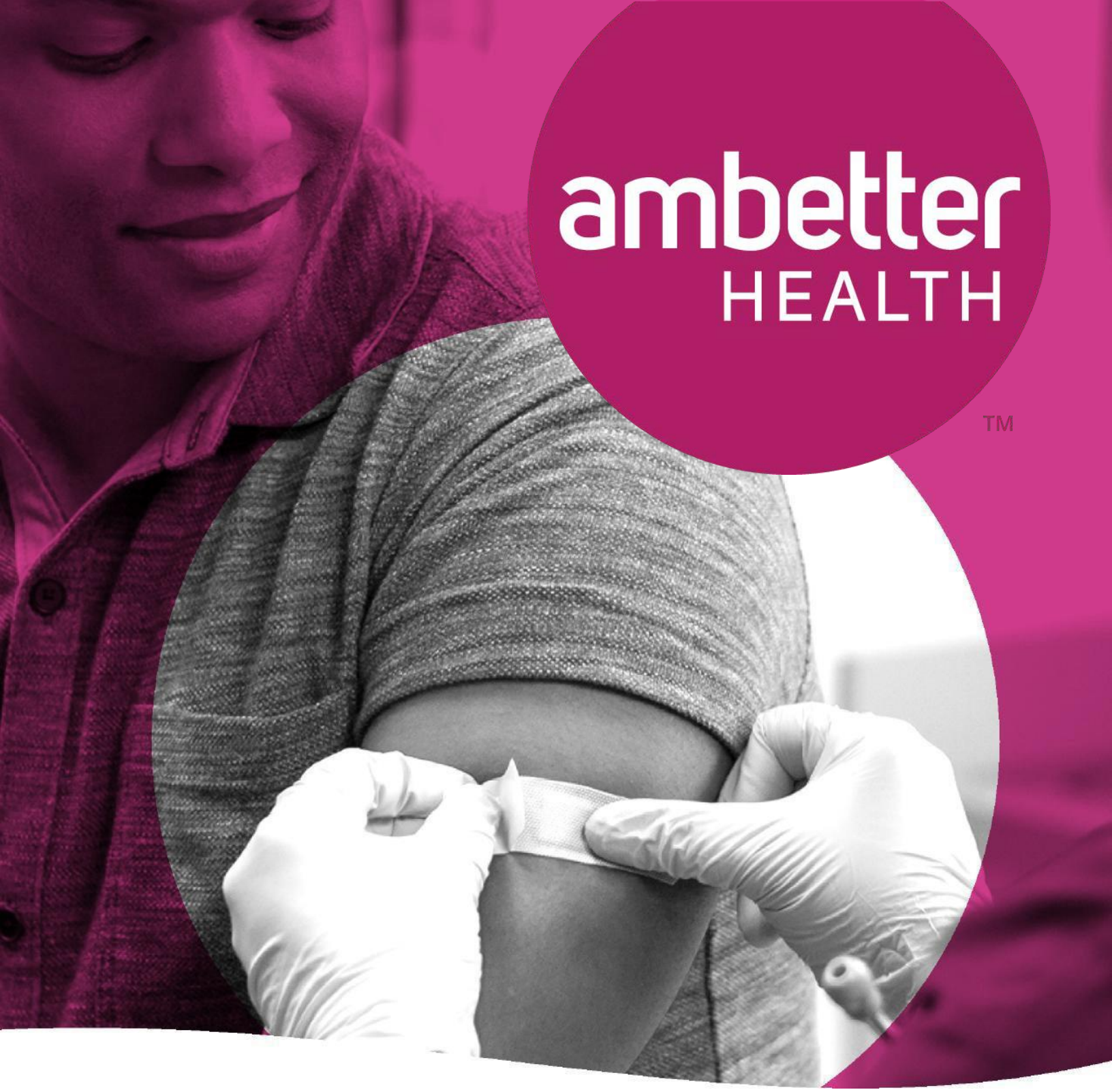

Preventive Services Guide

Effective January 1, 2023

AMB22-OK-C-00072

Preventive Care Guide

Overview (Federal Preventive Care Requirements): The federal Patient Protection and Affordable Care Act (PPACA) requires non-grandfathered health plans to cover certain services under preventive care, without cost sharing to members when provided by an in-network provider. This coverage includes:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF).

