

**QUALCARE, INC.
STANDARD OPERATING PROCEDURES ***

SUBJECT: Preventative and Wellness	EFFECTIVE DATE: 09/25/13 UM COMMITTEE APPROVAL:
LINE OF BUSINESS: PPO/HMO/BEHP/ACO/COOP	REVISION DATE: 11/26/14
AUTHOR: Jennifer Collins, LPN Manager, Special Projects	SOP NUMBER: 4.09

POLICY: Preventive health care services for Adults and Children are reimbursable under Plans administered by QualCare, Inc., consistent with the Health Wellness Promotion Act, Chapter 339, approved by the New Jersey State Legislature and as recommended by the American Academy of Pediatrics respectively.

EXCEPTIONS: None unless specified

WARNINGS: The Plan specific Summary Plan Description will supersede policy criteria. Coverage of adult immunizations shall follow individual Plan designs.

ADMINISTRATIVE STATEMENT: To encourage sound health maintenance for members covered by Plans administered by QualCare Inc. and to ensure proper and consistent reimbursement to those who provide these services

PROCEDURE:

ADULT WELLNESS:

Wellness visits shall be reimbursed when they follow preventive adult health care recommendations delineated in the Health Wellness Promotion Act cited above as well as other standard references given under the reference section of this Policy. The timing and content of these visits are detailed in this policy.

Where there are specific increased risks, including but not limited to family history of hereditary disease, the age at which a given screening procedure begins, or the frequency with which it is performed, may be modified.

Individual Summary Plan Descriptions should be consulted for specific details of coverage in routine wellness schedules.

Adult wellness evaluations and interventions covered under this Plan are listed in Table 1.

Table 1. Covered Adult Wellness Evaluations or Interventions

Age/Age Range	Frequency	Evaluation or Intervention
From age 22 years	Annually	History and Physical Examination
From age 22 years	Annually	Multiphasic chemistry screening, to include cholesterol and high-density lipoprotein (HDL) level (or lipid panel, if indicated by history)
From age 22 years	Annually	Hemoglobin
From age 22 years	Annually	Urinalysis
From age 22 years	Annually	Screen for cervical dysplasia (Pap Smear)
From age 22 years	Annually	Electrocardiogram
Women between age 35 years and 39 years (if indicated by family history)	Once	Baseline Mammogram
Women from age 40 years	Annually	Mammogram
From age 45 years	Annually	Stool Examination for Presence of Blood

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From age 50 years (for average risk individual)	Every 10 years	Colonoscopy
Males from age 50 years (from age 40 years if in a high-risk category such as African-American or with family history of prostate cancer) through age 75 years	Annually	Prostate-Specific Antigen (PSA)
From age 35 years	Every 2 years	Intraocular Pressure (Glaucoma) Test
Women within 3 – 5 years after menopause or age 65 years or older (if never screened)	Once	Bone Densitometry (Osteoporosis Screening)
Men age 70 years or older	Once	Bone Densitometry (Osteoporosis Screening)
From age 22 years	Annually	Influenza vaccine
Women between age 22 years and 26 years (if not yet immunized)	Once	Three-dose series of human papilloma virus (HPV [cervical cancer]) vaccine
From age 22 years (if not immune or previously immunized)	Once	One- to two-dose series of varicella (chickenpox) vaccine
From age 22 years (if not immune or previously immunized)	Once	Two-dose series of measles-mumps-rubella vaccine
From age 22 years (but not prior to 10 years since last tetanus booster)	Once	Td or TdaP, influenza, pneumococcal, meningococcal (as per ACIP recommendations); childhood diseases (e.g., MMR, varicella) if susceptible; others (e.g., hepatitis B, human papilloma virus [HPV], zoster) if indicated (See individual policies for <u>HPV vaccine</u> and <u>zoster vaccine</u> .)

In addition, adults covered by Plans administered by QualCare, Inc. should be encouraged, at wellness visits, to carry out, as appropriate to gender, the following:

Test or Action	Age at Start and Frequency
Breast self-examination	Monthly starting at age 30
Testicular self-examination	Monthly starting at age 20
Weight determination	At least monthly
Low-back exercises	Daily after age 20
Smoking control	All ages
Seat-belt use	Always
Promote healthy diet	Always
Promote physical activity	Always
Promote depression awareness	Always
Dental counseling	Always
Skin self-exam	Annually starting at age 20

PERINATAL/PRENATAL GUIDELINES:

Those women covered under Plans administered by QualCare should be encouraged to follow the American Congress of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care. An outline will be described and additional information is available at http://www.acog.org/resources_and_publications/.

