Southern Methodist University

Preventive Care Guidelines
BCBSTX PPO

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Preventive Care Guidelines - BCBSTX PPO

The ***SMU Preventive Care Guidelines*** provide detailed gender, age and frequency guidelines for routine physical exams, medical screenings and immunizations. They also explain how physical exams, medical screenings and immunizations are covered under SMU's BCBSTX PPO options. These benefits are extremely important because they enable you to reduce the risk of serious medical conditions for you and your enrolled family members, and are provided at little or no cost to you.

- Keep in mind that these are recommended guidelines. The type and frequency of medical screenings should be determined by age, gender, health, and risk factors. It is important that you talk to your doctor about family members (parents, grandparents, brothers, sisters, etc.) who have had breast, colon, prostate or other cancers. Your doctor also needs to know about family members who have or had medical conditions such as diabetes, high blood pressure, high cholesterol, heart disease, etc.

- ***If your doctor decides that it is necessary to order a Mammogram, Colonoscopy or PSA (prostate) screening earlier or more frequently than recommended in the guidelines, the screening will still be paid in full,*** if administered by a doctor or medical facility participating in the BCBSTX network.

- Be sure to talk to your child's doctor about nutrition, exercise, dental health, depression, smoking cessation and substance abuse - and about screenings for high cholesterol, tuberculosis, sexually transmitted diseases and lead poisoning.

- Talk to you doctor about catch-up immunizations for any that were missed and about immunizations for high risk groups.

- ***To be sure that your preventive care claim is processed correctly, remind your doctor's office staff to report the CPT code (services provided during the office visit) <u>and</u> ICD-9 code (reason for visit) for <u>routine</u> physicals, screenings & immunizations (including Mammogram, Colonoscopy and PSA screening) when they file your claim with BCBSTX.***

- Print the SMU Preventive Care Guidelines and bring a copy whenever you and your enrolled dependents go for your annual physical. Your doctor should order all screenings that he/she feels are medically necessary.

Infant, Child and Adolescent Preventive Care Guidelines

Age	Recommended Screenings/Immunizations	Frequency	SMU BCBSTX PPOs
0 – 3 Years	• Physical exam • Height and Weight • Body Mass Index (BMI) • Head Circumference • Ocular Prophylaxis • Accident/Injury Prevention • Hematocrit/Hemoglobin • Initial Dental Exam • Vision Screening • Blood Pressure • Hepatitis B • Rotavirus • Diptheria, Tetanus, Pertussis • H. Influenzae type b • Pneumococcal (Pneumonia) • Inactivated Poliovirus • Influenza • Measles, Mumps and Rubella (MMR) • Varicella (Chickenpox) • Hepatitis A	• Newborn, 2-4 days, 1, 2, 4, 6, 9, 12, 15, 18, 24 months; then annually • Newborn, 2-4 days, 1, 2, 4, 6, 9, 12, 15, 18, 24 months; then annually • Beginning at 12 months, then at 15, 18, 24 months; then annually • Newborn, 2-4 days, 1, 2, 4, 6, 9, 12, 15, 18, 24 months • Newborn • Newborn, 2-4 days, 1, 2, 4, 6, 9,12, 15,18, 24 months; then annually • 9 to 12 months, 15 months to 5 years • 12 months to 3 years • Age 3, then annually • Age 3, then annually • At birth, between 1-2 months, between 6-18 months • 2 months, 4 months, 6 months • 2 months, 4 months, 6 months, 15-18 months • 2 months, 4 months, 6 months, 12-15 months • 2 months, 4 months, 6 months, 12-15 months • 2 months, 4 months, 6-18 months • 6 months, then annually • 12-15 months • 12-15 months • Two doses between 12 -23 months	Under Age 2: Plan pays 100% for in-network physical exam & recommended screenings. Not subject to deductible or office visit copay if in-network Ages 2 and Up: Plan pays 100% for in-network physical exam & recommended screenings. Not subject to deductible or office visit copay if in-network.