    - Published USPSTF A/B recommendations can be found at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

- Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

    - Published ACIP recommended immunization schedules can be found at: https://www.cdc.gov/vaccines/schedules/hcp/index.html

- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). HRSA endorses preventive guidelines established by the American Academy of Pediatrics (AAP) for the health and well-being of infants, children and adolescents. These recommendations are referred to as Bright Futures.

    - Published Bright Futures recommendations can be found at: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the HRSA.

    - Published HRSA recommendations (for women) can be found at: https://www.hrsa.gov/womens-guidelines

Note: Coverage of preventive care services must become effective upon a plan's start or anniversary date that is one year after the date a new recommendation or guideline is issued.

PPACA states reasonable medical management techniques may be used to determine coverage limitations if a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service. Reasonable medical management techniques may include precertification, concurrent review, claim review, or similar practices to determine coverage limitations under the plan. These established reasonable medical management techniques and practices may be utilized to determine frequency, method, treatment or setting for the provision of a recommended preventive service.

In addition to the designated services identified by the above-listed sources, wellness examinations for all populations – children and adults – and services that are integral to the furnishing of a specific preventive care benefit (e.g., anesthesia provided during sterilization surgery for women) are included under preventive care coverage.

Ambetter Preventive Care Coverage: All Ambetter plans provide preventive care coverage in accordance with the above-listed PPACA requirements. If two recommendations address the same benefit, but differ (e.g., USPSTF's breast cancer screening recommendation vs. HRSA's breast cancer screening recommendation), the richest coverage applies. Although this documentation only focuses on federal requirements (national preventive care coverage), we do cover additional preventive care benefits when required by state law.

Preventive care refers to measures or services taken to promote health and early detection/prevention of diseases and injuries, rather than treating them or curing them. Preventive care may include, but is not limited to, examinations and screening tests tailored to an individual's age, health, and family history. All preventive care received from an in-network Ambetter provider is covered with no cost share (i.e., covered at 100% (of the contracted amount) – without deductible, coinsurance or copayment).

Please keep in mind, certain covered services can be provided for preventive or diagnostic reasons. When a covered preventive service is performed for the purpose of preventive screening and is appropriately reported (billed by the provider), it will fall under the preventive care services benefit. This includes services directly related to the performance of a covered preventive care service. Examples of preventive services are those performed on a person who:

- Has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
- Has had the preventive screening done within the recommended interval with the findings considered normal; or
- Has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.

However, when a covered service is performed for diagnostic purposes, it will not fall under preventive care, but rather under the applicable non-preventive medical benefit. Examples of diagnostic services are those performed on a person who:

- Had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
- Had abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals; or
- Had a symptom(s) that required further diagnosis; or
- Does not fall within the applicable population for a recommendation or guideline.

The following table (beginning on page 3) provides an overview of available preventive care coverage. IMPORTANT: If a preventive care service is recommended for a specific gender (e.g., men or women), this is in reference to the individual's sex assigned at birth, rather than gender identity.

Member Questions: For any questions regarding preventive care coverage, please talk to your physician directly or call us at the toll-free number listed on the back of your Ambetter ID card.

Acronyms:

- **AAP:** American Academy of Pediatrics
- **ACIP:** Advisory Committee on Immunization Practices
- **CDC:** Centers for Disease Control and Prevention
- **EOC:** Evidence of Coverage
- **HRSA:** Health Resources and Services Administration
- **PPACA:** Patient Protection and Affordable Care Act.

- **USPSTF:** United States Preventive Services Task Force
- **WPSI:** Women's Preventive Services Initiative