Office Visit Frequency: Frequency of visits is determined by individual needs and assessed risk factors.

- Advise office visit at 8-10 weeks of pregnancy (or earlier if the patient has risk factors)
- Every 4 weeks for first 28 weeks.

- Every 2-3 weeks until 36 weeks gestation.
- Every week after 36 weeks gestation.

First Prenatal Visit (8-10 weeks of pregnancy): Assessment to be done included but not limited to the following:

- History and physical (including family medical and genetic history)
- Confirmation of pregnancy and general exam.
- Preterm labor risk, education and prevention.
- Assess for tobacco, alcohol and/or drug use.
- Domestic violence screening
- Screening for depression using a standardized screening tool
- Provide Scope of care including: testing, studies and screenings. To include genetic and infectious disease testing.
- Education to include: nutrition, labor and delivery, maternity programs and/or prenatal classes, needed vaccinations
- Identifying Gestation Diabetes Risk with appropriate screening

Subsequent Prenatal Visits- Services done at each visit include but are not limited to: vital signs and weight will be, including fetal assessment from 10th week, uterine size, domestic violence screening, assessment of tobacco use and smoke exposure and urine dip for protein and glucose.

- **Visits 11-14 weeks**
 - Pelvic exam if fetal heart tones not heard with amplification
 - Educate on breastfeeding
 - Review of studies and testing, identify need for iron supplements for anemia
 - Offer screening test for aneuploidy
- **Visits 15-20 weeks**
 - Offer anatomic survey ultrasound to be completed at 18-20 weeks.
 - Offer any additional aneuploidy screening if necessary, this also incorporates neural tube defects.
 - Review for any signs and symptoms of pre-term labor.
- **Visits 24-28 weeks**
 - Screening for gestational diabetes
 - Discuss normal fetal movement, post-partum contraception and selecting a provider for the baby
- **Visits 27-36 weeks**
 - Administration of any needed immunizations such as Tdap.
- **Visits 28 weeks**
 - Type and screen if Rh negative and hemoglobin and hematocrit
 - Administer Rh-immune globulin if Rh (-) and indirect Coombs (-)
- **Visits 32-34 weeks**
 - Repeat testing for women at risk for sexually transmitted disease
 - Discuss Group B Strep screening and management protocol
- **Visits 38 weeks**
 - Review labor education
- **Visits > 41 weeks**
 - Baseline non-stress test, ultrasound, biophysical profile or a combination of these tests

Postpartum Care: if a dose of Tdap was not previously received it should be provided. On or between 21 days and 56 days after delivery there should be a follow up visit that will include but not limited to the following: pelvic exam, breast exam, abdomen exam, screening for postpartum depression, screening for domestic violence, review of nutrition and exercise and screening for diabetes if the patient had gestational diabetes.

PEDIATRIC WELLNESS:

Newborn and subsequent office visits shall be reimbursed when they follow preventive pediatric health care recommendations delineated in the American Academy of Pediatrics publication Bright Futures (see references below).

Childhood, Adolescent, and Young Adult Health Supervision Visits are covered by the Plan at the ages listed in Table2.

Table2. Ages at Which Childhood, Adolescent, and Young Adult Health Supervision Visits Are Covered

Newborn	9 months
First week of life	12 months
1 month	15 months
2 months	18 months
4 months	2 years
6 months	2 ½ years
Annually from age 3 years through age 21 years	

Vaccines given to children, adolescents, and young adults through age 21, alone or in combination, are covered under this Plan within the designated age ranges and up to the specified number of doses as shown in Table 3, and as updated regularly by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

