



Preventive health guidelines and other screenings

Your health is very important to us and requires a key step from you: stay up-to-date on your preventive care! We believe that health promotion and disease prevention are valuable tools in the detection and treatment of preventable illnesses.

Take advantage of these services.

- No prior authorization is required when using an in-network provider
- Services are available at no cost to you
- Annual services do not need to be scheduled 12 months apart – you may have your preventive services one time per calendar year

For questions regarding your benefits, please contact our Member Services Team at (800) 752-5863. For TTY/TDD, call toll-free (877) 652-1844. If you need us to translate this letter, please call (800) 892-0675. This is a free service.

Important note:

- Services performed outside of these guidelines and with a medical diagnosis will be applied to your deductible and coinsurance.
- These services are provided to you as listed, unless otherwise stated in your plan document (i.e. Summary Plan Description/Policy/Certificate of Insurance).

Child and adolescent

| Screening/prevention | Age | Benefit |
|---|--|---|
| Anemia screening | 0-18 years | Allowed once per calendar year – hemoglobin or hematocrit test |
| Autism screening | 18-24 months | Allowed in office setting during preventive exam only |
| Cholesterol screening | 0-18 years | Allowed twice between ages indicated |
| Dental Cavities Prevention - Fluoride treatment | 0-6 years | Allowed application of fluoride varnish to the primary teeth in a primary care office setting during preventive exam only |
| | 6 months and older | Allowed as oral fluoride supplements for children whose water supply is fluoride deficient |
| Depression screening | 11-18 years | Allowed in office setting during preventive exam only |
| Developmental screening | 9, 18 and 30 months | Allowed in office setting during preventive exam only (with validated tool) |
| Hearing/vision screening | 0-18 years | Allowed in an office setting during preventive exam only, once per calendar year |
| Hepatitis B virus screening | 0-18 years | Allowed for at risk members |
| Immunizations | | For a list of covered immunizations, please visit: www.cdc.gov/vaccines or call Member Services at (800) 752-5863 |
| Iron supplements | 6-12 months | Allowed for children at risk for iron deficiency anemia |
| Lead screening | 12 & 24 months | Allowed once at each age indicated |
| Neonatal screenings | Newborn | All government mandated neonatal screenings tests and treatments including but not limited to: screening for hearing loss, hypothyroidism, PKU, congenital heart disease, bilirubin and sickle cell anemia |
| Obesity screening and counseling | 6 years and older | Allowed as needed with referral to comprehensive, intensive behavioral interventions to promote improvement in weight status |
| Sexually Transmitted Disease screening | 11-18 years | Allowed as counseling and screening for all at risk adolescents (includes chlamydia, gonorrhea, syphilis and HIV) at each exam |
| HIV screening | 15-18 years | Allowed once for at risk members |
| Tuberculosis screening | 0-18 years | Allowed as needed upon positive screening questions |
| Well child office visits - Under 3 years of age | 3 to 5 days old and at 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months | Allowed once for each age indicated. Visit to include information on development, behavior, safety and injury prevention, sleep positions, feeding and diet, daily care, physical activity, dental care, weight and length and head circumference (if applicable). Screening for socio-economic health, caregiver/maternal depression, social determinants of health, dental home and dental risk assessment. |
| Well child visits - 3+ years of age | 3 years and older | Allowed once per calendar year. Visit to include information on height and weight, Body Mass Index (BMI), blood pressure, dental care, exercise and physical activity, diet and nutrition, counseling for obesity, sun exposure and safety and injury prevention. When appropriate, the following will be addressed/screened for: alcohol use, sexual behavior and Sexually Transmitted Diseases, education and brief counseling on tobacco use in school aged children and adolescents, suicide prevention, socio-economic health, caregiver depression, social determinants of health, dental home and dental risk assessment and drug education. For ages 3 to 5 years of age, a vision screening using the Snellen Eye Chart is allowed |

