

Preventive care services

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not required for most preventive care services.

Prior authorization may be required for certain medications associated with preventive care services. See applicable pharmacy policies in Related Content for further information.

Coverage

The federal Patient Protection and Affordable Care Act (ACA) requires individual and group health plans to provide coverage for preventive services and select immunizations without cost sharing (e.g., deductibles or co-pays) when services are received from an in-network provider. Services not defined as preventive care may be eligible for coverage under another portion of the health plan.

Preventive care services are considered a benefit under your health plan. As such, there may be differences in coverage based on a member's specific plan. Members are encouraged to confirm plan benefits prior to receiving care.

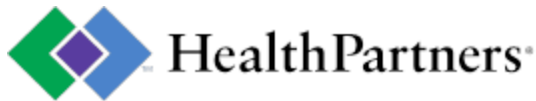
To view all the HealthPartners preventive care guidelines based on age, gender, and frequency, please see the related content at right.

The ACA designated resources that define covered preventive services are:

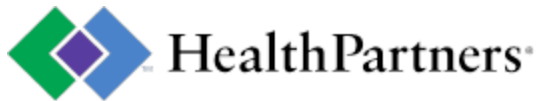
- The United States Preventive Services Task Force (USPSTF) – services with grade A or B recommendation (see Definitions section for more detailed information on grading)
- The Advisory Committee on Immunization Practices (ACIP) recommendations on immunizations for routine use in children, adolescents and adults adopted by the Centers for Disease Control and Prevention (CDC)
- The Health Resources and Services Administration (HRSA) guidelines for evidence-based preventive care and screenings in infants, children, adolescents, and women. This includes recommendations from the Bright Futures Initiative, Recommended Uniform Screening Panel and Women's Preventive Services Guidelines.
- The Women's Preventive Services Initiative (WPSI) convenes a multidisciplinary team of women's health experts to regularly review and recommend updates on a rolling basis to the women's preventive services guidelines based on the newest research and public comments, through a cooperative agreement with the American College of Obstetricians and Gynecologists (ACOG) funded by HRSA.

Preventive Care Services	
<p>Routine Preventive/Wellness Examinations (well-baby, well-child, well-adult) include the following services: An age and gender appropriate history, physical examination, administration/Interpretation of a patient appropriate health risk assessment, counseling and/or anticipatory guidance related to risk factor reduction, ordering of appropriate immunizations and laboratory/screening procedures if applicable.</p> <p>Well-Woman Preventive/wellness Examinations (HRSA/WPSI 2021) WPSI recommends that women receive at least one preventive care visit per year beginning in adolescence and continuing across the lifespan to ensure the provision of all recommended preventive services, including preconception and many services necessary for prenatal and interconception care, are obtained. The primary purpose of these visits should be the delivery and coordination of recommended preventive services as determined by age and risk factors. These services may be completed at a single or as part of a series of visits that take place over time to obtain all necessary services depending on a woman's age, health status, reproductive health needs, pregnancy status, and risk factors. Well-women visits also include pre-pregnancy, prenatal, postpartum and interpregnancy visits.</p>	
Specific preventive care services	Source of

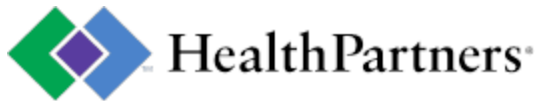
	recommendation
<p>Abdominal Aortic Aneurysm screening:</p> <p>The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65-75 years who have ever smoked</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p> <p>Procedure code: 76706 when associated with diagnosis codes F17.210, F17.211, F17.213, F17.218, F17.219 and Z87.891</p>	<p>USPSTF Grade B Dec 2019</p>
<p>Abnormal Blood Glucose and Type 2 Diabetes Screening:</p> <p>The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Aug 2021</p>
<p>Anemia screening in children aged 12 months:</p> <p>Bright Futures recommends screening at 12 months. May be repeated annually based on assessment of risk factors.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>Bright Futures 2017 (4th Edition)</p>
<p>Anxiety screening</p> <p>The USPSTF recommends screening for anxiety disorders in adults aged 64 years or younger, including pregnant and postpartum persons.</p> <p>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.</p> <p>HRSA recommends screening for anxiety in adolescent and adult women, including those who are pregnant or postpartum. Optimal screening intervals are unknown and clinical judgement should be used to determine screening frequency. Given the high prevalence of anxiety disorders, lack of recognition in clinical practices, and multiple problems associated with untreated anxiety, clinicians should consider screening women who have not been recently screened.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B June 2023 (Adults)</p> <p>USPSTF Grade B Oct 2022 (Adolescents)</p> <p>HRSA Reviewed Dec 2020</p>
<p>Autism spectrum disorder (ASD) screening</p> <p>Bright Futures recommends standardized screening for ASD at 18 and 24 months of age with ongoing developmental surveillance in primary care (although it may be performed in other settings), because ASD is common, can be diagnosed as young as 18 months of age, and has evidence-based interventions that may improve function</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>Bright Futures 2017 4th Edition</p>
<p>Behavioral counseling for cardiovascular disease (CVD) prevention in adults with CVD risk factors:</p> <p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Nov 2020</p>
<p>Blood pressure measurement/hypertension screening:</p>	<p>USPSTF</p>