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
Wellness Examinations	Children and Adults	Preventive medicine comprehensive evaluation and management services (i.e., wellness examinations) for well-baby, well-child and well-adult/woman include: • An age-and gender-appropriate history, • Physical examination, • Counseling/anticipatory guidance, • Risk factor reduction interventions, and • The ordering of appropriate immunization(s) and laboratory/screening procedures. *Note: The below-listed services may be provided as part of a wellness examination or at a separate encounter.*
USPSTF's A/B Recommendations		
Abdominal Aortic Aneurysm Screening	Men	**USPSTF Rating (Dec. 2019): B** The USPSTF recommends 1-time screening for abdominal aortic aneurysm with ultrasonography in men aged 65-75 years who have ever smoked.
Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality	Pregnant Women	**USPSTF Rating (Sept. 2021): B** The USPSTF recommends the use of low-dose aspirin (81 mg/day) as preventive medication after 12 weeks of gestation in persons who are at high risk for preeclampsia.
Bacteriuria Screening	Pregnant Women	**USPSTF Rating (Sept. 2019): B** The USPSTF recommends screening for asymptomatic bacteriuria using urine culture in pregnant persons.
Behavioral Counseling to Prevent Sexually Transmitted Infections	Adolescents and Adults	**USPSTF Rating (Aug. 2020): B** The USPSTF recommends behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
Behavioral Counseling to Prevent Skin Cancer	Children, Adolescents, Young Adults and Parents of Young Children	**USPSTF Rating (March 2018): B** The USPSTF recommends counseling young adults, adolescents, children and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons ages 6 months to 24 years with fair skin types to reduce their risk of skin cancer.
Breast Cancer Screening	Women	**USPSTF Rating (Jan. 2016): B** The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. ***Note:*** *Please <u>also refer to the HRSA breast cancer screening recommendation</u> on page 10; it addresses richer coverage (beginning at age 40).*
Cervical Cancer Screening	Women	**USPSTF Rating (Aug. 2018): A**

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21-29 years. For women 30 to 65 years of age, the USPSTF recommends: • Screening every 3 years with cervical cytology (pap test) alone, • Every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or • Every 5 years with hrHPV testing in combination with cytology (cotesting).
Chlamydia Infection Screening	Women	**USPSTF Rating (Sept. 2021): B** The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant persons.
Cholesterol Screening (Lipid Disorders Screening) / Statin Use for the Primary Prevention of Cardiovascular Disease in Adults	Adults	**USPSTF Rating (Aug. 2022): B** The USPSTF recommends that adults without a history of cardiovascular disease (CVD) use a low to moderate dose statin for the prevention of CVD events and mortality when all of the following criteria are met: • They are aged 40 to 75 years; • They have 1 or more CVD risk factors (such as, dyslipidemia, diabetes, hypertension or smoking); and • They have a calculated 10-year risk of a cardiovascular event of 10% or greater. Note: Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults aged 40 to 75 years.
Colorectal Cancer Screening	Adults	**USPSTF Rating (May 2021): B** The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. **USPSTF Rating (May 2021): A** The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. Several recommended screening tests are available. Clinicians and patients may consider a variety of factors in deciding which testing approach is best for each person. Recommended intervals for colorectal cancer screening tests include:

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		• High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year, • Stool DNA-FIT every 1 to 3 years, • Computed tomography colonography every 5 years, • Flexible sigmoidoscopy every 5 years, • Flexible sigmoidoscopy every 10 years + annual FIT, and • Colonoscopy screening every 10 years.
Fluoride Application in Primary Care (Prevention of Dental Caries in Children Younger than 5 Years)	Infants and Children	**USPSTF Rating (Dec. 2021): B** 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. **USPSTF Rating (Dec. 2021): B** 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.
Folic Acid for the Prevention of Neural Tube Defects	Women	**USPSTF Rating (Jan. 2017): A** 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.
Genetic Counseling and Evaluation for BRCA Testing and BRCA Lab Screening	Women	**USPSTF Rating (Aug. 2019): B** 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.
Gestational Diabetes Screening	Pregnant Women	**USPSTF Rating (Aug. 2021): B** The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant persons at 24 weeks of gestation or after.
Gonorrhea Screening	Women	**USPSTF Rating (Sept. 2021): B** The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. This recommendation applies to asymptomatic, sexually active adolescents and adults, including pregnant persons.
Healthy Diet and Physical Activity for Cardiovascular	Adults	**USPSTF Rating (Nov. 2020): B**