Infant, Child and Adolescent Preventive Care Guidelines….(continued)			
Age	**Recommended Sreenings/Immunizations**	**Frequency**	**SMU BCBSTX PPOs**
4 – 10 Years	• Physical exam • Height and Weight • Body Mass Index (BMI) • Accident/Injury Prevention • Vision screening • Hearing Screening • Blood Pressure • Urine Testing • Scoliosis Screening • Diptheria, Tetanus, Pertussis (DPT) • H. Influenzae Type B • Pneumococcal (Pneumonia) • Inactivated Poliovirus (IPV) • Influenza • Measles, Mumps and Rubella (MMR) • Varicella (Chickenpox) • Hepatitis A • Hepatitis B • Meningococccal (Meningitis)	• Age 4, 5, 6, 8 and 10 • Age 4, 5, 6, 8 and 10 • Age 4, 5, 6, 8 and 10 • Age 4, 5, 6, 8 and 10 • Age 4, 5, 6, 8 and 10 • Age 4, 5, 6, 8 and 10 • Age 4, 5, 6, 8 and 10 • 5 years • Screen in grades 5+ • Between age 4- 6 • Catch-up as needed • As needed if high risk • Between age 4 -6 • Age 4 and 5, annually if high risk • Between age 4 -6 • Between age 4-6 • HepA Series, if high risk • Catch-up as needed • As needed if high risk	Plan pays 100% for in-network physical exam & recommended screenings. Not subject to deductible or office visit copay if in-network.

Infant, Child and Adolescent Preventive Care Guidelines….(continued)			
Age	**Recommended Screenings/Immunizations**	**Frequency**	**SMU BCBSTX PPOs**
11 – 17 Years	• Physical exam • Height and Weight • Body Mass Index (BMI) • Accident/Injury Prevention • Hematocrit/Hemoglobin • Vision screening • Hearing Screening • Blood Pressure • Urine Testing • Scoliosis Screening • Teach Testicular Exam • Diptheria, Tetanus, Pertussis (DPT) • Pneumococcal (Pneumonia) • Inactivated Poliovirus (IPV) • Influenza • Measles, Mumps and Rubella (MMR) • Varicella • Hepatitis A • Hepatitis B • Meningococccal (Meningitis) • Human Papillomavirus (HPV)	• Annually • Annually • Annually • Annually • Annually for menstruating females • Age 12 and 15 • Age 12 and 15 • Annually • As needed • Screen in grades 5+ • Ages 15-17 • Between ages 11-12 • As needed if high risk • IPV Series if needed • Annually if high risk • MMR Series if needed • Varicella Series if needed • HepA Series, if high risk • Catch-up as needed • Between ages 11-12, as needed if high risk • Girls only – 3 does between ages 11-12, HPV catch-up Series if needed.	Plan pays 100% for in-network physical exam & recommended screenings. Not subject to deductible or office visit copay if in-network.

Adult Preventive Care Guidelines			
Age	**Recommended Screenings/Immunizations**	**Frequency**	**SMU BCBSTX PPO**
18 – 39	Men and Women: • Physical Exam • Cholesterol screening • Blood pressure • Body Mass Index • Weight/obesity screening • Tetanus, Diphtheria, Pertussis (Td/Tdap) • Human Papillomoavirus (HPV) • Measles/Mumps/Rubella • Varicella (Chickenpox) • Hepatitis A • Hepititis B • Meningocaccal (Meningitis) • Influenza • Pneumococcal (Pneumonia) Men Only: • Testicular exam Women Only: • Clinical breast exam/teach breast self-exam • Cervical exam/Pap smear	• Annually • Every 5 years, starting at age 20 • Every 2 years • At doctor's discretion • Every 1 – 3 years • 1 dose every 10 years • 3 doses (age 26 or younger) • 1-2 doses • 2 doses • 2 doses, if high-risk • 3 doses, if high-risk • 1 or more doses, if high-risk • Annually • 1-2 doses if high risk • Annually • Clinical exam every 1– 3 years starting at age 20; monthly self-exams • Annually, starting no later than age 21; after 3 or more normal results, Pap smears may be performed every 2 - 3 years for women who are not at risk, at doctor's discretion.	Plan pays 100% for in-network physical exam & recommended screenings. Not subject to deductible or office visit copay if in-network.