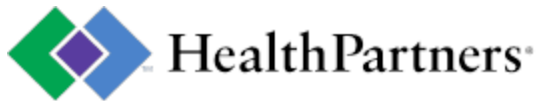
<p>The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>Grade A (hypertension in adults). Apr 2021</p>
<p>Breast cancer/ovarian cancer risk assessment, genetic counseling, genetic testing (when indicated): The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing</p> <p>Risk assessment may be completed during a routine wellness/preventive office visit. Genetic counseling and/or testing are completed as a separate service in appropriately selected individuals.</p> <p>Applicable diagnosis codes associated with genetic counseling are Z80.3, Z80.41, Z85.3, Z85.43, Z80.49, or Z80.8</p>	<p>USPSTF Grade B Aug 2019</p>
<p>Breast cancer risk reduction medication: Women who are at increased risk for breast cancer and at low risk for adverse medication effects. Individuals should discuss with their primary care provider</p> <p>The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.</p> <p>Completed as part of routine wellness/preventive office visit.</p> <p>Medication is covered at the preventive benefit according to the HealthPartners Pharmacy Drug List (Formulary) when prescribed by your medical provider. See related Pharmacy policy for additional information including prior authorization requirements.</p>	<p>USPSTF Grade B Sept 2019</p>
<p>Breast cancer screening mammography:</p> <p>The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.</p> <p>HRSA: For women at average risk, screening mammography should occur at least biennially and as frequently as annually for women no earlier than age 40 & no later than age 50 through at least age 74.</p> <p>May be ordered during a routine wellness/preventive office visit but completed separately</p> <p>Procedure codes: 77063, 77067, 77061, 77062, 77065, 77066, G0279</p>	<p>USPSTF Grade B Jan 2016</p> <p>HRSA Reviewed Oct 2020</p>
<p>Cervical cancer screening:</p> <p>The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology (Pap) alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting)</p> <p>HRSA recommends screening every 3 years with Pap for women 21-29 years. Cotesting with cytology and HPV testing is not recommended for women younger than 30 years. Women aged 30 to 65 years should be screened with cytology and human papillomavirus testing every 5 years or cytology alone every 3 years. Women who are at average risk should not be</p>	<p>USPSTF Grade A Aug 2018</p> <p>HRSA Reviewed Oct 2020</p>



