



**Applicable To:**

- Medicare
- Medicaid – excluding Arizona and Kentucky
- Florida CMS Health Plan

**Claims and Payment Policy:  
PREVENTIVE HEALTH SERVICES**

**Policy Number: CPP-130**

**Original Effective Date: 6/7/2018  
Revised Effective Date(s): 11/1/2018,  
1/10/2019**

**BACKGROUND**

In addition to state and federal guidelines pertaining to preventive health screening, WellCare adheres to recommendations and guidelines published by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the American Cancer Society (ACS).

Americans only access preventive services at approximately half of the recommended rate. Chronic diseases (e.g., heart disease, cancer, diabetes) contribute to 7 of every 10 deaths among Americans annually. Further, such preventable diseases account for 75% of health care spending in the United States. An important partnership must be forged between a Member and the health care team to determine beneficial screenings and, when warranted, treatment for a newly diagnosed disease. Preventive screenings help individuals maintain health, avoid or delay the onset of disease, keep existing diseases from worsening, and allow individuals to have a high quality of life while reducing health care costs. Health issues impact productivity and hence the economy; 69 million workers miss work due to illness, accounting for a reduction in economic output by \$260 billion annually. While preventive services are underutilized, Americans most likely to not access preventive services typically are experiencing social, economic, or environmental disadvantages. This can include poor access to: quality and affordable health care as well as healthy food choices. Individuals may also be in unsafe environments and/or not have access to educational and employment opportunities.

Offering preventive services to Members has several benefits including:

- Minimize health care costs such as the elimination of cost-sharing (e.g., deductibles, co-insurance, or copayments) and no insurance copays or out-of-pocket expenses for certain visits/screenings.
- Prevention of disease (or early treatment if diagnosed as a result of a prevention-related screening) which can increase years of life and health status.
- Counseling to prevent illness, reduce costs, and improve health (e.g., smoking cessation, weight management, healthy eating, treatment for depression, and reducing alcohol use).

- Vaccinations as recommended to prevent disease (e.g., measles, chicken pox, meningitis, flu).

America's Health Insurance Plans (AHIP) has launched a Preventive Services Dashboard. The goal of the dashboard is to allow Providers and Consumers to have a central location to access preventive health guidelines. Organizations that are included are: United States Preventive Service Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP) Bright Futures Guidelines, and Health Resources and Services Administration (HRSA) Women's Clinical Preventive Guidelines. Guidelines have traditionally been maintained on disparate sites. Recommendations are in a searchable database and categorized by target patient gender, target patient age range, and recommended frequency. The database will be updated twice a year.

For a description of USPSTF and HRSA recommended services, please visit the AHIP Dashboard.

NOTE: Guidelines are available from USPSTF and HRSA; guidelines from Bright Futures and ACIP are forthcoming.

## POSITION STATEMENT

### Coverage

The following are recommended by the USPSTF and HRSA:

<b>Abdominal aortic aneurysm screening: men</b>	A one-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.
<b>Alcohol misuse: screening and counseling</b>	For adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
<b>Aspirin preventive medication: adults aged 50 to 59 years with a <math>\geq 10\%</math> 10-year cardiovascular risk</b>	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
<b>Bacteriuria screening: pregnant women</b>	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
<b>Blood pressure screening: adults</b>	For adults aged 18 years or older. Obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
<b>BRCA risk assessment and genetic counseling/testing</b>	Screening for women with family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes ( <i>BRCA1</i> or <i>BRCA2</i> ). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
<b>Breast cancer preventive medications</b>	Clinicians engage in shared, informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.