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions		The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity.
Healthy Weight and Weight Gain During Pregnancy: Behavioral Counseling Interventions	Pregnant Women	**USPSTF Rating (May 2021): B** 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.
Hepatitis B Virus Infection Screening	Adolescents and Adults	**USPSTF Rating (July 2019): A** The USPSTF recommends screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit. **USPSTF Rating (Dec. 2020): B** The USPSTF recommends screening for hepatitis B virus (HBV) infection in adolescents and adults at high risk for infection.
Hepatitis C Virus Infection Screening	Adults	**USPSTF Rating (March 2020): B** The USPSTF recommends screening for hepatitis C virus infection in adults aged 18-79 years.
Human Immunodeficiency Virus (HIV) Screening	Adolescents and Adults	**USPSTF Rating (June 2019): A** The USPSTF recommends that clinicians screen for HIV infection in: • Adolescents and adults aged 15-65 years. • Younger adolescents and older adults who are at increased risk of infection should also be screened. • All pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.
Interventions for Tobacco Smoking Cessation in Adults, including Pregnant Persons	Adults	**USPSTF Rating (Jan. 2021): A** 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. **USPSTF Rating (Jan. 2021): A** 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.
Latent Tuberculosis Infection: Screening	Adults	**USPSTF Rating (Sept. 2016): B** The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations at increased risk. This recommendation applies to asymptomatic adults 18 years and older at increased risk for tuberculosis.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
Medication Use to Reduce Risk of Breast Cancer	Women	**USPSTF Rating (Sept. 2019): B** 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.
Newborn Screenings (Hypothyroidism, Phenylketonuria Screening and Sickle Cell Screening)	Newborns	**USPSTF Rating (March 2008): A** Hypothyroidism Screening: Screening for congenital hypothyroidism in newborns (0-90 days). **USPSTF Rating (March 2008): A** Phenylketonuria Screening: Screening for phenylketonuria (PKU) in newborns (0-90 days). **USPSTF Rating (Sept. 2007): A** Sickle Cell Screening: Screening for sickle cell disease in newborns (0-90 days).
Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum	Newborns	**USPSTF Rating (Jan. 2019): A** The USPSTF recommends prophylactic ocular topical medication for all newborns to prevent gonococcal ophthalmia neonatorum.
Osteoporosis Screening	Women	**USPSTF Rating (June 2018): B** The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. **USPSTF Rating (June 2018): B** 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 tool.
Perinatal Depression – Preventive Interventions (Counseling)	Pregnant and Postpartum Women	**USPSTF Rating (Feb. 2019): B** The USPSTF recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions.
Preeclampsia Screening	Pregnant Women	**USPSTF Rating (April 2017): B** The USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.
Prevention of Falls in Community-Dwelling Older Adults	Adults	**USPSTF Rating (April 2018): B** The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.
Prevention of Human Immunodeficiency Virus	Adolescents and Adults	**USPSTF Rating (June 2019): A**

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
(HIV) Infection: Preexposure Prophylaxis		The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. Includes related benefits: • Kidney function testing (creatinine), • Serologic testing for hepatitis B and C virus, • Testing for other STIs, • Pregnancy testing when appropriate and • Ongoing follow-up and monitoring, including HIV testing every 3 months.
Primary Care Interventions To Prevent Tobacco Use In Children And Adolescents	Children and Adolescents	**USPSTF Rating (April 2020): B** 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. **Bright Futures** recommends tobacco use assessments from age 11-21 years.
Primary Care Interventions to Promote Breastfeeding	Pregnant and Postpartum Women	**USPSTF Rating (Oct. 2016): B** The USPSTF recommends providing interventions during pregnancy and after birth to support breastfeeding.
Rh(D) Incompatibility Screening	Pregnant Women	**USPSTF Rating (Feb. 2004): A** The USPSTF recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy related care. **USPSTF Rating (Feb. 2004): B** The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Unhealthy Alcohol Use in Adults	Adults	**USPSTF Rating (Nov. 2018): B** 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.
Screening for Depression in Adults	Adults	**USPSTF Rating (Jan. 2016): B** 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.
Screening for Depression in Children and Adolescents	Adolescents	**USPSTF Rating (Feb. 2016): B**

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 -18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Screening for High Blood Pressure (Hypertension) in Adults	Adults	**USPSTF Rating (April 2021): A** The USPSTF recommends screening for hypertension in adults 18 years or older with office blood pressure measurement. The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
Screening for Intimate Partner Violence	Women	**USPSTF Rating (Oct. 2018): B** The USPSTF recommends that clinicians screen for intimate partner violence in women of reproductive age and provide or refer women who screen positive to ongoing support services.
Screening for Lung Cancer with Low-Dose Computed Tomography	Adults	**USPSTF Rating (March 2021): B** 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.
Screening for Obesity in Children and Adolescents	Children and Adolescents	**USPSTF Rating (June 2017): B** 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.
Screening for Pre-Diabetes and Type 2 Diabetes	Adults	**USPSTF Rating (Aug. 2021): B** The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.
Screening for Visual Impairment in Children	Children	**USPSTF Rating (Sept. 2017): B** The USPSTF recommends vision screening at least once in all children age 3 to 5 years to detect amblyopia or its risk factors.
Syphilis Screening	Adolescents and Adults	**USPSTF Rating (June 2016): A** The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection (asymptomatic, nonpregnant adults and adolescents who are at increased risk for syphilis infection). **USPSTF Rating (Sept. 2018): A**