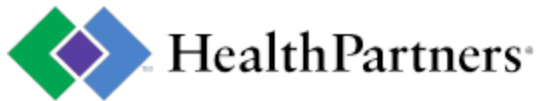
<p>screened more than once every 3 years.</p> <p>May completed during a routine wellness/preventive office visit or as a separate service in appropriately selected individuals</p>	
<p>Chlamydia and Gonorrhea screening:</p> <p>The USPSTF recommends screening for chlamydia and gonorrhea in sexually active women aged 24 years and younger and in women 25 years or older who are at increased risk for infection. This includes pregnant women.</p> <p>Bright Futures recommends risk assessment at each recommended well visit between 11-21 years with lab completed for positive risk assessment</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade B Sept 2021</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Cholesterol (lipid) screening: Children and adolescents</p> <p>Bright Futures recommends testing in children and adolescents identified as increased risk or at the following intervals; once between ages 9-11years; once between ages 17-21 years</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>Bright Futures 2017, 4th Edition</p>
<p>Cholesterol (lipid) screening: Adults</p> <p>Per USPSTF *Optimal intervals for cardiovascular risk assessment are uncertain. Based on other guidelines and expert opinion, reasonable options include annual assessment of blood pressure and smoking status and measurement of lipid levels every 5 years. Shorter intervals may be useful for persons whose risk levels are close to those warranting therapy, and longer intervals are appropriate for persons who are not at increased risk and have repeatedly normal levels.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Clinical considerations for lipid testing are embedded in the recommendation for statin use for the primary prevention of CV disease in adults</p>
<p>Colorectal cancer screening:</p> <p>All adults aged 45 to 75 years. Risks and benefits of different screening methods vary (Fecal Occult Blood Testing (FOBT), Fecal Immunochemical Test (FIT), Fecal DNA, Sigmoidoscopy, or Colonoscopy</p> <p>The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.</p> <p>The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. B Rating</p> <p>Includes the following as integral to a screening colonoscopy: Required specialist consultation prior to the screening procedure; Bowel preparation medications prescribed for the screening procedure; Anesthesia services performed in connection with a preventive colonoscopy; Polyp removal performed during the screening procedure; and any pathology exam on a polyp biopsy performed as part of the screening Procedure.</p> <p>Also includes a colonoscopy conducted after a positive non-invasive stool-based screening test</p> <p>May be ordered during a wellness/preventive office visit but completed as a separate service in appropriately selected individuals.</p> <p>Procedure codes: When associated with diagnosis codes Z00.00, Z00.01, Z12.10, Z12.11,</p>	<p>USPSTF Grade A for 50-75 years May 2021</p> <p>Grade B for 45-49 years May 2021</p>



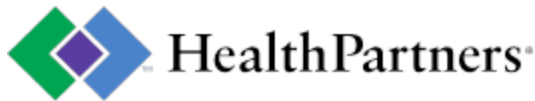
<p>Z12.12, Z80.0, Z83.710, Z83.711, Z83.718, Z83.719, Z83.79, FOBT and FIT (82270, 82274), Sigmoidoscopy (45330, 45331, 45333, 45338, 45346), and Colonoscopy (45378, 45380, 45388, 45381, 45384, 45385, 44389, 44392, 44394, 44388)</p> <p>Regardless of associated diagnosis, Sigmoidoscopy (G0104-G0106), Colonoscopy (G0105, G0120-G0122), FOBT and FIT (G0328), CT Colonography (74263), and Fecal DNA (81528). Fecal DNA 81528 is limited to one every three years.</p>	
<p>Contraceptive services for women: FDA-approved forms of contraception and standard sterilization procedures</p> <p>HRSA: Recommends that adolescent and adult women have access to the full range of female-controlled FDA-approved contraceptives, including mobile apps based on fertility awareness, to prevent unintended pregnancy and improve birth outcomes. Contraceptive care also includes contraceptive counseling, initiation of contraceptive use, and follow-up care (e.g., management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method).</p> <p>Bright Futures: Recommends discussion of contraception as part of a risk reduction assessment at well visits for adolescents</p> <p>May be ordered during a wellness/preventive office visit but completed as a separate service in appropriately selected individuals.</p> <p>Medication, devices and changes to and removal or discontinuation of the contraceptive method are covered at the preventive benefit according to the HealthPartners formulary when prescribed by your medical provider.</p> <p>Procedure codes for sterilization procedures: 58565, 58600, 58605, 58611, 58615, 58670, 58671, A4264, 58661, 88302, 00851 when associated with diagnosis code Z30.2</p>	<p>HRSA Reviewed Dec 2021</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Critical congenital heart disease screening:</p> <p>Bright Futures recommends screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital.</p>	<p>Bright Futures 2017, 4th Edition</p>
<p>Depression and suicide risk screening: Adolescents and adults including pregnant and postpartum women</p> <p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.</p> <p>Bright Futures recommends routine screening for postpartum depression should be integrated into well-child visits at 1, 2, 4, and 6 months of age</p> <p>Bright Futures recommends depression screening at each of the recommended well visits between age 12-21 years</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B June 2023(Adults)</p> <p>Grade B Oct 2022 (Adolescents)</p> <p>Bright Futures 2017, 4th edition</p>
<p>Fall prevention:</p> <p>The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Apr 2018</p>