Table3. Covered Childhood, Adolescent, and Young Adult Vaccinations

<i>Vaccine</i>	<i>Doses in Series</i>	<i>Primary Age Range</i>	<i>Catch-up Age Range</i>
<i>Hepatitis B</i>	3	<i>Birth – 18 months</i>	<i>19 months – 21 years</i>
<i>Rotavirus</i>	3	<i>6 weeks – 32 weeks</i>	<i>None</i>
<i>DtaP*</i>	5	<i>2 months – 6 months</i>	<i>4 – 6 years</i>
<i>Tdap</i>	1	<i>10 years</i>	<i>Through age 21 years And postpartum</i>
<i>Haemophilus influenzae b (Hib)*</i>	4	<i>2 months – 15 months</i>	<i>18 months – 6 years</i>
<i>Pneumococcal conjugate</i>	4	<i>2 months – 6 years</i>	<i>None</i>
<i>Pneumococcal polysaccharide</i>	1	<i>None</i>	<i>7 – 21 years if medically necessary</i>
<i>Inactivated Polio*</i>	4	<i>2 months – 6 years</i>	<i>Through age 21 years</i>
<i>Influenza</i>	<i>Annual</i>	<i>6 months – 21 years</i>	<i>Not applicable</i>
<i>Measles**</i>	2	<i>12 – 15 months</i>	<i>Through age 21 years</i>
<i>Mumps**</i>	2	<i>12 – 15 months</i>	<i>Through age 21 years</i>
<i>Rubella**</i>	2	<i>12 – 15 months</i>	<i>Through age 21 years</i>
<i>Varicella**</i>	2	<i>12 months – 6 years</i>	<i>Through age 21 years</i>
<i>Hepatitis A</i>	2	<i>12 – 18 months</i>	<i>Through age 21 years</i>
<i>Meningococcal</i>	<i>1 – 2</i>	<i>2 years</i>	<i>Through age 21 years</i>
<i>Human papillomavirus (HPV) (Cervical cancer vaccine)</i>	3	<i>9 – 12 years</i>	<i>Through age 21 years</i>

Vaccines marked with single asterisk () are covered whether given singly or in combination with each other.

Vaccines marked with double asterisk () are covered whether given singly or in combination with each other.

Tests or interventions during Childhood, Adolescent, and Young Adult Health Supervision Visits covered separately by the Plan, in addition to the Health Supervision Visits, are shown in Table4.

Table4. Tests or Interventions Covered in Addition to Childhood, Adolescent, and Young Adult Health Supervision Visit

<i>Age/Age Range</i>	<i>Test or Intervention</i>
<i>Newborn – 2 months</i>	<i>Vision Screen (Visual Evoked Potential) Hearing Screen (Auditory Evoked Potential)</i>
<i>Newborn – 2 months</i>	<i>Hemoglobin and Metabolic Screening (PKU, Hypothyroidism)</i>
<i>9 months, 18 months, 30 months</i>	<i>Autism Screening</i>
<i>12 months (earlier and more often if indicated by history)</i>	<i>Hemoglobin</i>
<i>12 months and 24 months</i>	<i>Lead screening</i>
<i>At any visit after 1 month, if indicated by history</i>	<i>Tuberculin Skin Test</i>
<i>3 – 5 years</i>	<i>Baseline Urinalysis</i>
<i>11 – 18 years</i>	<i>One dipstick urinalysis annually for male and female adolescents who are sexually active</i>
<i>18 – 21 years (earlier if indicated by history and/or physical examination)</i>	<i>Dyslipidemia Screening (cholesterol, lipid panel)</i>
<i>11 years – 21 years (if indicated by history and/or physical examination)</i>	<i>Sexually Transmitted Infection Screening (e.g., Cervical or Urethral Culture)</i>
<i>11 years – 21 years (if indicated by history and/or physical examination)</i>	<i>Cervical Dysplasia Screening (e.g. Pap Smear)</i>

The physician will NOT be reimbursed for tests that are performed in a clinical laboratory that is not in his/her office.

Adoption and Distribution

The policy is reviewed every (2) years unless legislature or regulatory change indicate a need for an earlier change. At that time all current literature and references are reviewed and the policy is updated and revised as needed. The changes will be presented to the Quality Management Committee for final approval.

Once the policy is approved it is placed on QualCare’s provider portal for all providers to access.

References:

Adult:

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Perinatal/Prenatal Guideline:

American College of Obstetricians and Gynecologists (ACOG) *Guidelines for Perinatal Care*, Sixth Edition October 2007. http://www.acog.org/resources_and_publications/

Pediatric:

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Houtrow AJ, Kim SE, Chen AY, *et al.* Preventive Health Care for Children With and Without Special Health Care Needs. *Pediatrics* 2007;119:e821-e828 (April)

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Committee on Practice and Ambulatory Medicine, American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care (RE9939).

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.

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