



Preventive care services
for commercial members





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This schedule is a reference tool for planning your preventive care, and lists items/services covered under the Patient Protection and Affordable Care Act (ACA) of 2010 and the Health Care and Education Reconciliation Act of 2010. In accordance with the ACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change.

Your specific needs for preventive services may vary according to your personal risk factors. Your health care provider is always your best resource for determining if you're at increased risk for a condition. Some services may require precertification/preapproval.

This document does not apply to members enrolled in Medicare Advantage plans.

If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

Preventive care services for adults

Preventive service	Recommendation
Visits	
<p>Preventive exams</p> <p>Services that may be provided during the preventive exam include but are not limited to the following:</p> <ul style="list-style-type: none"> • High blood pressure screening (office-based) • Behavioral counseling for skin cancer 	One exam annually for all adults
Screenings	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males age 65 to 75 years with a history of smoking
Abnormal blood glucose and Type 2 diabetes mellitus screening and intensive behavioral counseling	Adults 40 to 70 years who are overweight or obese Intensive behavioral counseling interventions, up to 24 sessions, for adults with a positive screening result
Alcohol and drug use/misuse screening and behavioral counseling intervention	Screening for all adults Behavioral counseling in a primary care setting for adults with a positive screening result for drug or alcohol use/misuse
Colorectal cancer screening	Adults age 45 to 75 years using any of the following tests: <ul style="list-style-type: none"> • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every five years • CT colonography: once every five years • Stool DNA testing: alone or combined with highly sensitive fecal immunochemical testing once every three years • Colonoscopy: once every 10 years For individuals at increased/high risk of developing colorectal cancer, earlier or more frequent testing may be indicated.
Depression screening	Annually for all adults
Glaucoma screening	Adults 35 years or older every 5 years
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection
Hepatitis C virus (HCV) screening	All asymptomatic adults age 18 years and older at high risk with no history of liver disease or functional abnormalities or as a one-time screening for adults born between 1945 and 1965
High blood pressure screening	Ambulatory blood pressure monitoring for individuals with elevated blood pressure without known hypertension
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic individuals 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Individuals 40 years or older every 5 years
Lung cancer screening	Adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Obesity screening and behavioral intervention	Obesity screening for all adults Behavioral intervention for adults with a body mass index (BMI) of 30 kg/m ² or higher
Prostate cancer screening with digital rectal exam	Asymptomatic males 40 years or older with a family history of prostate cancer or other prostate cancer risk factors Asymptomatic males 50 years or older
Prostate cancer screening with prostate specific antigen (PSA)	Asymptomatic males 40 years or older with a family history of prostate cancer or other prostate cancer risk factors Asymptomatic males 50 years or older
Syphilis infection screening	All adults at increased risk for syphilis infection

Preventive service	Recommendation
Therapy and counseling	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Intensive behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults age 18 years and older diagnosed as overweight or obese with known cardiovascular disease risk factors
Counseling for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Tobacco use counseling	All adults who use tobacco products
Medications	
Low-dose aspirin	Adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular disease 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
Prescription bowel preparation medication	For colorectal cancer screening procedures when medically appropriate and prescribed by a health care provider (The company-designated prescription bowel preparation medication is PEG 3350- electrolyte, GavilyteC, Gavilyte-G, Gavilyte-N, Trilyte with flavor packets, Gavilyte-H with bisacodyl, and PEG-prep for \$0 cost share. All other prescription bowel preparation medication will be subject to the applicable member's cost-share.)
Statin for the primary prevention of cardiovascular disease	Individuals 40 to 75 years with no history of cardiovascular disease with one or more cardiovascular disease risk factors and with a calculated 10 year risk of cardiovascular event of 10 % or greater based on the American College of Cardiology/American Heart Association Pooled Cohort Equations (Lovastatin is the designated statin for \$0 cost share. All other statins will be subject to the applicable member's cost-share.)
Tobacco cessation medication	All adults who use tobacco products (The company-designated tobacco cessation medication is Chantix®, bupropion, Nicotrol®, generic nicotine gums and patches for \$0 cost share. All other tobacco cessation medication will be subject to the applicable member's cost-share.)
Miscellaneous	
Hemoglobin testing	Annually for adults 20 years or older

Immunizations¹

Vaccine	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza	1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years					
Varicella	2 doses					
Human papillomavirus (HPV), Female	3 doses					
Human papillomavirus (HPV), Male	3 doses	3 doses				
RZV (preferred)				2 doses		
ZVL					1 dose	
Measles, mumps, rubella (MMR)	1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13)	1 time dose					1 time dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses					1 dose
Hepatitis A	2 or 3 doses					
Hepatitis B	3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)	1 or more doses					
Meningococcal B (MenB)	2 or 3 doses					
Haemophilus influenzae type b (Hib)	1 or 3 doses					

¹ More information about recommended immunizations is available from the Centers for Disease Control at cdc.gov/vaccines/schedules.