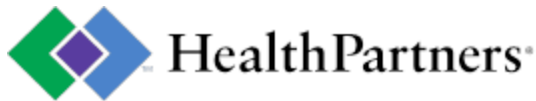
<p>Fluoride varnish application: Infants and children starting at the age of primary tooth eruption through age 5 (provided in primary care setting)</p> <p>The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.</p> <p>Bright Futures: Once teeth are present; fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office.</p> <p>May be ordered during a wellness/preventive office visit but completed as a separate service in appropriately selected individuals.</p>	<p>USPSTF Grade B Dec 2021</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Fluoride supplementation (oral):</p> <p>The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.</p> <p>Bright Futures: If primary water source is deficient in fluoride, consider oral fluoride supplementation.</p> <p>May be ordered during a routine wellness/preventive office visit.</p> <p>Medication is covered at the preventive benefit according to the HealthPartners formulary when prescribed by your medical provider</p>	<p>USPSTF Grade B Dec 2021</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Folic acid supplementation:</p> <p>The USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.</p> <p>May be ordered during a routine wellness/preventive office visit.</p> <p>Medication is covered at the preventive benefit according to the HealthPartners formulary when prescribed by your medical provider</p>	<p>USPSTF Grade A Jan 2017</p>
<p>Hearing – basic screening</p> <p>Bright Futures recommends screening at each well visit from newborn through age 21.</p> <p>Screening with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>Bright Futures 2017 4th Edition</p>
<p>Hepatitis B virus screening: Non-pregnant adolescents and adults at high risk for infection</p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at increased risk for infection.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade B Dec 2020</p>
<p>Hepatitis C virus screening: Adults aged 18-79 years</p> <p>The USPSTF recommends screening for hepatitis C virus (HCV) infection at least once in adults aged 18 to 79 years.</p> <p>Bright Futures: All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF recommendation. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually</p>	<p>USPSTF Grade B Mar 2020</p> <p>Bright Futures 2017, 4th Edition</p>



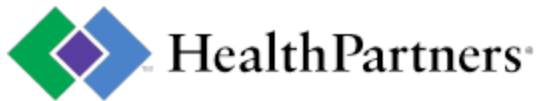
<p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	
<p>Human Immunodeficiency Virus (HIV) screening:</p> <p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened</p> <p>HRSA recommends all adolescent and adult women, ages 15 and older receive a screening test for HIV at least once in during their lifetime. Earlier or additional screening should be based on risk, and rescreening annually or more often may be appropriate beginning at age 13 for adolescent and adult women with an increased risk of HIV infection</p> <p>Bright Futures recommends screening adolescents for HIV at least once between the ages of 15 and 21. After initial screening, youth at increased risk of HIV infection should be retested annually or more frequently.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade A June 2019</p> <p>HRSA Reviewed Dec 2021</p> <p>Bright Futures Apr 2023</p>
<p>Human Immunodeficiency Virus (HIV) infection prevention:</p> <p>The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition</p> <p>Additional covered services associated with this recommendation include testing for HIV, sexually transmitted infections, Hepatitis B, Hepatitis C, creatinine, and pregnancy as well as counseling for adherence to prescribed medication.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p> <p>Medication is covered at the preventive benefit when prescribed by your medical provider. Coverage details are available in the HealthPartners Pharmacy Drug List (Formulary). Also see related Pharmacy policy, Cabotegravir (Apretude®), for additional information, including prior authorization requirements.</p>	<p>USPSTF Grade A June 2019</p>
<p>Intimate partner/domestic violence -screening and referral for intervention as needed</p> <p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> <p>HRSA recommends screening adolescents and women for interpersonal and domestic violence 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.</p> <p>Bright Futures recommends screening for social determinants of health including family or neighborhood violence, school bullying, and intimate partner violence for adolescents</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Oct 2018</p> <p>HRSA Reviewed Dec 2020</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Iron deficiency anemia screening: Children aged 12 months</p> <p>Bright Futures recommends conducting a risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter)</p>	<p>Bright Futures 2017, 4th Edition</p>



