



**Subject:** Wellness Benefits: Adult and Pediatric\*

**Effective Date:** August 23, 2011

**Department(s):** Utilization Management

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**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, the Patient Protection and Affordable Care Act (PPACA) designated resources that identify preventive services required for coverage ( includes the U.S. Preventive Services Task Force grade A and B recommendations for clinical preventive services ), Advisory Committee on Immunization Practices ( ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention(CDC), and and Health Resources and Services Administration (HRSA) supported comprehensive guidelines.

**Objective:** 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:** The Patient Protection and Affordable Care Act (PPACA) requires individual and group health plans to cover in-network preventive services and immunizations without cost sharing (e.g., deductibles, coinsurance,

copayments) unless the plan qualifies under the grandfather provision or for an exemption.

Wellness visits, preventive care screenings and interventions shall be reimbursed when they follow preventive health care recommendations delineated in the tables below in accordance with PPACA designated resources as well as other standard references given under the–reference section of this Policy. Professional society statements and guidelines may vary and are not considered part of PPACA sources. 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.

Wellness evaluations and interventions covered under this Plan are listed in Tables 1-4.

**Table1. Covered All Adult Wellness Evaluations or Interventions**

<b>Start Age/Age Range</b>	<b>Frequency</b>	<b>Intervention</b>
22 yrs	Annually	Wellness Visit
22yrs	Annually	Multiphasic chemistry panel, cholesterol, HDL Hemoglobin, urinalysis Syphilis screen(at risk) Electrocardiogram Human Immunodeficiency Virus(HIV)screening Health risk assessment instrument administration/interpretation
22 yrs	Annually	Screening for: Alcohol Misuse Blood Pressure Depression Fall prevention Hepatitis B ( at high risk) Hepatitis C ( one-time for persons born between 1945-1965)

		HIV (through age 65 years) Obesity Tobacco Skin Cancer prevention Diabetes for persons with sustained BP>135/80( treated or untreated) Tuberculosis( for increased risk) Syphilis( for increased risk) Venipuncture for preventive laboratory screenings
22 yrs	Annually	Counseling for: Alcohol Misuse ( screen positive) Dietary(with chronic disease risk) Physical Activity( overweight/obese and have risk factors for cardiovascular disease) Obesity Sexually transmitted Infection(high risk) Tobacco cessation Lung cancer to discuss need for screening
19 yrs	Per Advisory Committee on Immunization Practices-Centers for Disease Control and Prevention recommendations	Immunizations for: Hepatitis A, Hepatitis B, Herpes Zoster Human Papilloma Virus( 19-26 yrs), Influenza Measles, Mumps, Rubella, Meningococcal, Pneumococcal Tetanus, Diphtheria, Pertussis, Varicella, Zoster(≥60 years) (See individual policy for <u>zoster vaccine</u> .)
35 yrs	Every 2 years	Screening for glaucoma
50 yrs	Annual → Every 3 years → Every 5yrs → Every 10 yrs →	Fecal occult blood test(FOBT) or fecal immunochemical test (FIT) Stool based DNA test ( i.e. Cologuard)  Sigmoidoscopy(with FOBT every 3 yrs), or computed tomographic colonography , or double contrast barium enema  Colonoscopy ( with prior colorectal cancer screening consultation) and directly related ancillary services-pre-procedure evaluation office visit, the facility fee, anesthesia services, and pathology services.
50-59 yrs		Encourage aspirin use to prevent cardiovascular disease- when benefit exceeds harm
50-80 years		Counseling for lung cancer screening and indicated screening with low dose computed tomography, for persons age 55-80 years with a 30 pack year smoking history and currently smoking or quit within the last 15 years; or for persons age 50-80 years with a 20 pack year smoking history and ONE additional risk factor(other than second hand smoke exposure)

**Table2. Covered Additional Female Adult Wellness Evaluations or Interventions**

<b>Start Age/Age Range</b>	<b>Frequency</b>	<b>Intervention</b>
22yrs		BRCA discussion and referral for genetic counseling(at risk individual) BRCA testing if indicated
22 yrs		Counseling for: Breast Cancer Chemoprevention(at risk individuals) Contraception, HIV infection( annual for sexually active women), Domestic/Interpersonal Violence Sexually transmitted infection (STI)( for sexually active women)
21 yrs	For cervical cancer screening, annually ; age 30-65 yrs- every 3 yrs if only pap testing , or every 5 years with co-testing for HPV	Screening for: Chlamydial/Gonorrhea infection(sexually active ≤ age 24 years; older if increased risk), Human Papilloma Virus Cervical cancer(Pap) Domestic/Interpersonal violence Gestational diabetes(24-28 wks GA)
22 yrs		Food and Drug Administration approved contraceptive methods and sterilization procedures( including insertion/removal of intrauterine devices, fitting diaphragm or cervical cap, insertion/removal of contraceptive implant, pathology service related to surgical sterilization procedures, follow-up confirmation procedures related to surgical sterilization)
35-39 yrs( if indicated by family history)	Once	Baseline Mammogram
40 yrs	Annually	Screening Mammography
65 yrs,(younger with increased fracture risk assessment score) or within 3-5 yrs of menopause	Once	Bone densitometry for osteoporosis screening
Pregnancy –related preventive services		Screening for: Alcohol misuse Bactiuria( 12-16 wks GA or first visit) Chlamydial Infection Gestational diabetes(24-28 wks GA and first visit if at risk) Gonorrhea Syphilis Hepatitis B HIV