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		The USPSTF recommends early screening for syphilis infection in all pregnant women.
Unhealthy Drug Use Screening (Adults)	Adults	**USPSTF Rating (June 2020): B** The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 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.)
Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions	Adults	**USPSTF Rating (Sept. 2018): B** 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.
HRSA-Supported Women's Preventive Services Guidelines		
Breast Cancer Screening	Women	Recommends that average-risk women initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. Note: Women at increased risk should also undergo periodic mammography screening; however, recommendations for additional services are beyond the scope of this recommendation.
Breastfeeding Services and Supplies	Women	WPSI recommends comprehensive lactation support services (including consultation; counseling; education by clinicians and peer support services; and breastfeeding equipment and supplies) during the antenatal, perinatal, and postpartum periods to optimize the successful initiation and maintenance of breastfeeding. Breastfeeding equipment and supplies include, but are not limited to, double electric breast pumps (including pump parts and maintenance) and breast milk storage supplies. Access to double electric pumps should be a priority to optimize breastfeeding and should not be predicated on prior failure of a manual pump. Breastfeeding equipment may also include equipment and supplies as clinically indicated to support dyads with breastfeeding difficulties and those who need additional services.
Contraception	Women	WPSI recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve birth outcomes. Contraceptive care includes screening, education,

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		counseling, and provision of contraceptives. Contraceptive care also includes follow-up care (e.g., management, evaluation and changes, including the removal, continuation, and discontinuation of contraceptives). WPSI recommends that the full range of U.S. Food and Drug Administration (FDA) approved, granted, or cleared contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care. The full range of contraceptives includes those currently listed in the FDA's Birth Control Guide: (1) sterilization surgery for women, (2) implantable rods, (3) copper intrauterine devices, (4) intrauterine devices with progestin (all durations and doses), (5) injectable contraceptives, (6) oral contraceptives (combined pill), (7) oral contraceptives (progestin only), (8) oral contraceptives (extended or continuous use), (9) the contraceptive patch, (10) vaginal contraceptive rings, (11) diaphragms, (12) contraceptive sponges, (13) cervical caps, (14) condoms, (15) spermicides, (16) emergency contraception (levonorgestrel), and (17) emergency contraception (ulipristal acetate), as well as any additional contraceptives approved, granted, or cleared by the FDA. Also, instruction in fertility awareness based methods, including the lactation amenorrhea method, should be provided to women desiring an alternative method.
Counseling for Sexually Transmitted Infections (STIs)	Women	WPSI recommends directed behavioral counseling by a health care clinician or other appropriately trained individual for sexually active adolescent and adult women at an increased risk for STIs. WPSI recommends that clinicians review a woman's sexual history and risk factors to help identify those at an increased risk of STIs. Note: For adolescents and women not identified as high risk, counseling to reduce the risk of STIs should be considered, as determined by clinical judgment.
Obesity Prevention in Midlife Women	Women	WPSI recommends counseling midlife women aged 40 to 60 years with normal or overweight body mass index (BMI) (18.5-29.9 km/m2) to maintain weight or limit weight gain to prevent obesity. Counseling may include individualized discussion of healthy eating and physical activity.
Screening and Counseling for Interpersonal and Domestic Violence	Women	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