<b>Breast cancer screening (USPSTF)</b>	Screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.
<b>Breast Cancer Screening for Average-Risk Women (HRSA)</b>	Average-risk women should initiate mammography screening no earlier than age 40 and no later than age 50. Screening should continue through at least age 74; age alone should not be the basis to discontinue screening. Women at increased risk should also undergo periodic mammography screening; recommendations for additional services are beyond the scope of the recommendation.
<b>Breastfeeding interventions (USPSTF)</b>	Provided during pregnancy and after birth to support breastfeeding.
<b>Breastfeeding Services and Supplies (HRSA)</b>	Includes comprehensive lactation support services (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and the postpartum period to ensure the successful initiation and maintenance of breastfeeding.
<b>Cervical Cancer (USPSTF)</b>	For average-risk women age 21-65. For women age 21-29 years, screening using cervical cytology (Pap test) is recommended every 3 years. Co-testing with cytology and HPV testing is not recommended for women younger than 30 years. Women age 30-65 years should be screened with cytology and HPV testing every 5 years or cytology alone every 3 years. Those at average risk should not be screened more 1 time every 3 years.
<b>Cervical cancer screening (USPSTF)</b>	For women ages 21-65 with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every 5 years.
<b>Chlamydia screening: women</b>	For sexually active women age 24 years or younger and in older women who are at increased risk for infection.
<b>Colorectal cancer screening –(USPSTF)</b>	Screening starting at age 50 years and continuing until age 75.
<b>Colorectal cancer screening – American Cancer Society</b>	In addition to the USPSTF guidelines, the American Cancer Society published updated guidelines in May 2018. The ACS recommends screening for average-risk adults age 45 years and older to have regular screening with a high-sensitivity stool-based test or a structural (visual) exam (based on personal preferences and test availability).
<b>Contraceptive Methods and Counseling</b>	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.
<b>Counseling for Sexually Transmitted Infections (STIs)</b>	Directed behavioral counseling by a Provider or other appropriately trained individual should be given to sexually active adolescent and adult women at an increased risk for STIs.

<b>Dental caries prevention: infants and children up to age 5 years</b>	Includes the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians should prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.
<b>Depression screening: adolescents</b>	For adolescents age 12 -18. To be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and follow-up.
<b>Depression screening: adults</b>	For the general adult population, including pregnant and postpartum women. To be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
<b>Diabetes screening</b>	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults age 40-70 years who are overweight or obese. Providers should offer/refer patients with abnormal levels to intensive behavioral counseling interventions to promote a diet and physical activity.
<b>Falls prevention in older adults: exercise or physical therapy</b>	Includes exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
<b>Falls prevention in older adults: vitamin D</b>	Vitamin D supplementation is recommended to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
<b>Folic acid supplementation</b>	Women who are planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.
<b>Gestational Diabetes (HRSA)</b>	For pregnant women after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100- g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. Women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation (ideally at the first prenatal visit). For asymptomatic pregnant women after 24 weeks of gestation.
<b>Gestational Diabetes Mellitus screening (USPSTF)</b>	
<b>Gonorrhea prophylactic medication: newborns</b>	Prophylactic ocular topical medication is recommended for all newborns for the prevention of gonococcal ophthalmia neonatorum.
<b>Gonorrhea screening: women</b>	For sexually active women age 24 years or younger and in older women who are at increased risk for infection.
<b>Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors</b>	The recommendation includes offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
<b>Hemoglobinopathies screening: newborns</b>	For sickle cell disease in newborns.

<b>Hepatitis B screening: nonpregnant adolescents and adults</b>	For persons at high risk for infection.
<b>Hepatitis B screening: pregnant women</b>	For pregnant women at their first prenatal visit.
<b>Hepatitis C virus infection screening: adults</b>	For persons at high risk for infection. USPSTF recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
<b>HIV Infection (HRSA)</b>	Prevention education and risk assessment for HIV infection in adolescents and women is recommended at least annually throughout the lifespan. All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk, and screening annually or more often may be appropriate for adolescents and women with an increased risk of HIV infection. Screening for HIV is recommended for all pregnant women upon initiation of prenatal care with retesting during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in active labor with an undocumented HIV status. Screening during pregnancy enables prevention of vertical transmission.
<b>HIV screening: non-pregnant adolescents and adults (USPSTF)</b>	For adolescents and adults age 15-65. Younger adolescents and older adults at increased risk should be screened.
<b>HIV screening: pregnant women (USPSTF)</b>	For all pregnant women for HIV, including those who present in labor who are untested and HIV status is unknown.
<b>Hypothyroidism screening: newborns</b>	For newborns.
<b>Interpersonal and Domestic Violence (Screening)</b>	Screening adolescents and women for interpersonal and domestic violence is recommended at least annually, and, when needed, providing or referring for initial intervention services. Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression (including coercion), reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.
<b>Intimate partner violence screening: women of childbearing age</b>	Screening women for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This also applies to women who do not have signs or symptoms of abuse.