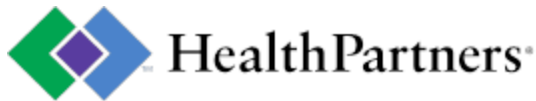
Completed as part of routine wellness/preventive office visit	
Iron supplementation: Infants aged 6-12 months at increased risk for iron-deficiency anemia	Bright Futures 2017, 4th Edition
Lead screening: Children identified at risk for lead exposure Bright Futures recommends conducting a risk assessment or screening as appropriate Completed as part of routine wellness/preventive office visit. If indicated, testing may be completed as a separate service in appropriately selected individuals	Bright Futures 2017, 4th Edition
Lung cancer screening with low dose computed tomography (LDCT): The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 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. May be ordered during a routine wellness/preventive office visit but completed separately in appropriately selected individuals. Procedure codes: G0296, 71271 when associated with diagnosis codes F17.210, F17.211, F17.213, F17.218, F17.219, Z12.2, Z12.9 and Z87.891	USPSTF Grade B Mar 2021
Obesity: Screening and counseling regarding weight loss, healthy diet and exercise The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. The USPSTF recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions. Bright Futures recommends that primary care providers should universally assess children for obesity risk to improve early identification of elevated BMI, medical risks, and unhealthy eating and physical activity habits. HRSA recommends counseling midlife women aged 40-60 years of age with normal or overweight body mass index (BMI 18.5-29.9 kg/m ²) to maintain or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity. May completed as part of a routine wellness/preventive office visit. Counseling may be completed as a separate service in appropriately selected individuals. Procedure codes for counseling: G0447, G0473, S9449	USPSTF Grade B (children and adolescents) Jun 2017 Grade B (Adults) Sept 2018 Bright Futures 2017, 4th Edition HRSA Dec 2021
Ocular topical medication for prevention of Gonococcal Ophthalmia Neonatorum: Newborns prior to hospital discharge The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.	USPSTF Grade A Jan 2019
Oral health assessment/discussion of water fluoridation /referral to dental home for children if applicable Completed as part of routine wellness/preventive office visit	Bright Futures 2017 4th Edition
Osteoporosis screening:	USPSTF



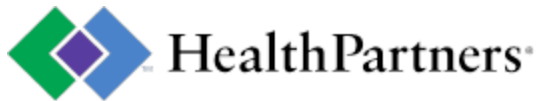
<p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.</p> <p>The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at increased risk of osteoporosis, as determined by a formal clinical risk assessment too (e.g., clinical examination, dual-energy x-ray absorptiometry (DEXA), quantitative ultrasonography of the calcaneus.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p> <p>Procedure codes: 76977, 77078, 77080, 77081, G0130 when associated with diagnosis codes Z00.00, Z00.01, Z13.820, Z78.0 and Z82.62</p>	<p>Grade B Jun 2018</p>
<p>Psychosocial/behavioral assessment</p> <p>Bright Futures recommends this assessment beginning at newborn. It should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>Bright Futures 2017 4th Edition</p>
<p>Sexually transmitted infections:</p> <p>The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).</p> <p>HRSA recommends directed behavioral counseling by a health care provider or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for sexually transmitted infections (STIs).</p> <p>Bright Futures recommends that adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Aug 2020</p> <p>HRSA Reviewed Dec 2021</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Skin cancer:</p> <p>The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Mar 2018</p>
<p>Statin use for primary prevention of cardiovascular disease: Individuals should discuss with their primary care provider</p> <p>The USPSTF recommends that clinicians prescribe a statin for the primary prevention of cardiovascular disease (CVD) for adults aged 40 to 75 years who have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 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 aged 40 to 75 years. [Also see section on cholesterol (lipid) screening in adults]</p> <p>Medication is covered at the preventive benefit according to the HealthPartners Drug List (Formulary) when prescribed by your medical provider. See related Pharmacy policy for additional information, including prior authorization requirements</p>	<p>USPSTF Grade B Aug 2022</p>
<p>Syphilis infection screening: Adolescents and adults identified at increased risk for infection</p>	<p>USPSTF Grade A</p>



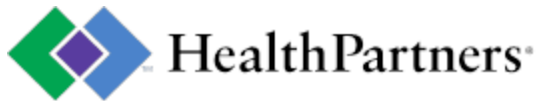
<p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.</p> <p>Bright Futures: Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>Sept 2022</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Tobacco use: Screening for use. Counseling to prevent tobacco use. Behavioral interventions or FDA-approved medication recommendation for smoking cessation as indicated</p> <p>The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and US Food and Drug Administration (FDA)--approved pharmacotherapy for cessation to nonpregnant adults who use tobacco.</p> <p>The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents.</p> <p>Completed as part of routine wellness/preventive office visit. Medication is covered at the preventive benefit according to the HealthPartners formulary when prescribed by your medical provider.</p>	<p>USPSTF Grade A (Adults)Jan 2021</p> <p>Grade B (Children and Adolescents) Apr 2020</p>
<p>Tuberculosis screening: Children, adolescents at increased risk</p> <p>Bright Futures: Tuberculosis testing should be performed on recognition of high-risk factors.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>Bright Futures 2017, 4th Edition</p>
<p>Tuberculosis, latent tuberculosis infection: Adults at increased risk</p> <p>The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade B May 2023</p>
<p>Unhealthy alcohol use – screening and behavioral counseling as indicated</p> <p>The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Nov 2018</p>
<p>Unhealthy drug use -screening and referral to appropriate care services if indicated</p> <p>The USPSTF recommends screening by asking questions about unhealthy drug use in adults aged 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Jun 2020</p>
<p>Urinary incontinence</p> <p>HRSA recommends screening women for urinary incontinence annually. Screening should</p>	<p>HRSA Reviewed Dec 2021</p>



