



ROUTINE PREVENTIVE SERVICES

Covered by Your Blue KC Health Plan

Information about in-network routine preventive care and the related office visit.

Routine preventive services

In-network routine preventive care services and the related office visit for routine preventive care services is covered at 100%. Most services must be billed with a primary diagnosis of preventive to be covered at 100%. Routine preventive care services are subject to the terms, conditions and limitations of your Contract/Certificate of Coverage. Not all plans will cover all preventive services at 100%, so be sure to consult your Certificate of Coverage for details.

Your provider may order tests during your preventive care visit that are not preventive care. These tests may be subject to deductibles, copays and/or coinsurance. Your provider may also treat an existing condition (or you may have symptoms of an illness at the time of your visit). Treatment or tests for that existing condition are not preventive care and are subject to deductibles, copays and/or coinsurance.

Prostate exams and prostate specific antigen (PSA) tests
Pelvic exams and pap smears, including those performed at the direction of a Physician in a mobile facility certified by Centers for Medicare and Medicaid Services (CMS)
Mammograms if ordered by a Physician, including those performed at the direction of a Physician in a mobile facility certified by CMS
Colorectal cancer exams and laboratory tests consisting of a digital rectal exam and the following: Fecal occult blood test, Fecal DNA test, Flexible sigmoidoscopy, Colonoscopy; Double contrast barium enema
Newborn hearing screening, audiological assessment and follow-up, and initial amplifications
Childhood Immunizations <ul style="list-style-type: none"> • At least 5 doses of vaccine against diphtheria, pertussis, tetanus; • At least 4 doses of vaccine against polio, Haemophilus Influenza Type b (Hib); • At least 3 doses of vaccine against Hepatitis B; • 2 doses of vaccine against measles, mumps, and rubella; • 2 doses of vaccine against varicella; • At least 4 doses of vaccine against pediatric pneumococcal (PCV7); • 1 dose of vaccine against influenza; • At least one dose of vaccine against Hepatitis A; • 3 doses of vaccine against Rotavirus; • Such other vaccines and dosages as may be prescribed by the State Department of Health
Lead testing
Outpatient physician examinations
Chest x-ray
Electrocardiogram (EKG)

Additional examinations, testing and services: <ul style="list-style-type: none"> • Hemoglobin/Complete Blood Count (CBC) • Metabolic screening¹ • Hearing exams
Immunizations: Covered Immunizations are limited to the parameters recommended by the Advisory Committee on Immunization Practices and/or adopted by the Center for Disease Control. <ul style="list-style-type: none"> • Catch-up for Hepatitis B • Catch-up for varicella • Catch-up for MMR • Tetanus boosters as necessary, including tetanus, diphtheria and pertussis; diphtheria and tetanus; and tetanus only • Pneumococcal vaccine • Influenza virus vaccine • Meningococcal vaccine • Catch-up for Hepatitis A • HPV vaccine • Shingles vaccine • Polio vaccine • Haemophilus Influenza Type b (Hib) vaccine
Urinalysis
Glucose screening
Thyroid stimulating hormone screening
Lipid cholesterol panel
HIV screening
HPV testing
Chlamydia Trachomatis testing
Gonorrhea testing



Abdominal aortic aneurysm screening: men	One-time screening for abdominal aortic aneurysm by ultrasonography in men ages 65 to 75 years who have ever smoked.
Aspirin to prevent cardiovascular disease: adults	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
Bacteriuria screening: pregnant women	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening: adults	Screening for high blood pressure in adults age 18 years and older obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
BRCA risk assessment and genetic counseling/testing	Primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medication	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.
Breast cancer screening	Screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older.
Breastfeeding interventions	Provide interventions during pregnancy and after birth to promote and support breastfeeding.
Cervical cancer screening	Screening for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every 3 years or, for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.
Chlamydia screening: women	Screening for chlamydia in sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.
Colorectal cancer screening	Screening for colorectal cancer starting at age 45 years and continuing until age 75 years.
Contraceptive methods and counseling	All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity.
Dental caries prevention in children younger than 5 years: screening and interventions	The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. The USPSTF recommends primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.
Depression screening: adolescents	Screening for major depressive disorder (MDD) in adolescents aged suicide risk. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Depression screening: adults	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.
Diabetes screening	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Falls prevention in older adults: exercise or physical therapy	Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
Falls prevention: older adults	Exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls.
Folic acid supplementation	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.



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Gestational diabetes mellitus screening	Screening for gestational diabetes mellitus in asymptomatic pregnant women after 24 weeks of gestation.
Gonorrhea prophylactic medication: newborns	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.
Gonorrhea screening: women	Screening for gonorrhea in sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.
Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors	Offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Healthy Weight and Weight Gain In Pregnancy. Behavioral Counseling Interventions: Pregnant Persons	The USPSTF recommends clinicians offer pregnant persons effective behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain in pregnancy.
Hemoglobinopathies screening: newborns	Screening for sickle cell disease in newborns.
Hepatitis B screening: nonpregnant adolescents and adults	Screening for hepatitis B virus infection in persons at high risk for infection.
Hepatitis B screening: pregnant women	Screening for hepatitis B virus infection in pregnant women at their first prenatal visit.
Hepatitis C virus infection screening: adults	Screening for Hepatitis C virus (HCV) infection in adults aged 18 to 79.
HIV preventative medication	Clinicians offer pre-exposure prophylaxis (PrEP) with effective antiviral therapy to persons who are at high risk of HIV acquisition. PrEP is a way for people who do not have HIV but who are at a very high risk of getting HIV to prevent HIV infection by taking a pill every day.
HIV screening: nonpregnant adolescents and adults	Clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
HIV screening: pregnant women	Clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.
Hypothyroidism screening: newborns	Screening for congenital hypothyroidism in newborns.
Intimate partner violence screening: women of childbearing age	Clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.
Lung cancer screening	Annual screening for lung cancer with low-dose computed tomography 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.
Obesity screening and counseling: adults	Screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.
Obesity screening and counseling: children and adolescents	Clinicians screen for obesity in children and adolescents age 6 years and older and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Osteoporosis screening: women	Screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
Phenylketonuria screening: newborns	Screening for phenylketonuria in newborns.



Preeclampsia prevention: aspirin	Use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
Preeclampsia prevention: screening	Screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.
Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Rh incompatibility screening: 24–28 weeks' gestation	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Sexually transmitted infections counseling	Intensive behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections.
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Skin cancer behavioral counseling	Counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
Syphilis screening: nonpregnant persons	Clinicians screen persons at increased risk for syphilis infection.
Syphilis screening: pregnant women	Clinicians screen all pregnant women for syphilis infection.
Tobacco use counseling and interventions: nonpregnant adults	Clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. This includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.
Tobacco use counseling: pregnant women	Clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. This includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.
Tobacco use interventions: children and adolescents	Clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. This includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.
Tuberculosis screening: adults	Screening for latent tuberculosis infection in populations at increased risk.
Unhealthy alcohol use: adults	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.
Visual screening: children	Vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.

Out-of-network services: All services received from an out-of-network provider are subject to the out-of-network deductible and coinsurance, except for childhood immunizations, which are paid at 100%. This summary is being provided for informational purposes only, and is subject to change.

Sources: Advisory Committee on Immunization Practices (ACIP) – CDC, American Cancer Society, Bright Futures, Health Resources and Services Administration (HRSA) and U.S. Preventive Services Task Force (USPSTF).

Disclaimer: This information is intended as a reference tool for your convenience and is not a guarantee of payment. Your provider has access to current diagnosis and procedure codes associated with these services for correct claims submission.