Adult

| Screening/prevention | Age | Benefit |
|--|-------------------------|---|
| Abdominal aortic aneurysm screening | Men only: ages 65-75 | Allowed one ultrasound screening per lifetime for males who have smoked |
| Anemia screening | 18 and older | Allowed one per calendar year - Hemoglobin or Hematocrit test |
| Aspirin to prevent cardiovascular disease | 50-59 | Allowed for members at risk for developing cardiovascular disease |
| Basic Metabolic Panel | 18 and older | Allowed one per calendar year |
| Cholesterol screening for men and women | 18 and older | Allowed once for member between ages 18-24 Allowed one every 5 years for members age 25-44 Allowed one per calendar year for members age 45 and over NOTE: Additional tests, such as comprehensive metabolic panels will be applied to your deductible/coinsurance. |
| Colorectal cancer screening | 50 and older | Allowed once every 10 years - colonoscopy (includes tissue sample analysis and anesthesia charges) OR Allowed once every 5 years - flexible sigmoidoscopy. OR Allowed once every 3 years - stool DNA test OR Allowed once every year - fecal occult blood/fecal immunochemical test (FIT) NOTE: Colonoscopy expenses due to a medical condition will be applied to your deductible/coinsurance, unless otherwise specified. |
| Diabetes screening | 40 to 70 | Allowed as blood sugar testing to screen for diabetes in adults as part of a cardiovascular risk assessment |
| Falls prevention in older adults: Exercise or physical therapy | 65 and older | Allowed as exercise or physical therapy to prevent falls for members at increased risk for falls |
| Falls prevention in older adults: Vitamin D supplement | 65 and older | |
| Hepatitis B Virus infection screening | 18 and older | Allowed for at risk adults |
| Hepatitis C Virus (HCV) infection screening | 18 and older | Allowed once lifetime for members born between 1945-1965 OR Allowed once per lifetime for members at risk |
| Immunizations | | For a list of covered immunizations, please visit: www.cdc.gov/vaccines or call Member Services at (800) 752-5863 |
| Lung cancer screening | 55-80 years | Allowed once per calendar year for members: with a 30 pack-year smoking history, who currently smoke, or have quit smoking within the past 15 years |
| Prostate Specific Antigen (PSA) | Men only:50 and older | Allowed once per calendar year for men over age 50 if indicated after discussion with a physician |
| Sexually Transmitted Disease screening | 18 and older | Allowed as counseling and screening (includes chlamydia, gonorrhea, syphilis and HIV) for all at risk adults at each exam |
| Tuberculosis Screening | 18 and older | Allowed for adults at risk |
| Wellness exam | 18 and older | Allowed as once per calendar year. Exam includes health advice and counseling on blood pressure, counseling and interventions on tobacco use, screening and counseling for alcohol use, sun exposure, screening for depression, obesity screening and behavioral interventions for patients with a body mass index of 30 or higher and referrals to intensive behavioral counseling to promote a healthful diet and physical activity to decrease cardiovascular risk in adults that are overweight or obese and with cardiovascular disease risk factors |

Women's health

| Screening/prevention | Age | Benefit |
|---|--------------|---|
| Anemia screening | | Allowed for pregnant women |
| Bacteriuria screening | | Allowed in pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later |
| Breast cancer preventive medications | | Allowed for women at increased risk for breast cancer |
| Breast cancer screening | 40 and older | Allowed once per calendar year for women |
| Breastfeeding supplies, support and counseling | | Allowed one breast pump (electric or manual, nonhospital grade) per pregnancy along with replacement tubing, breast shields, and splash protectors are covered when obtained from a Sanford Health Plan contracted durable medical equipment provider. Consultations with a lactation (breastfeeding) specialist are also covered |
| Cervical cancer screening | 21-65 years | Allowed one Pap smear testing every 3 years for women 21 to 29 years of age OR Allowed one Pap smear testing every 3 years or once every 5 years if HPV test performed for women age 30 to 65 years of age |
| Counseling and interventions to prevent tobacco use | | Allowed for all pregnant women that use tobacco products |
| Family planning | | Allowed for select barrier methods, intrauterine devices, sterilization and contraceptives as listed on the formulary. For specific information, contact Member Services at (800) 752-5863 |
| Folic acid supplements | | Allowed for women planning to become pregnant or in their childbearing years |
| Genetic counseling and evaluation for BRCA Testing and BRCA lab screening | | Allowed for women who have family members with breast, ovarian, tubal, or peritoneal cancer with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing |
| Gestational diabetes screening | | Allowed for all pregnant women after 24 weeks gestation |
| Hepatitis B virus infection screening | | Allowed for all pregnant women |
| HPV testing | 30 and older | Allowed for women over age 30 years old |
| Intimate partner violence screening | | Allowed for women of childbearing age and referral for women with a positive screening to intervention services |
| Osteoporosis screening | 65 and older | Allowed once per lifetime for women age 65 and older or younger women if at increased risk for fractures |
| Preeclampsia prevention | | Allowed for pregnant women with high risk for preeclampsia that are 12+ weeks gestation |
| Rh incompatibility screening | | Rh blood typing allowed if biological father is unknown |
| Sexually Transmitted Disease screening | | Allowed as counseling and screening (includes chlamydia, gonorrhea, syphilis and HIV) for all pregnant women |
| Tuberculosis Screening | 18 and older | Allowed for adults at risk |

*Please note: These services are provided as listed, unless your plan document (SPD/COC) states otherwise.