<p>ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women's Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated.</p>	
<p>Vision – basic screening (not a complete vision examination)</p> <p>The USPSTF recommends vision screening at least once in all children aged 3 to 5 years to detect amblyopia or its risk factors.</p> <p>Bright Futures recommends a visual acuity screen at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Sept 2017</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Additional preventive services specific to pregnant women</p>	
<p>Aspirin, low dose:</p> <p>The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.</p> <p>Completed as part of routine wellness/preventive office visit</p> <p>Medication is covered at the preventive benefit according to the HealthPartners formulary when prescribed by your medical provider</p>	<p>USPSTF Grade B Sept 2021</p>
<p>Bacteriuria screening: Pregnant women at 12-16 weeks gestation or at the first prenatal visit, if later</p> <p>The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade B Sept 2019</p>
<p>Breastfeeding counseling, including lactation consultation and interventions to support and promote breast feeding during pregnancy and after delivery</p> <p>The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.</p> <p>HRSA recommends 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.</p> <p>Bright Futures recommends breast feeding guidance at pre-natal visits and encouragement for breast feeding for about first 6 months.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade B Oct 2016</p> <p>HRSA Reviewed Dec 2021</p> <p>Bright Futures 2017, 4th Edition</p>
<p>Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions</p> <p>The USPSTF recommends that clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.</p>	<p>USPSTF Grade B May 2021</p>
<p>Hepatitis B virus screening:</p> <p>The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women</p>	<p>USPSTF Grade A July 2019</p>



<p>at their first prenatal visit</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	
<p>Human Immunodeficiency Virus (HIV) screening:</p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.</p> <p>HRSA recommends screening for HIV in 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.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade A Jun 2019</p> <p>HRSA Reviewed Oct 2020</p>
<p>Perinatal Depression – Counseling</p> <p>The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Feb 2019</p>
<p>Preeclampsia screening:</p> <p>The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade B Apr 2017</p>
<p>Rh(D) incompatibility:</p> <p>The USPSTF strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.</p> <p>The USPSTF recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade A Feb 2004</p> <p>Grade B Feb 2004</p>
<p>Syphilis Infection in Pregnant Women: Screening:</p> <p>The USPSTF recommends early screening for syphilis infection in all pregnant women.</p>	<p>USPSTF Grade A Sept 2018</p>
<p>Screening for Diabetes after Pregnancy</p> <p>WPSI recommends screening for type 2 diabetes in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum. Women who were not screened in the first year postpartum or those with a negative initial postpartum screening test result should be screened at least every 3 years for a minimum of 10 years after pregnancy. For those with a positive screening test result in the early postpartum period, testing should be repeated at least 6 months postpartum to confirm the diagnosis of diabetes regardless of the type of initial test (e.g., fasting plasma glucose, hemoglobin A1c, oral glucose tolerance test). Repeat testing is also indicated for women screened with hemoglobin A1c in the first 6 months postpartum regardless of whether the test results are positive or negative because the hemoglobin A1c test is less accurate during the first 6 months postpartum</p>	<p>HRSA Reviewed Dec 2022</p>