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		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.
Screening for Anxiety	Women	The Women's Preventive Services Initiative (WPSI) 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.
Screening for Cervical Cancer	Women	Recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years recommends cervical cancer screening using cervical cytology (Pap test) every 3 years. Cotesting with cytology and human papillomavirus 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.
Screening for Diabetes Mellitus After Pregnancy	Women	The Women's Preventive Services Initiative (WPSI) recommends 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 mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4-6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy.
Screening for Gestational Diabetes Mellitus	Women	Recommends screening pregnant women for gestational diabetes mellitus after 24 weeks of gestation (preferably between 24 and 28 weeks of gestation) in order to prevent adverse birth outcomes. Screening with a 50-g oral glucose challenge test (followed by a 3-hour 100-g oral glucose tolerance test if results on the initial oral glucose challenge test are abnormal) is preferred because of its high sensitivity and specificity. This recommendation also suggests that women with risk factors for diabetes mellitus be screened for preexisting diabetes before 24 weeks of gestation—ideally at the first prenatal visit, based on current clinical best practices.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
Screening for Human Immunodeficiency Virus (HIV) Infection	Women	The Women's Preventive Services Initiative (WPSI) recommends all adolescent and adult women, ages 15 and older, receive a screening test for human immunodeficiency virus (HIV) at least once 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. The WPSI recommends risk assessment and prevention education for HIV infection beginning at age 13 and continuing as determined by risk. A screening test for HIV is recommended for all pregnant women upon initiation of prenatal care with rescreening during pregnancy based on risk factors. Rapid HIV testing is recommended for pregnant women who present in labor with an undocumented HIV status.
Screening for Urinary Incontinence	Women	WPSI recommends screening women for urinary incontinence annually. Screening should 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.
Well-Woman Exams	Women	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 visit or as part of a series of visits that take place over time to obtain all necessary services.
Bright Futures: Recommendations for Preventive Pediatric Health Care		
Anemia Screening	Children	Anemia screening in children up until the age of 22.
Depression Screening	Children	Depression screening at each of the recommended visits between age 12-21 years. Note: Maternal depression screening for postpartum depression should be integrated into well-child visits at 1, 2, 4 and 6 months of age.
Dyslipidemia Screening (Risk Assessment/Screening Lab Work)	Children	Risk Assessment recommended at 24 months, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years, 16 years.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		Screening Lab Work - conduct if risk assessment is positive, or, at the following intervals: • once between age 9-11 years; • once between age 17-21 years.
Fluoride Application in Primary Care – Prevention of Dental Caries	Children	For those at high risk, consider application of fluoride varnish for caries prevention every 3 to 6 months, between ages 6 months to 5 years.
Formal Developmental/Autism Screening	Children	Screening up until the age of 3.
Hearing Tests	Children	Hearing Tests - recommended at ages: Newborn; between 3-5 days to 2 months; 4 years; 5 years, 6 years; 8 years; 10 years; once between age 11-14 years; once between age 15-17 years; once between age 18-21 years; also recommended for those that have a positive risk assessment. Risk Assessment - recommended at ages: 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, 7 years, and 9 years.
HIV Screening	Children	HIV Risk Assessment: Conduct risk assessment at age 11 years, 12 years, 13 years, 14 years, 19 years, 20 years and 21 years. HIV Screening Lab Work: Conduct once between age 15-18 years. Also, it is recommended anytime between ages 11-14 years, and 19-21 years when a risk assessment is positive.
Lead Screening	Children	Lead screening, from ages 6 months until the age of 7.
Psychosocial/Behavioral Assessment	Children	Assessments recommended up until the age of 22.
Screening for Visual Impairment in Children	Children	Visual acuity screening is recommended for age 4 and 5 years as well as in cooperative 3 year old children. Instrument-based screening recommended for age 12 and 24 months, in addition to the well visits at 3-5 years of age.
Sexually Transmitted Infections (STI)	Children	STI Risk Assessment: Conduct risk assessment at each of the recommended visits between 11 years – 21 years. STI Lab Work: Conduct if risk assessment is positive.
Tobacco, Alcohol or Drug Use Assessment	Children	Assessments recommended from age 11-21 years.
Tuberculosis Testing	Children	Testing until the age of 22.
ACIP Recommendations: Routine Immunizations for Children		
Chickenpox (Varicella)	Children	Two doses of the chickenpox shot are recommended for children by doctors as the best way to protect against chickenpox (varicella).

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		One dose at each of the following ages: • 1st Dose: 12 – 15 months, and • 2nd Dose: 4 – 6 years. Older children or adolescents should also get two doses of the chickenpox if they have never received a chickenpox shot or never had chickenpox. They should also get a second shot if they have had only one chickenpox shot.
COVID-19 Vaccine	Children (6 months of age and older)	See link for full details: https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf
Diptheria, Tetanus and Pertussis (DTaP)	Children	Five doses of the DTap shot and a Tdap booster shot are recommended for children and preteens by doctors as the best way to protect against diptheria. Note: Protects against diphtheria, as well as tetanus and whooping cough (pertussis). Recommended cadence: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 months, • 4th Dose: 15 – 18 months, • 5th Dose: 4 – 6 years, and • 6th Dose: 11 or 12 years (booster vaccine called Tdap).
Haemophilus Influenzae Type b (Hib)	Children	Three or four doses, depending on the brand of the vaccine, are recommended for children by doctors as the best way to protect against Hib disease. One dose at each of the following ages: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 months (for some brands), and • 4th Dose: 12 – 15 months.
Hepatitis A	Children	Two doses of the hepatitis A vaccine are recommended for children by doctors as the best way to protect against hepatitis A. One dose at each of the following ages: • 1st Dose: 12 – 23 months, and • 2nd Dose: 6 months after last dose.
Hepatitis B	Children	Three doses of the hepatitis B shot are recommended for children by doctors as the best way to protect against hepatitis B.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		One dose at each of the following ages: • 1st Dose: Shortly after birth, • 2nd Dose: 1- 2 months, and • 3rd Dose: 6 – 18 months.