<b>Lung cancer screening</b>	Annual screening with low-dose computed tomography is recommended in adults age 55-80 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
<b>Obesity screening and counseling: adults</b>	Screening all adults includes: offering/referring those with a body mass index of 30 kg/m <sup>2</sup> or more, multicomponent behavioral interventions.
<b>Obesity screening: children and adolescents</b>	For those 6 years and older. Offer / refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
<b>Osteoporosis screening: women</b>	For women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
<b>Phenylketonuria screening: newborns</b>	For newborns.
<b>Preeclampsia prevention: aspirin</b>	Low-dose aspirin (81 mg/d) is recommended as preventive medication after 12 weeks of gestation in those at high risk for preeclampsia.
<b>Preeclampsia: screening</b>	For pregnant women, throughout pregnancy; blood pressure readings.
<b>Rh incompatibility screening: 24–28 weeks' gestation</b>	Repeated Rh (D) antibody testing is recommended for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
<b>Rh incompatibility screening: first pregnancy visit</b>	For all pregnant women during their first visit for pregnancy-related care.
<b>Sexually transmitted infections counseling</b>	Intensive behavioral counseling is recommended for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.
<b>Skin cancer behavioral counseling</b>	For children, adolescents, and young adults age 10-24 years who have fair skin about minimizing exposure to reduce risk for skin cancer.
<b>Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater</b>	For adults without a history of cardiovascular disease (CVD) (e.g., symptomatic coronary artery disease or ischemic stroke). Low- to moderate-dose statin is recommended for the prevention of CVD events and mortality when the following are met: 1) age 40-75 years; 2) have 1 or more CVD risk factors (e.g., dyslipidemia, diabetes, hypertension, or smoking); and 3) have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults age 40-75 years.
<b>Syphilis screening: nonpregnant persons</b>	For persons who are at increased risk for infection.

<b>Syphilis screening: pregnant women</b>	For all pregnant women for syphilis infection.
<b>Tobacco use counseling and interventions: nonpregnant adults</b>	Clinicians should ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and FDA-approved pharmacotherapy for cessation to adults who use tobacco.
<b>Tobacco use counseling: pregnant women</b>	Clinicians should ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.
<b>Tobacco use interventions: children and adolescents</b>	Clinicians should provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.
<b>Tuberculosis screening: adults</b>	Screening for latent tuberculosis infection in those at increased risk.
<b>Vision in Children Ages 6 months to 5 years</b>	Vision screening is recommended at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.
<b>Well-Women Preventive Visits</b>	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. The visit should, where appropriate, include other preventive services listed in this set of guidelines.

### **Exclusions**

Preventive care services that **are non-covered** include:

- Medical treatment for specific health conditions
- Ongoing care
- Lab or other tests necessary to manage or treat a medical issue or health condition

NOTE: In some cases, members may have to pay for these services

### **CODING & BILLING**

For applicable coding, please refer to the following Claims Payment Policies:

- Abdominal Aneurysm Screening: CPP-129
- Breast Cancer Screening: CPP-113
- Cervical Cancer Screening: CPP-104
- Chlamydia Screening: CPP-117
- Colon Cancer Screening: CPP-120
- Hepatitis B Vaccine and Screening: CPP-134
- Prostate Cancer Screening: CPP-128

## REFERENCES

1. Preventive Health Care. Centers for Disease Control and Prevention (CDC) Web site. <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmenttips/PreventiveHealth.html>. Published September 2017. Accessed November 12, 2018. **NEW (12/2018)**
2. Health Plan Preventive Services Dashboard. America's Health Insurance Plans (AHIP) Web site. <https://www.ahip.org/health-plan-preventive-services-dashboard/>. Accessed May 23, 2018.
3. Women's Preventive Services. Health Resources and Services Administration Web site. <https://www.hrsa.gov/womens-guidelines/index.html>. Accessed June 5, 2018.
4. Colorectal Cancer Screening Guidelines. American Cancer Society Web site. <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/colorectal-cancer-screening-guidelines.html>. Accessed October 31, 2018. **NEW (11/2018)**

## IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at [www.wellcare.com](http://www.wellcare.com). Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

## RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	<ul style="list-style-type: none"> <li>• Approved by RGC</li> </ul>