

**Preventive Care Services
Updated 11/20/2008**

Preventive Care Services Paid at Highest Level of Benefit		
This is the Blue Cross Blue Shield of Minnesota administrative policy of services considered to be preventive care. Subject to revision based on updates to guidelines.		
Service	Frequency (does not apply to Blue Plus)	Clinical Practice/ Guidelines
Vision Screening		
Glaucoma Acuity Refraction	1 per Year	USPSTF/ICSI
Hearing Screening		
	1 per Year	USPSTF/ICSI
Immunizations		
Per CDC/ACIP Recommendations	As Recommended by Physician	CDC/ACIP
90680 Rotovirus vaccine, pentavalent, 3 dose schedule, live for oral use	As Recommended by Physician	FDA/ICSI
90681 Rotovirus vaccine, human, attenuated, 2 dose schedule, live for oral use	As Recommended by Physician	FDA/ICSI
90696 Diphtheria, tetanus toxoids, acellular pertussis vaccine & poliovirus, vaccine, inactivated (DTaP-IPV) when administered to child, intramuscular use	As Recommended by Physician	FDA/ICSI
90698 Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	As Recommended by Physician	
Radiology		
Osteoporosis Screening	1 per Year	USPSTF/ICSI
AAA Screening	1 per at risk male > age 65	ICSI
Laboratory Services		
Cholesterol/Lipid Profile	As Recommended by Physician	USPSTF/A34ICSI
Thyroid Screening Diabetes Screening Hemoglobin (CBC) Urinalysis	As Recommended by Physician	Blue Cross
STD Screening		
HIV Chlamydia Gonorrhea Syphilis	As Recommended by Physician	USPSTF/ICSI

Preventive Medical Examination for Adults		
Fully Insured	As Recommended by Physician	Blue Cross
Self Insured	As Recommended by Physician	Blue Cross
The services below are included in the preventive examination		
Skin Exam		USPSTF/ICSI
Testicular Exam		USPSTF/ICSI
Prostate-Digital Rectal Exam		USPSTF/ICSI
Rectal-Digital Exam		USPSTF/ICSI
Breast Exam		USPSTF/ICSI
Hypertension Screening		USPSTF/ICSI

Cancer Screening Paid at the Highest Level of Benefit		
This is the Blue Cross Blue Shield of Minnesota administrative policy of services considered to be cancer screening. Subject to revision based on updates to guidelines.		
Service	Frequency (does not apply to Blue Plus)	Clinical Practice/ Guidelines
Colon Cancer Screening		
Occult Blood	1 per year	USPSTF/ICSI/ACS
Barium Enema Sigmoidoscopy, Proctosigmoidoscopy	As Recommended by Physician	USPSTF/ICSI/ACS
Colonoscopy	As Recommended by Physician	USPSTF/ICSI/ACS
CT Colonoscopy	As Recommended for > age 50 or > age 45 if African American	ICSI
FOBT (Fecal Occult Blood Test)	1 per Year	
Cervical Cancer Screening		
Pap Smear	1 per Year	USPSTF/ICSI/ACS
Breast Cancer Screening		
Conventional film screen mammography	1 per Year	USPSTF/ICSI/ACS
Prostate Cancer		
Prostate Specific Antigen (PSA)	1 per Year	Blue Cross
Ovarian Cancer		
CA125, For those at high risk	1 per Year	Blue Cross
Trans-vaginal Ultrasound	1 per Year	Blue Cross

Services Covered at Illness/Medical Level of Benefit		
Service	Frequency	Benefit Guidelines
Any/all services that have an increased frequency due to an effort to control or prevent abnormal condition from recurring.		
Depends Upon Condition	Frequency of service is dependent physician's recommendation	
Laboratory Services		
Acute Hepatitis panel Renal function panel Creatinine test	As Recommended by Physician	If medically necessary, will be covered as Illness/Medical benefit.
Radiology		
Example, Chest X-Ray, certain elective CT scans	As Recommended by Physician	If medically necessary, will be covered as Illness/Medical benefit.
Contraceptive Management		
<u>Oral Contraceptives:</u> IUD's; Diaphragm; Implantable Devices; Transdermal Patches; Intravaginal Rings; Depo Provera Injections <u>Related Services:</u> Office Visit in conjunction with the Depo Provera Injection and Supplies of IUD, Diaphragm & Implantable Devices	As Recommended by Physician	If medically necessary and eligible under contract benefits, covered as medical
Other		
Eyewear including lenses, frames and contact lenses	As Determined by Employer Benefit Design	If medically necessary and eligible under contract benefits, covered as medical under Durable Medical Equipment

Key for abbreviated Clinical Practice Guidelines		
CDC/ACIP=Centers for Disease Control/ Advisory Committee on Immunization Practices		
ICSI=Institute for Clinical Systems Improvement		
USPSTF=U.S. Preventive Services Task Force		
ACS=American Cancer Society		
Blue Cross=Blue Cross Blue Shield of Minnesota, local practices and regulatory agency requirements		