■ For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster

■ Recommended if some other risk factor is present (on the basis of medical, occupational, lifestyle, or other indication)

Talk to your health care provider about preventive services you receive to determine the treatment that is best for you.

Preventive care services for women, including pregnant women

Preventive service	Recommendation
Visits	
<p>Prenatal care visits</p> <p>Services that may be provided during the prenatal care visits include but are not limited to preeclampsia screening</p>	All pregnant women
<p>Well-woman visits</p> <p>Services that may be provided during the well-woman visit include but are not limited to the following:</p> <ul style="list-style-type: none"> • BRCA-related cancer risk assessment • Discussion of chemoprevention for breast cancer • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary incontinence screening 	At least annually
Screenings	
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks gestation or at the first prenatal visit, if later
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with either personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females age 40 years and older
Cervical cancer screening (Pap test)	Ages 21 to 65: Every three years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Depression screening	Pregnant and postpartum females
Diabetes mellitus screening after pregnancy	Females with a history of gestational diabetes mellitus and no history of type 2 diabetes mellitus
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females age 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females
Human papillomavirus (HPV) screening	Age 30 and older: Every three years Ages 30 to 65: Every five years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Iron-deficiency anemia screening	All asymptomatic pregnant females

Preventive service	Recommendation
Screenings	
Osteoporosis (bone mineral density) screening	Every two years for females younger than 65 years who are at high risk for osteoporosis Every two years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females, follow-up testing for females at high risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Therapy and Counseling	
Tobacco counseling	All pregnant females who smoke tobacco products
Medications	
Low-dose aspirin for preeclampsia	Low-dose aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
Breast cancer chemoprevention	Asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention (The company-designated breast cancer chemoprevention is tamoxifen 20mg for \$0 cost share. All other breast cancer chemoprevention medication will be subject to the applicable member's cost-share.)
Folic acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Miscellaneous	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant females and during the postpartum period
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

Preventive care services for children

Preventive service	Recommendation
Visits	
Pre-birth exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams	All children up to 21 years of age, with preventive exams provided at:
Services that may be provided during the preventive exam include but are not limited to the following:	<ul style="list-style-type: none"> • 3–5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3–21 years: annual exams
<ul style="list-style-type: none"> • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by health care providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Hemoglobin/hematocrit risk assessment • Obesity screening • Oral health risk assessment • Psychosocial/behavioral assessment 	

Preventive service	Recommendation
Screenings	
Alcohol and drug use/misuse screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Autism and developmental screening	All children
Bilirubin screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression screening	Annually for all children age 11 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated
Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn metabolic screening panel (e.g., congenital hypothyroidism, hemoglobinopathies [sickle cell disease], phenylketonuria [PKU])	All newborns
Syphilis screening	All sexually active children up to age 21 years with an increased risk for infection
Visual impairment screening	All children up to age 21 years
Additional screening services and counseling	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents at increased risk for sexually transmitted infections
Obesity screening and behavioral counseling	Children 6 years or older Behavioral counseling for children 6 years or older with an age-specific and sex-specific BMI in the 95th percentile or greater
Medications	
Fluoride	Oral fluoride for children age 6 months to 5 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
Miscellaneous	
Fluoride varnish application	Twice a year for all infants and children starting at age of primary tooth eruption to 5 years of age
Hemoglobin/hematocrit testing	Following a positive risk assessment or in children where laboratory testing is indicated for children up to age 21 years
Tuberculosis testing	All children up to age 21 years

Immunizations (Note: For age 19 to 21 years, refer to the adult schedule)¹

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B (Hep B)	1st dose	2nd dose			3rd dose											
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	3rd dose (if needed)											
Diphtheria, tetanus, & acellular pertussis (DtaP: < 7 yrs)			1st dose	2nd dose	3rd dose			4th dose			5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose			3rd or 4th dose									
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		4th dose									
Inactivated poliovirus (IPV: < 18 yrs)			1st dose	2nd dose	3rd dose					4th dose						
Influenza (IIV; LAIV) 2 doses for some					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (IIV) 1 dose only					
Measles, mumps, rubella (MMR)							1st dose					2nd dose				
Varicella (VAR)						1st dose					2nd dose					
Hepatitis A (HepA)						2-dose series										
Meningococcal11 (Hib-MenCY> 6 weeks; MenACWY-D >9 mos; MenACWY-CRM ≥ 2 mos)													1st dose		2nd dose	
Tetanus, diphtheria, & acellular pertussis12 (Tdap: >7 yrs)													(Tdap)			
Human papillomavirus13 (2vHPV: females only; 4vHPV, 9vHPV: males and females)													(3-dose series)			
Meningococcal B																
Pneumococcal polysaccharide5 (PPSV23)																

¹ More information about recommended immunizations is available from the Centers for Disease Control at cdc.gov/vaccines/schedules.

Children: cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Adult: cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

- Range of recommended ages for all children
- Range of recommended ages for certain high-risk individuals
- Range of recommended ages for catch-up immunization
- Range of recommended ages during which catch-up is encouraged and for certain high-risk individuals



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