

# PREVENTIVE CARE SCHEDULE

For UniCare State Indemnity Plan/Medicare Extension members

**Effective July 1, 2018**

The Plan covers preventive or routine office visits, physical exams and other related preventive services listed in the table below. Preventive exams are covered according to the schedule issued by Massachusetts Health Quality Partners.

The preventive services listed here are covered at 100% of the allowed amount, subject to the gender, age and limits shown in the table.

**Your doctor must submit claims with preventive diagnosis and procedure codes to be covered at 100% as a preventive service. Preventive services don't include services to treat an existing condition. If, during your preventive visit, you get services to treat an existing condition, you may owe member costs for those services.**

Please note that the preventive services listed here are not recommended for everyone. You and your doctor should decide what care is appropriate for you.

Preventive service	Men	Women	Children	Age	How often / limits
<b>Abdominal aortic aneurysm screening</b>	■	■		65-75	One time
<b>Alcohol misuse screening and counseling</b>	■	■			Part of the preventive exam
<b>Anemia screening</b>		■	■		Part of the preventive exam
<b>Blood pressure screening</b>	■	■			Part of the preventive exam
<b>Bone density testing – Screening for osteoporosis</b>		■		40 and older	Every 2 years
<b>BRCA risk assessment and genetic counseling / testing – For breast cancer</b>		■			One time
<b>Breast cancer counseling and preventive medications</b>		■			Part of the preventive exam
<b>Breastfeeding counseling</b>		■			Part of the preventive exam
<b>Cardiovascular disease prevention – Nutritional and physical activity counseling for high-risk adults</b>	■	■			Part of the preventive exam
<b>Chlamydia screening</b>		■	■		Every 12 months

PREVENTIVE CARE SCHEDULE FOR MEDICARE EXTENSION (continued)

Preventive service	Men	Women	Children	Age	How often / limits
<b>Cholesterol screening</b>	■	■			Every 12 months
<b>Colorectal cancer screening</b> – Includes colonoscopies, fecal occult blood testing, and other related services and tests Colonoscopies for members under 50 are covered under limited circumstances	■	■		50 and older	<ul style="list-style-type: none"> <li>■ Every 5 years (60 months)</li> <li>■ Every 12 months for fecal occult blood test</li> </ul>
<b>Depression screening</b>	■	■	■		Part of the preventive exam
<b>Developmental and behavioral screening</b>			■		Part of the preventive exam
<b>Diabetes screenings:</b> <ul style="list-style-type: none"> <li>■ Type 2 diabetes</li> <li>■ Gestational diabetes in pregnant women</li> </ul>	■	■			Part of the preventive exam
<b>Domestic violence screening</b> – For women of childbearing age		■			Part of the preventive exam
<b>Fluoride supplements</b> – For children, starting at the age of primary tooth eruption			■	Up to age 5	
<b>Gonorrhea preventive medication</b> – For newborns			■		At birth
<b>Gonorrhea screening</b>		■			Every 12 months
<b>Gynecological exams</b>		■	■		Every 12 months
<b>Hearing testing</b> – Screening for newborns			■		At birth
<b>Height, weight and body mass index (BMI) measurements</b>	■	■	■		Part of the preventive exam
<b>Hepatitis B screening</b>	■	■	■		
<b>Hepatitis C screening</b>	■	■	■		
<b>HIV screening</b> – For the virus that causes AIDS	■	■	■		
<b>HPV (human papillomavirus) testing</b> – For cervical cancer		■		30 and older	Every 3 years for women with normal cytology results
<b>Hypothyroidism screening</b> – For newborns			■		At birth
<b>Immunizations</b>	■	■	■		
<b>Iron supplements for anemia</b> – For at-risk babies			■	6 to 12 months	

PREVENTIVE CARE SCHEDULE FOR MEDICARE EXTENSION (continued)

Preventive service	Men	Women	Children	Age	How often / limits
<b>Lab tests</b> – Other covered screening lab tests for adults: <ul style="list-style-type: none"> <li>▪ Hemoglobin</li> <li>▪ Urinalysis</li> <li>▪ Chemistry profile, including:               <ul style="list-style-type: none"> <li>– Complete blood count (CBC)</li> <li>– Glucose</li> <li>– Blood urea nitrogen (BUN)</li> <li>– Creatinine transferase alanine amino (SGPT)</li> <li>– Transferase asparate amino (SGOT)</li> <li>– Thyroid stimulating hormone (TSH)</li> </ul> </li> </ul>	■	■			Part of the preventive exam
<b>Lead exposure screening</b> – For children			■		
<b>Lung cancer scan</b> – CT lung scan for adults who have smoked	■	■		55-80 years	Every 12 months
<b>Mammograms</b> – Screening for breast cancer		■		35 and older	<ul style="list-style-type: none"> <li>▪ Once between the ages of 35 and 40</li> <li>▪ Yearly after age 40</li> </ul>
<b>Nutritional counseling</b> – For children at high risk of obesity			■		
<b>Obesity screening and counseling</b>	■	■	■		Part of the preventive exam
<b>Oral health assessment</b>			■		Part of the preventive exam
<b>Pap smears</b> – Screening for cervical cancer		■			Every 12 months
<b>Phenylketonuria (PKU) screening</b> – For newborns			■		At birth
<b>Preventive exams</b> – For children up to age 19			■		<ul style="list-style-type: none"> <li>▪ Four exams while the newborn is in the hospital</li> <li>▪ Five exams until 6 months of age; then</li> <li>▪ Every two months until 18 months of age; then</li> <li>▪ Every three months from 18 months of age until 3 years of age; then</li> <li>▪ Every 12 months from 3 years of age until 19 years of age</li> </ul>

PREVENTIVE CARE SCHEDULE FOR MEDICARE EXTENSION *(continued)*

Preventive service	Men	Women	Children	Age	How often / limits
<b>Preventive exams</b> – For adults age 19 and over	■	■			Every 12 months
<b>Prostate cancer screening</b> – Digital rectal exam and PSA test	■			50 and older	<ul style="list-style-type: none"> <li>■ Digital exam – Part of the preventive exam</li> <li>■ PSA test – Every 12 months</li> </ul>
<b>Rh incompatibility screening</b> – For pregnant women		■			
<b>Sexually transmitted infections (STI) counseling</b>	■	■	■		Part of the preventive exam
<b>Sickle cell disease screening</b> – For newborns			■		At birth
<b>Skin cancer behavioral counseling</b>	■	■	■		Part of the preventive exam
<b>Syphilis screening</b>	■	■	■		
<b>Tuberculosis screening</b>	■	■			
<b>Urinary tract infections (UTI) screening</b> – During pregnancy (asymptomatic bacteriuria)		■			
<b>Vision screening</b>			■		Part of the preventive exam

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