Human Papillomavirus (HPV)	Children	HPV vaccination is recommended at ages 11 – 12 years to protect against cancers caused by HPV infection.
		
		Recommendations:
		• 11 – 12 years:
		  ○ Two doses of the HPV shot are needed, 6 – 12 months apart.
		  ○ If the shots are given less than 5 months apart, a 3rd dose is needed.
		• If started after 15th birthday:
		  ○ Three doses of the HPV shot should be given over 6 months.

Inactivated Poliovirus	Children	Four doses of the polio shot for children are recommended by doctors as the best way to protect against polio. One dose at each of the following ages: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 – 18 months, and • 4th Dose: 4 – 6 years.
Influenza (flu shot)	Children	A yearly flu vaccine is the best way to protect your child from flu and its potentially serious complications. Doctors recommend children get a flu vaccine every year in the fall, starting when he/she is 6 months old. Note: Some children (6 months through 8 years of age) may need 2 doses for best protection.
Measles	Children	Two doses of the MMR vaccine are recommended for children by healthcare providers as the best way to protect against measles, mumps and rubella. One dose at each of the following ages: • 1st Dose: 12 – 15 months, and • 2nd Dose: 4- 6 years.
Meningococcal	Children	Two doses of the meningococcal shot called MenACWY are recommended for preteens and teens by doctors as the best way to protect against meningococcal disease. One dose at each of the following ages: • 1st Dose: 11 – 12 years, and • 2nd Dose: 16 years.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
Mumps	Children	Two doses of the MMR shot are recommended for children by doctors as the best way to protect against measles, mumps and rubella. One dose at each of the following ages: • 1st Dose: 12 – 15 months, and • 2nd Dose: 4 – 6 years.
Pneumococcal	Children	Four doses of the pneumococcal shot called PCV13 are recommended for children by doctors as the best way to protect against disease. One dose at each of the following ages: • 1st Dose: 2 months, • 2nd Dose: 4 months, • 3rd Dose: 6 months, and • 4th Dose: 12 – 15 months.
Rubella	Children	Two doses of the MMR shot (measles, mumps and rubella) are recommended for children by doctors as the best way to protect against rubella. One dose at each of the following ages: • 1st Dose: 12 – 15 months, and • 2nd Dose: 4 – 6 years.
Rotavirus	Children	Two or more doses of a rotavirus are recommended for children by doctors as the best way to protect against rotavirus. Babies should get either of the two available rotavirus vaccines: • RotaTeq® (RV5) is given in three doses at ages 2 months, 4 months and 6 months, or • Rotarix® (RV1) is given in two doses at ages 2 months and 4 months. Note: Both brands of the rotavirus vaccines are given by mouth (drops), not by shot.
ACIP Recommendations: Routine Immunizations for Adults		
Chickenpox (Varicella)	Adults	If you aren't immune to chickenpox (if you haven't had chickenpox in the past or you haven't been vaccinated against it), you need to get 2 doses of the vaccine about 1 month apart.
COVID-19 Vaccine	Adults	See link for full details: https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
Diptheria	Adults	All adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years. Note: Vaccines used today against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and **adults receive Tdap and Td**.
Flu (influenza)	Adults	Recommended once a year.
Haemophilus Influenzae Type b (Hib)	Adults	1 or 3 doses, depending on indication.
Hepatitis A	Adults	Recommended for people at increased risk for hepatitis A, people at increased risk for severe disease from hepatitis A, pregnant women at risk for hepatitis A or risk for severe outcome from hepatitis A infection and any person who requests vaccination. There are two types of hepatitis A vaccine. The first type, the single-dose hepatitis A vaccine, is given as two shots, 6 months apart, and both shots are needed for long-term protection against hepatitis A. The other type is a combination vaccine that protects people against both hepatitis A and hepatitis B. The combination vaccine can be given to anyone 18 years of age and older and is given as three shots over 6 months. All three shots are needed for long-term protection for both hepatitis A and hepatitis B.
Hepatitis B	Adults	Recommended for adults aged 19 through 59 years and adults aged 60 years and older with risk factors for hepatitis B. Note: Adults who are 60 years or older without known risk factors for hepatitis B may also receive hepatitis B vaccine.
Human Papillomavirus (HPV)	Adults	Teens and young adults who start the series later (see above, Immunizations - Children), at ages 15 through 26 years, need three doses of HPV vaccine.
Measles	Adults	Adults who do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.
Meningococcal	Adults	There are 2 types of meningococcal vaccines available in the United States: • Meningococcal conjugate or MenACWY vaccines (Menactra®, Menveo® and MenQuadfi®), and • Serogroup B meningococcal or MenB vaccines (Bexsero®and Trumenba®). The CDC recommends:

