorectal cancer screening are:
 - Fecal immunochemical test annually
 - High-sensitivity, guaiac-based fecal occult blood test annually
 - Multitarget stool DNA test every 3 years
 - Colonoscopy every 10 years
 - Computed tomography colonography every 5 years
 - Flexible sigmoidoscopy every 5 years

* Guidelines are adapted from a variety of sources including: United States Preventive Services Task Force; American Diabetes Association; American Cancer Society, and National Comprehensive Cancer Network.

- **Depression:** Screen men and women every year
- **Hepatitis B:** For men and women at increased risk for infection
- **Hepatitis C:** At least once for those born between 1945 and 1965
- **Human immunodeficiency virus (HIV):** For men and women at increased risk for HIV infection
- **Syphilis:** For men and women at increased risk for syphilis infection

Screenings for women only

- **Breast cancer:** Routine screening every 2 years for women aged 50 to 74 years. The decision to start screening before the age of 50 should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor.
- **Hereditary breast and ovarian cancer screening:** Women who carry the genes associated with increased risk (a strong family history of breast, ovarian, tubal or peritoneal cancer) should be referred for genetic counseling and evaluation for testing
- **Cervical cancer:**
 - Pap smear every 3 years for ages 21–29
 - For women aged 30 to 65 years, Pap smear alone every 3 years OR high-risk human papillomavirus (hrHPV) testing alone every 5 years OR a combination of Pap smear and hrHPV testing every 5 years
 - Screening is not recommended for women older than 65 who have had adequate prior screening and are not otherwise at high risk for cervical cancer
 - Screening is not suggested for women who have had a hysterectomy with removal of the cervix and do not have a history of high-grade precancerous lesion or cervical cancer
- **Chlamydia:** For sexually active women ages 25 and younger who are not pregnant; the doctor may advise the test for women older than age 25
- **Cystic Fibrosis carrier screening:** For women of child-bearing age, preferably before conception
- **Osteoporosis:**
 - Begin at age 65 or older for women at average risk. Women at greater risk should be screened at an earlier age.
 - Counseling for women ages 21 and older to get enough calcium
- **Menopause counseling:** Women who are of menopausal age should be counseled about menopause, risks and benefits of estrogen replacement, treatment and lifestyle changes
- **Screening pelvic exam:** Is not recommended for women with no symptoms and who are not pregnant. The decision not to have this exam should be between you and your doctor. Discuss the benefits and harm with your doctor.

Screenings for men only

- **Prostate cancer:** Discuss the possible benefits and harm of screening and treatment with your doctor
- **Aortic abdominal aneurysm:** One-time ultrasonography for men ages 65 to 75 who smoke or have smoked
- **Osteoporosis:** Periodic screenings for older men with risk factors



Find more information about adult immunizations, visit carefirst.com/prevention and click on the *Adults* link under *Shots*.

HMO members should contact the number on the back of their medical insurance member ID card for coverage.

CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst's Quality Improvement Council—April 2019.

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