

2021 Preventive Services Reference Guide for Members

Pending Approval by the Pennsylvania Insurance Department.

In accordance with the Patient Protection and Affordable Care Act of 2010 (PPACA), many preventive services, including screening tests and immunizations, are covered by UPMC Health Plan at no cost to you. Below is a list of services that should be covered without a copayment or coinsurance and without the need to meet your deductible as long as the services are delivered by a network provider and in compliance with the terms of the preventive recommendation. Please be aware that this list may be amended from time to time to comply with federal requirements. A complete listing of recommendations and guidelines can always be found at www.healthcare.gov/coverage/preventive-care-benefits.

Please note, routine preventive exams may result in specific diagnoses from your doctor or the need for additional follow-up care. If you require follow-up care or if you're already being treated for a condition, injury, or illness, services related to such care, even if included on the list below, may not be considered preventive and may result in health care expenses, such as copayments and coinsurance. If you have any questions, call your Health Care Concierge team at **1-888-876-2756 (TTY: 711)**.

Under some plans that are "grandfathered" under the Affordable Care Act, you may have to pay all or part of the cost of routine preventive services. Please refer to your specific Schedule of Benefits.

Covered Preventive Services for Adults (Ages 19 and older)

EXAMINATION AND COUNSELING

Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Blood pressure	Annually as part of a physical or well-visit				
Depression	Each visit as appropriate				
General physical exam	Annually				
Screen/Counsel/Refer for tobacco use, alcohol misuse, substance abuse, skin cancer, healthy diet, and intimate partner violence	Each visit as appropriate				
Sexually transmitted infection (STI) prevention counseling	Each visit for adults at high risk				
Weight loss to prevent obesity-related morbidity and mortality	Offer or refer adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions				

SCREENINGS

Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Abdominal aortic aneurysm screening					One-time screening with ultrasonography in men ages 65 to 75 years who have smoked
Anxiety screening	Screening intervals based upon clinical judgment				
Aspirin use for the prevention of cardiovascular disease (CVD) and colorectal cancer				Members ages 50-59 with a 10% or greater 10-year cardiovascular risk*	
Blood pressure monitoring	If blood pressure numbers are high, additional monitoring with home blood pressure monitoring outside of the doctor's office or clinic to confirm diagnosis of high blood pressure before starting treatment				
BRCA screening and counseling	One-time genetic assessment for members with a personal or family history of breast, ovarian, tubal, or peritoneal cancer, as recommended by their doctor. Members with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.				
Breast cancer preventive medications		Risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, for members ages 35 years or older who are at increased risk for breast cancer and at low risk for adverse medication effects*			
Breast cancer screening				Annually	
Cervical cancer screening	For members ages 21-29, screening every three years with cervical cytology alone	For members ages 30-65 years, screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (cotesting)			

Covered Preventive Services for Adults (Ages 19 and older) (cont'd)

SCREENINGS

Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Chlamydia screening	Sexually active members ages 24 and younger	Members who are at increased risk			
Cholesterol screening	Screening every five years for members age 20 and older; more frequently for those at increased risk for cardiovascular disease				
Colorectal cancer screening				Screening provided for asymptomatic members ages 50-75 who are at average risk of colorectal cancer and who do not have inflammatory bowel disease, previous adenomatous polyp(s), previous colorectal cancer, or a family history that predisposes them to a high risk of colorectal cancer. Screening procedures (fecal occult blood test, sigmoidoscopy, and colonoscopy) are subject to provider recommendation. Frequency of screening depends upon recommended procedure. Bowel preparations for colonoscopy limited to two prescriptions per year.* Contact Member Services with additional questions.	
Contraception	U.S. Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling*				
Diabetes mellitus, type 2			Screening for abnormal blood glucose for members ages 40-70 who are overweight or obese		
Diabetes mellitus, type 2 (after pregnancy)	Screening for members with a history of gestational diabetes mellitus who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus. Members with a negative initial postpartum screening test result should be rescreened at least every three years for a minimum of 10 years after pregnancy. For members with a positive postpartum screening test result, testing to confirm the diagnosis of diabetes is indicated regardless of the initial test. Repeat testing is indicated in members who were screened with hemoglobin A1c in the first six months postpartum regardless of the result.				
Gonorrhea screening	Sexually active members ages 24 and younger	Members who are at increased risk			
Fall prevention					Community-dwelling members ages 65 and older who are at increased risk for falls may receive exercise interventions to aid in fall prevention.
Hepatitis B screening	Members who are at increased risk				
Hepatitis C virus infection screening	Recommended one-time screening for asymptomatic members ages 18-79 who are considered low risk following clinical assessment and who have not been diagnosed with liver disease. Screenings as necessary for asymptomatic members who have not been diagnosed with liver disease but who are at increased risk following clinical assessment.				
Human immunodeficiency virus (HIV) infection prevention	Preexposure prophylaxis (PrEP) with effective antiretroviral therapy for members who are at high risk of HIV acquisition*				
Human immunodeficiency virus (HIV) screening	Members ages 15-65 and/or sexually active members who are younger than 15 or older than 65				
Lung cancer screening				Members ages 55-80 who have a 30 pack-year smoking history and currently smoke or, members ages 55-80 who have a 30-pack year smoking history but have quit within the past 15 years may receive an annual lung cancer screening at a Center of Excellence.	
Osteoporosis screening			One-time screening for osteoporosis with bone density 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 tool	One-time screening for osteoporosis with bone density testing to prevent osteoporotic fractures in women 65 years and older	