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		• Routine MenACWY vaccination for adults at increased risk for meningococcal disease. • Routine MenB vaccination for people 10 years or older at increased risk for meningococcal disease.
Mumps	Adults	Adults who do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.
Whooping Cough (Pertussis)	Adults	Pregnant women should get Tdap during the early part of the 3rd trimester of every pregnancy. Also, all adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years. Note: Vaccines used today against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and **adults receive Tdap and Td**.
Pneumococcal	Adults	There are two kinds of pneumococcal vaccines available in the United States: • Pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20), and • Pneumococcal polysaccharide vaccine (PPSV23). For those who have never received any pneumococcal conjugate vaccine, the CDC recommends PCV15 or PCV20 for adults 65 years or older and adults 19 through 64 years old with certain medical conditions or risk factors. If PCV15 is used, this should be followed by a dose of PPSV23.
Rubella	Adults	Adults who do not have presumptive evidence of immunity should get at least one dose of MMR vaccine.
Shingles	Adults	The CDC recommends that adults 50 years and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine) to prevent shingles and the complications from the disease. Adults 19 years and older who have weakened immune systems because of disease or therapy should also get two doses of Shingrix, as they have a higher risk of getting shingles and related complications. There is no maximum age for getting Shingrix.
Tetanus	Adults	Pregnant women should get Tdap during the early part of the 3rd trimester of every pregnancy.

PREVENTIVE CARE SERVICES (Newborns, Children, Adolescents and Adults)		
Service	**Population**	**Summary**
		All adults who have never received one should get a shot of Tdap. This can be given at any time, regardless of when they last got Td. This should be followed by either a Td or Tdap shot every 10 years. Note: Vaccines used today against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and **adults receive Tdap and Td**.

IMPORTANT INFORMATION:

This document is intended as a reference tool and is not a guarantee of coverage nor payment. Covered services are only available to eligible members, in accordance with the guidelines addressed in the Evidence of Coverage (EOC). Please keep in mind, this document includes federal requirements only – national preventive care coverage – state required benefits are not addressed. *However, we do cover additional preventive care benefits when required by state law, see EOC for further details.*

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Ambetter of Oklahoma:

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Ambetter of Oklahoma at 1-833-492-0679 (TTY 711).

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Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter of Oklahoma, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-492-0679 (TTY 711).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter of Oklahoma , quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-833-492-0679 (TTY 711).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter of Oklahoma 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-833-492-0679 (TTY 711)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter of Oklahoma 에 관해서 질문이 있다면 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-833-492-0679 (TTY 711)번으로 전화하십시오.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter of Oklahoma hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-833-492-0679 (TTY 711) an.
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حولAmbetter of Oklahoma، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-833-492-0679 (TTY 711).
Burmese:	သင် သို့မဟုတ် သင်ကူညီပေးနေသော တစ်ယောက်ယောက်တွင် Ambetter of Oklahoma နှင့် ပက်သက်ပြီး မေးမြန်းလိုသည်များ ရှိလျှင် အကူအညီ နှင့် အချက်အလက်များကို သင့်ဘာသာစကားဖြင့် အခမဲ့ ရယူပိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန်တစ်ယောက် နှင့် ပြောဆိုရန် 1-833-492-0679 (TTY 711) ကို ဖုန်းဆက်ပါ။
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French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter of Oklahoma, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-833-492-0679 (TTY 711).
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