Adult Preventive Care Guidelines…(continued)

Age	Recommended Screenings/Immunizations	Frequency	SMU BCBSTX PPO
40 – 49	Men and Women: • Physical exam • Cholesterol screening • Blood pressure • Body Mass Index • Weight/obesity screening • Tetanus, Diphtheria, Pertussis (Td/Tdap) • Measles/Mumps/Rubella • Varicella (Chickenpox) • Hepatitis A • Hepatitis B • Meningococcal (Meningitis) • Influenza • Pneumococcal (Pneumonia) Men Only: • Testicular exam Women Only: • Clinical breast exam/teach breast self-exam • Cervical exam/Pap smear • Mammogram	• Annually • Every 5 years, starting at age 20 • Every 2 years • At doctor's discretion • Every 1 – 3 years • 1 dose every 10 years • 1-2 doses • 2 doses • 2 doses, if high-risk • 3 doses, if high-risk • 1 or more doses, if high-risk • Annually • 1-2 doses if high risk • Annually • Clinical exam every 1–3 years starting at age 20; monthly self-exams • Annually. • Annually, beginning at age 40	Plan pays 100% for in-network physical exam & recommended screenings. Not subject to deductible or office visit copay if in-network. Mammogram: Plan pays 100% for in-network Mammogram. Not subject to deductible if in-network.

Adult Preventive Care Guidelines…(continued)

Age	Recommended Screenings/Immunizations	Frequency	SMU BCBSTX PPO
50 – 64	Men and Women: • Physical exam • Cholesterol screening • Blood pressure screening • Weight/obesity screening • Hearing and vision exam • Body Mass Index • Stool for Occult Blood • Colonoscopy • Influenza vaccine • Shingles (Zoster) vaccine • Pneumococcal (Pneumonia) • Tetanus, Diphtheria, Pertussis (Td/Tdap) • Measles/Mumps/Rubella • Varicella (Chickenpox) Men Only: • Testicular exam • Clinical prostate exam/PSA Women Only: • Clinical breast exam/teach breast self-exam • Cervical exam/Pap smear • Mammogram	• Annually • Every 5 years, starting at age 20 • Every 2 years • Every 1 – 3 years • Annually, beginning at age 60 • At doctor's discretion • Annually, beginning at 60 • Every 10 years, beginning at age 50 • Annually • 1 dose at age 60+ • 1-2 doses if high risk • 1 dose every 10 years • 1 dose, if high risk • 2 doses, if high risk • Annually • Annually • Clinical exam every 1–3 years starting at age 20; monthly self-exams • Annually • Annually, beginning at age 40	Plan pays 100% for physical exam & recommended screenings. Not subject to deductible or office visit copay. Mammogram, PSA (Prostate) and Colonoscopy: Plan pays 100% for these in-network screenings. Not subject to deductible if in-network.

Adult Preventive Care Guidelines…(continued)

Age	Recommended Screenings/Immunizations	Frequency	SMU BCBSTX PPO
65 and older	Men and Women: • Physical exam • Cholesterol screening • Blood pressure • Weight/obesity screening • Hearing and vision exam • Body Mass Index • Colonoscopy • Influenza vaccine • Pneumonia vaccine • Shingles (Zoster) vaccine • Tetanus, Diphtheria, Pertussis (Td/Tdap) • Measles/Mumps/Rubella • Varicella (Chickenpox) Men Only: • Testicular exam • Clinical prostate exam/PSA Women Only: • Clinical breast exam/teach breast self-exam • Cervical exam/Pap smear • Bone Mineral Content • Mammogram	• Annually • Every 5 years, starting at age 20 • Every 2 years • Every 1 – 3 years • Annually, beginning at age 60 • At doctor's discretion • Every 10 years, beginning at age 50 • Annually • 1 dose • 1 dose at age 60+ • 1 dose every 10 years • 1 dose, if high risk • 2 doses, if high risk • Annually • Annually • Clinical exam every 1 – 3 years, starting at age 20; monthly self-exams • Annually; after 3 or more normal results, Pap smears may be performed every 2 -3 years for women who are not at risk, at doctor's discretion. • Once • Annually, beginning at age 40	Plan pays 100% for physical exam & recommended screenings. Not subject to deductible or office visit copay. Mammogram, PSA (Prostate) and Colonoscopy: Plan pays 100% for these in-network screenings. Not subject to deductible and if in-network.