Covered Preventive Services for Adults (Ages 19 and older) (cont'd)

SCREENINGS

Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Statin use for the prevention of cardiovascular disease (CVD)			Members ages 40-75 with no history of CVD, one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater*		
Syphilis screening	Members who are at increased risk				
Tobacco cessation medications ¹	Up to 180 days of pharmacotherapy per year for members age 18 and older who smoke, as prescribed by your doctor*				
Tuberculosis screening	Members who are at increased risk				
Urinary incontinence	Annually				

¹Pharmacotherapy approved by the U.S. Food and Drug Administration and identified as effective for treating tobacco dependence in nonpregnant adults; coverage includes several forms of generic nicotine replacement therapy (gum, lozenge, and transdermal patch), sustained-release bupropion, Nicotrol nasal spray, Nicotrol inhaler, and Chantix.

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized or for certain contraceptive categories where generics are not available. Preventive coverage of contraception includes at least one medication or device in each of the U.S. Food and Drug Administration identified methods. Some devices are covered only under the medical benefit. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

PREVENTIVE SERVICES FOR PREGNANCIES

Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
Alcohol and tobacco use screening	Expanded counseling and interventions for pregnant members				
Aspirin use for the prevention of preeclampsia	Pregnant members who are at high risk for preeclampsia after 12 weeks of gestation*				
Bacteriuria screening	Screening for asymptomatic bacteriuria using urine culture in pregnant members				
Breastfeeding	Comprehensive support and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing members				
Chlamydia & Gonorrhea Screening	Pregnant members ages 24 and younger or pregnant members 25 and older who are at increased risk				
Diabetes mellitus after pregnancy	Screening provided. See Covered Preventive Services for Adults for more information.				
Folic acid supplements (< 1 mg)	Members who are or may become pregnant*				
Gestational diabetes screening	Members 24 to 28 weeks pregnant and at first prenatal visit for those at high risk of developing gestational diabetes				
Hepatitis B virus infection screening	Screening for pregnant members at their first prenatal visit				
HIV screening	Screening for pregnant members				
Perinatal depression	Screen or refer members for depression counseling for all pregnant and postpartum (less than one year) members				
Preeclampsia screening	Screening in pregnant members with blood pressure measurements throughout pregnancy				
Rh(D) incompatibility screening	Screening for pregnant members at first prenatal visit and follow-up testing for pregnant members with increased risk				
Syphilis screening	Early screening for pregnant members				

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized or for certain contraceptive categories where generics are not available. Preventive coverage of contraception includes at least one medication or device in each of the U.S. Food and Drug Administration identified methods. Some devices are covered only under the medical benefit. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Recommended Immunization Schedule for Adults

VACCINE ▼ AGE GROUP ►	19-26 years	27-49 years	50-64 years	≥ 65 years
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Hepatitis A	2 or 3 doses depending on vaccine			
Hepatitis B	2 or 3 doses depending on vaccine			
Human papillomavirus (HPV) (female and male)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Influenza* (flu shot)	1 dose annually			
Measles, mumps, rubella (MMR)*	1 or 2 doses depending on indication			
Meningococcal A, C, W, Y	1 or 2 doses depending on indication [†]			
Meningococcal B (MenB) [^]	1 or 2 doses depending on indication [^]			
Pneumococcal 13-valent conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Tetanus, diphtheria, pertussis (Td/Tdap)	Substitute Tdap for Td once, then boost with either Tdap or Td every 10 years or as clinically necessary			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster live (ZVL)			1 dose	
Zoster recombinant (RZV)			2 doses	

 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 (e.g., on the basis of medical, occupational, lifestyle, or other indication).