<p>Screening for Diabetes in Pregnancy</p> <p>The USPSTF recommends screening for gestational diabetes in asymptomatic pregnant persons at 24 weeks of gestation or after.</p> <p>WPSI recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) to prevent adverse birth outcomes. WPSI recommends screening pregnant women with risk factors for type 2 diabetes or GDM before 24 weeks of gestation—ideally at the first prenatal visit.</p> <p>May be ordered during a routine wellness/preventive office visit but completed as a separate service in appropriately selected individuals</p>	<p>USPSTF Grade B Aug 2021</p> <p>HRSA Reviewed Dec 2022</p>
<p>Tobacco Smoking Cessation in Pregnant Persons</p> <p>The USPSTF recommends that clinicians ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco.</p> <p>Completed as part of routine wellness/preventive office visit</p>	<p>USPSTF Grade A Jan 2021</p>
<p>Vaccines (Immunizations) Doses, recommended ages, and recommended populations vary. See the HealthPartners' Preventive Health guidelines and related Pharmacy policy for more specific information</p>	
<ul style="list-style-type: none"> • Dengue • Haemophilus Influenzae Type B (Hib) • Hepatitis A • Hepatitis B • Human papilloma virus (HPV) • Inactivated poliovirus • Measles, mumps, rubella (MMR) • Meningococcal (Meningitis) • Mpox • Pneumococcal (Pneumonia) • Respiratory Syncytial Virus (RSV) – applies only to infants and young children aged under 24 months, pregnant individuals and adults aged 60 and older. • Rotavirus • SARS-CoV-2 (COVID-19) • Seasonal influenza (Flu) • Tetanus, Diphtheria, Pertussis • Varicella (Chicken pox) • Zoster (Shingles) 	

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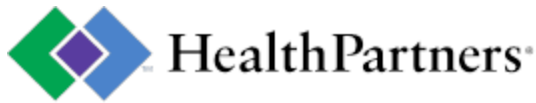
Indications not covered

The following services are not eligible for coverage at the Preventive Services benefit level because they are considered diagnostic:

1. State mandated metabolic testing of newborns
2. Genetic tests not specifically addressed in this policy
3. Referrals to specialists for evaluation of findings during routine preventive screening
4. Services which have a USPSTF recommendation of C, D, or I

The following services are not eligible for coverage at any benefit level (list it not all inclusive)

1. Dietary supplements recommended at a preventive care visit, other than specifically addressed in this policy
2. Over the counter tests not ordered by your primary medical provider
3. Preventive services or screenings including but not limited to exams, lab tests, x-rays or scans ordered by or received from:
 - A. Non-contracted, mobile, outpatient screening entities



B. A non-medical provider (e.g., naturopath)

Definitions

Routine Preventive services are routine healthcare services that include screenings, check-ups and counseling to prevent illness, disease or other health problems before symptoms occur. Treatment of illness is covered under standard benefits.

Diagnostic services are services are used to help a provider understand your symptoms, diagnose illness, and decide what treatment may be needed. They may be the same tests that are listed as preventive services, but they are being used as diagnostic services. These services are not preventive if received as part of a visit to diagnose, monitor an established condition, or treat an illness or injury. When that occurs, standard deductibles, co-pays or coinsurance apply.

U. S. Preventive Services Task Force Letter Grade Descriptions	
Grade A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
Grade B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
Grade C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
Grade D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits
Grade I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined

Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

Approved Medical Director Committee 5/20/11; Revised 12/29/11; 11/18/2013; 11/01/2014; 3/23/2015; 3/5/2019, 7/01/2019, 1/1/20, 5/18/20, 6/28/21, 9/30/2021, 3/8/2022, 3/24/2022, 6/27/2022, 9/7/2022, 4/4/2023, 6/26/2023, 9/21/2023, 10/17/2023, 11/10/2023, 1/29/2024, 3/25/24 Annual Review 5/2012, 4/2013, 11/2013, 11/2014, 3/2015, 1/2016, 11/2016, 3/2017, 11/2017, 11/2018, 11/2019, 7/2020, 7/2021, 7/2022, 7/2023

References

1. ACIP Vaccine Recommendations and Guideline. [ACIP Vaccine Recommendations and Guidelines](http://www.cdc.gov/vaccines/schedules/index.html) <http://www.cdc.gov/vaccines/schedules/index.html>
2. U.S. Preventive Services Task Force A and B recommendations. <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations>
3. <https://www.healthcare.gov/preventive-care-children/>
4. <https://www.healthcare.gov/preventive-care-adults/>
5. Women's Preventive Services Guidelines <https://www.hrsa.gov/womensguidelines/>
6. Women's Preventive Services Initiative (WPSI) <https://www.womenspreventivehealth.org/>.
7. American Academy of Pediatrics / Bright Futures / Recommendations for Pediatric Preventive Healthcare. (For ages 0–21): https://www.aap.org/en-us/Documents/periodicity_schedule.pdf