

BCBS PREVENTIVE SERVICE FOR HEALTHY ADULTS



DESCRIPTION GUIDELINES
(IF ORDERING DIAGNOSTIC PROCEDURES PRAUTHORIZATION NEEDED)

AGE 18-21		
Well Visit	Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Annually
Cancer Screening	Colorectal Cancer	Not routine, except for patients at high risk
	Skin Cancer	Annual total skin exam at discretion of doctor
	Breast Cancer (Women)	Mammograms before age 50 years are performed after discussing risks and benefits with a doctor
	Cervical Cancer (Women)	Cytology (Pap Smear) every 3 years age 21–65, or cytology with HPV every 5 years from ages 30–65
	Testicular and Prostate Cancer (Men)	
Sensory Screenings	Eye Exam	For individuals with diabetes, complete dilated eye exams annually
	Hearing Assessment	Unnecessary if symptom-less
Infectious Disease Screening	Zika Virus	Screening recommended for women of child-bearing age based on risk factors. Advise men who have been exposed to or have had Zika to refrain from sexual activity that may lead to pregnancy for at least 6 months.
	Chlamydia and Gonorrhea	<ul style="list-style-type: none"> Annual chlamydia screening for all sexually active women younger than 25 years and sexually active women 25 years or older with risk factors (e.g., a history of prior chlamydial or other sexually transmitted infection, new or multiple sex partners, sex partner with concurrent partners, sex partner with a sexually transmitted infection, or exchanging sex for drugs or money) Routine gonorrhea screening should be offered to sexually-active patients at high risk of infection
	HIV	Routine screenings for patients 18 years and older, and annual for those at increased risk
	Syphilis	Screenings for all pregnant women, and those at increased risk
Immunizations	Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose Tdap; Td every 10 years
	Influenza	1 dose annually
	Pneumococcal	<ul style="list-style-type: none"> Pneumococcal conjugate vaccine (PCV13) 1 or 2 doses given first Pneumococcal polysaccharide vaccine (PVS23) 1 or 2 doses if indicated
	Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection
	Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains
	Varicella (Chicken Pox)	2 doses 4–8 weeks apart without evidence of immunity
	Herpes Zoster (Shingles)	N/A
	Human Papillomavirus (HPV)	2 or 3 doses depending on age at time of first immunization
	Hepatitis A	2 or 3 doses if not previously immunized when requested, or at risk
	Hepatitis B	3 doses if not previously immunized
	Haemophilus Influenzae type B	<ul style="list-style-type: none"> 1 dose for patients with asplenia, or sickle cell anemia 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT)
Other Recommended	Body Mass Index (BMI)	Annually
	Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL

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**GUIDELINES
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AGE 22-26		
Well Visit	Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Every 1–3 years, depending on risk factors
Cancer Screening	Colorectal Cancer	Not routine, except for patients at high risk
	Skin Cancer	Annual total skin exam at discretion of doctor
	Breast Cancer (Women)	Mammograms before age 50 are performed after discussing risks and benefits with a doctor
	Cervical Cancer (Women)	Cytology (Pap Smear) every 3 years age 21–65, or cytology with HPV every 5 years from ages 30–65
	Testicular and Prostate Cancer (Men)	N/A
Sensory Screenings	Eye Exam	For individuals with diabetes, complete dilated eye exams annually
	Hearing Assessment	Unnecessary if symptom-less
Infectious Disease Screening	Zika Virus	Screening recommended for women of child-bearing age based on risk factors. Advise men who have been exposed to or have had Zika to refrain from sexual activity that may lead to pregnancy for at least 6 months.
	Chlamydia and Gonorrhea	<ul style="list-style-type: none"> Annual chlamydia screening for all sexually active women younger than 25 years and sexually active women 25 years or older with risk factors (e.g., a history of prior chlamydial or other sexually transmitted infection, new or multiple sex partners, sex partner with concurrent partners, sex partner with a sexually transmitted infection, or exchanging sex for drugs or money) Routine gonorrhea screening should be offered to sexually-active patients at high risk of infection
	HIV	Routine screenings for patients 18 years and older, and annual for those at increased risk
	Syphilis	Screenings for all pregnant women, and those at increased risk
Immunizations	Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose: Tdap; Td every 10 years
	Influenza	1 dose annually
	Pneumococcal	<ul style="list-style-type: none"> Pneumococcal conjugate vaccine (PCV13) 1 or 2 doses given first Pneumococcal polysaccharide vaccine (PVS23) 1 or 2 doses if indicated
	Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection
	Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains
	Varicella (Chicken Pox)	2 doses 4–8 weeks apart without evidence of immunity
	Herpes Zoster (Shingles)	N/A
	Human Papillomavirus (HPV)	N/A
	Hepatitis A	2 or 3 doses if not previously immunized when requested, or at risk
	Hepatitis B	3 doses if not previously immunized
Haemophilus Influenzae Type B	<ul style="list-style-type: none"> 1 dose for patients with asplenia, or sickle cell anemia 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT) 	
Other Recommended	Body Mass Index (BMI)	Annually
	Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL

BCBS PREVENTIVE SERVICE FOR HEALTHY ADULTS

	DESCRIPTION	GUIDELINES (IF ORDERING DIAGNOSTIC PROCEDURES PREAUTHORIZATION NEEDED)
AGE 27-49		
Well Visit	Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Every 1–3 years, depending on risk factors
Cancer Screening	Colorectal Cancer	Not routine, except for patients at high risk. For African American adults without risk factors, start screenings at age 45.
	Skin Cancer	Annual total skin exam at discretion of doctor
	Breast Cancer (Women)	Mammograms before age 50 are performed after discussing risks and benefits with a doctor
	Cervical Cancer (Women)	Cytology (Pap Smear) every 3 years age 21–65, or cytology with HPV every 5 years from ages 30–65
	Testicular and Prostate Cancer (Men)	Discuss with a doctor the need for a prostate-specific antigen (PSA) screening between ages 40-69. For ages 70 and older, PSA screening is not recommended.
Sensory Screenings	Eye Exam	Every 2-4 years between ages 40-54. For African American adults ages 40 and older, consider glaucoma screening with a dilated eye exam every 2 years.
	Hearing Assessment	Unnecessary if asymptomatic
Infectious Disease Screening	Zika Virus	Screening recommended for women of child-bearing age based on risk factors. Advise men who have been exposed to or have had Zika to refrain from sexual activity that may lead to pregnancy for at least 6 months.
	Chlamydia and Gonorrhea	<ul style="list-style-type: none"> Annual chlamydia screening for all sexually active women younger than 25 years and sexually active women 25 years or older with risk factors (e.g., a history of prior chlamydial or other sexually transmitted infection, new or multiple sex partners, sex partner with concurrent partners, sex partner with a sexually transmitted infection, or exchanging sex for drugs or money) Routine gonorrhea screening should be offered to sexually-active patients at high risk of infection
	HIV	Routine screenings for patients 18 years and older, and annual for those at increased risk
	Syphilis	Screenings for all pregnant women, and those at increased risk
Immunizations	Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose: Tdap; Td every 10 years
	Influenza	1 dose annually
	Pneumococcal	<ul style="list-style-type: none"> Pneumococcal conjugate vaccine (PCV13) 1 or 2 doses given first Pneumococcal polysaccharide vaccine (PVS23) 1 or 2 doses if indicated
	Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection
	Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains
	Varicella (Chicken Pox)	2 doses 4–8 weeks apart without evidence of immunity
	Herpes Zoster (Shingles)	N/A
	Human Papillomavirus (HPV)	N/A
	Hepatitis A	2 or 3 doses if not previously immunized when requested, or at risk
	Hepatitis B	3 doses if not previously immunized
Other Recommended	Haemophilus Influenzae Type B	<ul style="list-style-type: none"> 1 dose for patients with asplenia, or sickle cell anemia 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT)
	Body Mass Index (BMI)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL

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AGE 50-59		
Well Visit	Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Annually
Cancer Screening	Colorectal Cancer	Colonoscopy at age 50 and then every 10 years, or annual fecal immunochemical test (FIT). If unable to follow either of these screening regimens, a computed tomographic colonography every 5 years, a FIT-fecal DNA every 3 years, or a flexible sigmoidoscopy every 5-10 years. If unable to follow any of these recommendations, a capsule colonoscopy every 5 years.
	Skin Cancer	Annual total skin exam at discretion of doctor
	Breast Cancer (Women)	<ul style="list-style-type: none"> Mammography every 2 years, or more frequently based on risk factors and shared decision making, from ages 50–74. After age 75, discuss benefits and limitations with a doctor.
	Cervical Cancer (Women)	Cytology (Pap Smear) every 3 years age 21–65, or cytology with HPV every 5 years from ages 30–65
	Testicular and Prostate Cancer (Men)	Discuss with a doctor the need for a prostate-specific antigen (PSA) screening between ages 40-69.
Sensory Screenings	Eye Exam	<ul style="list-style-type: none"> Every 2-4 years between ages 40-54 Every 1-3 years between ages 55-64 For African American adults ages 40 and older, consider glaucoma screening with a dilated eye exam every 2 years
	Hearing Assessment	Unnecessary if symptom-less
Infectious Disease Screening	Zika Virus	Screening recommended for women of child-bearing age based on risk factors. Advise men who have been exposed to or have had Zika to refrain from sexual activity that may lead to pregnancy for at least 6 months.
	Chlamydia and Gonorrhea	<ul style="list-style-type: none"> Annual chlamydia screening for all sexually active women younger than 25 years and sexually active women 25 years or older with risk factors (e.g., a history of prior chlamydial or other sexually transmitted infection, new or multiple sex partners, sex partner with concurrent partners, sex partner with a sexually transmitted infection, or exchanging sex for drugs or money) Routine gonorrhea screening should be offered to sexually-active patients at high risk of infection
	HIV	Routine screenings for patients 18 years and older, and annual for those at increased risk
	Syphilis	Screenings for all pregnant women, and those at increased risk
Immunizations	Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose: Tdap; Td every 10 years
	Influenza	1 dose annually
	Pneumococcal	<ul style="list-style-type: none"> Pneumococcal conjugate vaccine (PCV13) 1 or 2 doses given first Pneumococcal polysaccharide vaccine (PVS23) 1 or 2 doses if indicated
	Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection
	Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains
	Varicella (Chicken Pox)	2 doses 4–8 weeks apart without evidence of immunity
	Herpes Zoster (Shingles)	N/A
	Human Papillomavirus (HPV)	N/A
	Hepatitis A	2 or 3 doses if not previously immunized when requested, or at risk
	Hepatitis B	3 doses if not previously immunized
Haemophilus Influenzae Type B	<ul style="list-style-type: none"> 1 dose for patients with asplenia, or sickle cell anemia 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT) 	
Other Recommended	Body Mass Index (BMI)	Annually
	Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL

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AGE 60-64		
Well Visit	Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Annually
Cancer Screening	Colorectal Cancer	<ul style="list-style-type: none"> • Colonoscopy at age 50 and then every 10 years, or annual fecal immunochemical test (FIT). If unable to follow either of these screening regimens, a computed tomographic colonography every 5 years, a FIT-fecal DNA every 3 years, or a flexible sigmoidoscopy every 5-10 years. If unable to follow any of these recommendations, a capsule colonoscopy every 5 years. • For ages 75-85, talk to your doctor about having a screening. These screenings are not recommended for ages 86 and older.
	Skin Cancer	Annual total skin exam at discretion of doctor
	Breast Cancer (Women)	<ul style="list-style-type: none"> • Mammography every 2 years, or more frequently based on risk factors and shared decision making, from ages 50–74. • After age 75, discuss benefits and limitations with a doctor.
	Cervical Cancer (Women)	Cytology (Pap Smear) every 3 years age 21–65, or cytology with HPV every 5 years from ages 30–65
	Testicular and Prostate Cancer (Men)	Discuss with a doctor the need for a prostate-specific antigen (PSA) screening between ages 40-69.
Sensory Screenings	Eye Exam	<ul style="list-style-type: none"> • For individuals with diabetes, complete dilated eye exams annually • Every 1-3 years between ages 55-64 • For African American adults ages 40 and older, consider glaucoma screening with a dilated eye exam every 2 years • For ages 60 and older, complete glaucoma screening with dilated eye exam every 2 years
	Hearing Assessment	Unnecessary if symptom-less
Infectious Disease Screening	Zika Virus	N/A
	Chlamydia and Gonorrhea	<ul style="list-style-type: none"> • Annual chlamydia screening for all sexually active women younger than 25 years and sexually active women 25 years or older with risk factors (e.g., a history of prior chlamydial or other sexually transmitted infection, new or multiple sex partners, sex partner with concurrent partners, sex partner with a sexually transmitted infection, or exchanging sex for drugs or money) • Routine gonorrhea screening should be offered to sexually-active patients at high risk of infection
	HIV	Routine screenings for patients 18 years and older, and annual for those at increased risk
	Syphilis	Screenings for all pregnant women, and those at increased risk
Immunizations	Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose: Tdap; Td every 10 years
	Influenza	1 dose annually
	Pneumococcal	<ul style="list-style-type: none"> • Pneumococcal conjugate vaccine (PCV13) 1 or 2 doses given first • Pneumococcal polysaccharide vaccine (PVS23) 1 or 2 doses if indicated
	Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection
	Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains
	Varicella (Chicken Pox)	2 doses 4–8 weeks apart without evidence of immunity
	Herpes Zoster (Shingles)	2 doses of recombinant zoster vaccine (RZV) at age 50 or older (preferred) or 1 dose of zoster live-attenuated vaccine (ZVL) at age 60 or older
	Human Papillomavirus (HPV)	N/A
	Hepatitis A	2 or 3 doses if not previously immunized when requested, or at risk
	Hepatitis B	3 doses if not previously immunized
Haemophilus Influenzae Type B	<ul style="list-style-type: none"> • 1 dose for patients with asplenia, or sickle cell anemia • 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT) 	
Other Recommended	Body Mass Index (BMI)	Annually
	Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL

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AGE 65+		
Well Visit	Includes personal history, blood pressure, body mass index (BMI), physical exam, preventive screening, and counseling	Annually
Cancer Screening	Colorectal Cancer	<ul style="list-style-type: none"> • Colonoscopy at age 50 and then every 10 years, or annual fecal immunochemical test (FIT). If unable to follow either of these screening regimens, a computed tomographic colonography every 5 years, a FIT-fecal DNA every 3 years, or a flexible sigmoidoscopy every 5-10 years. If unable to follow any of these recommendations, a capsule colonoscopy every 5 years. • For ages 75-85, talk to your doctor about having a screening. These screenings are not recommended for ages 86 and older.
	Skin Cancer	Annual total skin exam at discretion of doctor
	Breast Cancer (Women)	<ul style="list-style-type: none"> • Mammography every 2 years, or more frequently based on risk factors and shared decision making, from ages 50–74. • After age 75, discuss benefits and limitations with a doctor.
	Cervical Cancer (Women)	Discontinue cytology after age 65 if documented evidence has consistently negative results.
	Testicular and Prostate Cancer (Men)	Discuss with a doctor the need for a prostate-specific antigen (PSA) screening between ages 40-69. For ages 70 and older, PSA screening is not recommended.
Sensory Screenings	Eye Exam	Every 1-2 years; if diabetic annually
	Hearing Assessment	Unnecessary if symptom-less
Infectious Disease Screening	Zika Virus	N/A
	Chlamydia and Gonorrhea	N/A
	HIV	N/A
	Syphilis	N/A
Immunizations	Tetanus, Diphtheria (Td), and Acellular Pertussis (Tdap)	1 dose: Tdap; Td every 10 years
	Influenza	1 dose annually
	Pneumococcal	<ul style="list-style-type: none"> • Pneumococcal conjugate vaccine (PCV13) 1 or 2 doses given first • Pneumococcal polysaccharide vaccine (PVS23) 1 or 2 doses if indicated
	Measles, Mumps, & Rubella (MMR)	1 or 2 doses for adults who were born in 1957 or later, lack documentation of vaccination, or lack evidence of past infection
	Meningococcal (Meningitis)	1 or 2 doses depending on indication, then a booster every 5 years if risk remains
	Varicella (Chicken Pox)	2 doses 4–8 weeks apart without evidence of immunity
	Herpes Zoster (Shingles)	2 doses of recombinant zoster vaccine (RZV) at age 50 or older (preferred) or 1 dose of zoster live-attenuated vaccine (ZVL) at age 60 or older
	Human Papillomavirus (HPV)	N/A
	Hepatitis A	2 or 3 doses if not previously immunized when requested, or at risk
	Hepatitis B	3 doses if not previously immunized
Other Recommended	Haemophilus Influenzae Type B	<ul style="list-style-type: none"> • 1 dose for patients with asplenia, or sickle cell anemia • 3 doses for patients with Hematopoietic Stem Cell Transplant History (HSCT)
	Body Mass Index (BMI)	Annually
	Blood Pressure (Hypertension)	Check at every visit and perform blood pressure screening for hypertension once every two years
	Cholesterol	Screen for lipid disorder (high cholesterol) starting at age 18 with a total cholesterol and HDL