		Iron deficiency anemia Rh Incompatibility-initial and at 24-28 wks as indicated Counseling for: Alcohol Misuse Breast Feeding Tobacco Cessation Folic acid for prevention of neural tube defects in women planning a pregnancy or capable of becoming pregnant. Comprehensive lactation support and counseling during pregnancy and/or post-partum period. Breastfeeding equipment.
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**Table3. Covered Additional Male Adult Wellness Evaluations or Interventions**

<b>Start Age/Age Range</b>	<b>Frequency</b>	<b>Intervention</b>
50 yrs(40 yrs if high risk)		Prostate specific antigen test(PSA)
65-75yrs	<i>Once</i>	Abdominal Aortic aneurysm screening( ultrasonography)- if ever smoked
70 yrs	Once	Bone densitometry for osteoporosis screening

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:

<b>Test or Action</b>	<b>Age at Start and Frequency</b>
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

**Table4. Covered Child/Adolescent Wellness Evaluations or Interventions**

<b>Start Age/Age Range</b>	<b>Frequency</b>	<b>Intervention</b>
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Newborn- 30 months	Health supervision visits at birth, first week of life, 1,2,4,6,9,12,24, and 30 months of age.	Health supervision visits. Screening for : Critical congenital heart disease( newborns prior to hospital discharge) Congenital hypothyroidism, Hearing( through age 10 years), Phenylketonuria, Hemoglobinopathies, Prophylactic ocular topical medication against gonococcal infection. Vision screen( evoked potential)
6 months		Prescribe oral fluoride supplementation as indicated
6-12 months		Prescribe iron supplementation for at risk of iron deficiency anemia
At 9, 18 and 24 months		Autism screening
12 months		Screen for iron deficiency anemia
0-6 years		Application of fluoride
3-21 yrs		Health Supervision visit Blood pressure screening, Behavioral assessment, Developmental screening, Dyslipidemia screening(periodic), Hemoglobin screening, Lead screening(at risk) Body mass index measurement(periodic), Obesity screening, Oral Health assessment, Tuberculin testing(at risk) Nutritional/physical activity counseling( age 6 years and up for obesity) Tuberculin testing( at high risk) Venipuncture for preventive laboratory screenings( age 0-21 years) Vision screening(age 3-18 years)
11-18 yrs		One dipstick urinalysis annually for male and female adolescents who are sexually active
11 years – 21 years (if indicated by history and/or physical examination)		Sexually Transmitted Infection Screening (e.g., Cervical or Urethral Culture)
Adolescents-additional interventions		Assessment for alcohol and drug use. Assessment for tobacco use, including education or brief counseling to prevent initiation of tobacco use.

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		<p>Screening for :</p> <p>Cervical dysplasia( if sexually active),</p> <p>Depression,</p> <p>Hepatitis B( for high risk)</p> <p>HIV (≥ 15 years, younger if at risk),</p> <p>Sexually transmitted infection (at risk, annually for sexually active women).</p> <p>Prevention counseling for sexually transmitted infection(at risk)</p> <p>Food and Drug Administration approved contraceptive methods and sterilization procedures( including insertion/removal of intrauterine devices, fitting diaphragm or cervical cap, insertion/removal of contraceptive implant, pathology service related to surgical sterilization procedures, follow-up confirmation procedures related to surgical sterilization)</p>
Newborn-18 yrs	Per Advisory Committee on Immunization Practices-Centers for Disease Control and Prevention recommendations	<p>Immunizations:</p> <p>Diphtheria, Pertussis, Tetanus</p> <p>Hemophilus Influenza type b</p> <p>Hepatitis A, Hepatitis B,</p> <p>Human Papilloma virus (age 9yrs-26yrs for males and females)</p> <p>Inactivated Poliovirus</p> <p>Influenza</p> <p>Measles, Mumps, rubella</p> <p>Meningococcal,</p> <p>Pneumococcal,</p> <p>Rotavirus, Varicella</p>

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

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#### Adult Wellness

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