 Range of recommended ages for nonrisk groups that may receive vaccine, subject to individual clinical decision making

[†]Special situations for MenACWY:

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:** 2-dose series MenACWY (Menactra, Menveo) at least eight weeks apart and revaccinate every five years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, microbiologists routinely exposed to *Neisseria meningitidis*:** 1 dose MenACWY (Menactra, Menveo) and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) and military recruits:** 1 dose MenACWY (Menactra, Menveo)

[^]Shared clinical decision making for MenB:

- **Adolescents and young adults ages 16 through 23 years (ages 16 through 18 years preferred) not at increased risk for meningococcal disease:** Based on shared clinical decision making, 2-dose series MenB-4C at least one month apart, or 2-dose series MenB-FHbp at 0, 6 months (if dose 2 was administered less than six months after dose 1, administer dose 3 at least four months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)

Special situations for MenB:

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use, microbiologists routinely exposed to *Neisseria meningitidis*:** 2-dose primary series MenB-4C (Bexsero) at least one month apart, or 3-dose primary series MenB-FHbp (Trumenba) at 0, 1-2, 6 months (if dose 2 was administered at least six months after dose 1, dose 3 not needed); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series); 1 dose MenB booster one year after primary series and revaccinate every 2-3 years if risk remains
- **Pregnancy:** Delay MenB until after pregnancy unless at increased risk and vaccination benefits outweighs potential risks

Covered Preventive Services for Children

EXAMINATIONS

Services	Infancy									
	Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo
Anemia screening			X			X	X	X	X	X
Autism screening								X	X	
Behavioral assessments	X	X	X	X	X	X	X	X	X	X
Body mass index (BMI) measurements									X	X
Developmental screening					X			X		X
Developmental surveillance	X	X	X	X		X	X		X	
Hearing	Once at birth and once before end of two months									
Lead screening						X			X	Ages 30 months to 5 years and as required by local or state law
Skin cancer behavioral counseling				Children with fair skin up to 24 years						
Vision	Assess through observation or health history/physical									
Well-child, including height and weight	X	X	X	X	X	X	X	X	X	X

SCREENINGS

Services	Infancy									
	Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo
Congenital hypothyroidism	X									
Fluoride supplements	For children ages 6 months through 16 years whose water supply is deficient in fluoride*									
Fluoride varnish to primary teeth	All children annually beginning at first primary tooth eruption to 5 years									
Gonorrhea (preventive medication)	X									
Hearing	Newborn through 24 months									
Newborn blood	X	X								
Phenylketonuria (PKU)	X									
Sickle cell test	X					As indicated by history and/or symptoms				
TB testing	As recommended by doctor and based on history and/or signs and symptoms									

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Covered Preventive Services for Children (cont'd)

EXAMINATIONS

Services	Childhood															
	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr
Amblyopia screening		X														
Behavioral assessments	Annually															
Blood pressure	Annually															
Body mass index (BMI) measurements	Annually															
Depression and anxiety											Screen/Counsel for major depressive disorder (MDD) and anxiety in adolescents ages 12 to 18 years					
Developmental surveillance	Annually															
Hearing		X	X	X		X		X		X				X		Once b/t 18-21 yrs
Lead screening	Ages 30 months to 5 years and as required by local or state law															
Screen/Counsel for alcohol and drug use, sexually transmitted infections, tobacco use, and intimate partner violence as needed											Annually					
Skin cancer behavioral counseling	Children with fair skin up to 24 years															
Vision	Annually															
Well-child, including height and weight	Annually															

SCREENINGS

Services	Childhood															
	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr
Cholesterol dyslipidemia screening							X									X
Chlamydia, Gonorrhea, & Syphilis Screening													Members who are at increased risk			
Fluoride supplements	For children ages 6 months through 16 years whose water supply is deficient in fluoride*															
Fluoride varnish to primary teeth	All children annually beginning at first primary tooth eruption to 5 years															
Human immunodeficiency virus (HIV)										Children at increased risk as determined by clinical assessment			Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.			
Obesity screening				Annually through 18 years												
Sickle cell test	As indicated by history and/or symptoms															
TB testing	As recommended by doctor and based on history and/or signs and symptoms															

*Member must have pharmacy benefits through UPMC Health Plan. Prescription required. Preventive coverage of prescription drugs is limited to generics unless a medical exception is authorized. For questions about preventive coverage of contraceptives or other prescription drugs, please contact our Health Care Concierge team at the number listed on the back of your member ID card.

Recommended Immunization Schedule for Children

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	
Diphtheria, tetanus, and 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										
Hepatitis A (HepA)							2-dose series [‡]										
Hepatitis B (HepB)	1st dose	2nd dose			3rd dose												
Human papillomavirus (HPV)															2-dose series		
Inactivated poliovirus (IPV) (< 18 yrs)			1st dose	2nd dose	3rd dose							4th dose					
Influenza (flu shot), (IIV) 2 doses for some					Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only					
Measles, mumps, rubella (MMR)							1st dose					2nd dose					
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)															1st dose		Booster
Meningococcal B																	
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose		4th dose										
Pneumococcal polysaccharide (PPSV23)																	
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose													
Tetanus, diphtheria, and acellular pertussis (Tdap: ≥ 7 yrs)															Tdap		
Varicella (VAR)							1st dose					2nd dose					

 Range of recommended ages for all children

 Range of recommended ages for catch-up immunization

 Range of recommended ages for certain high-risk groups

 Range of recommended ages for nonrisk groups that may receive vaccine, subject to individual clinical decision making

[‡]**Hepatitis A (HepA):** Two doses should be administered six months apart. Recommended minimum age for first dose is at age 12 months.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

