



Preventive Health Guidelines: Men

I. Policy

University Health Alliance (UHA) will reimburse for men's preventive health services when it meets the clinical preventive services guidelines below.

II. Description

The Patient Protection and Affordable Care Act of 2010, passed in March 2010, put in place a number of comprehensive health insurance reforms. One of these was the elimination of cost sharing for certain preventive health services for members, where health plans can no longer charge a patient a co-payment, coinsurance or deductible. The intent is that more members will obtain the preventive health care needed to stay healthy and avoid or delay disease.

The preventive guidelines used to implement the new law were taken from the U.S. Preventive Services Task Force (USPSTF): Guide to Clinical Preventive Services (recommendations graded A or B), immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, and the guidelines supported by the Health Resources and Services Administration (HRSA) which include the Bright Futures' schedule of well-child visits.

The clinical preventive services guidelines below were derived from the clinical recommendations of the USPSTF. These guidelines are evidence-based and rely on current scientific studies. Each of the preventive services listed is a service that the USPSTF recommends that clinicians offer or provide in their practice setting.

Age-appropriate preventive screening services are provided for the purpose of promoting health and preventing illness or injury. Preventive counseling services will vary by age and should include issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health, and diagnostic laboratory tests results available at the time of the encounter.

III. Criteria/Guidelines

The recommendations as shown in "**Attachment A - Preventive Health Guidelines: Men**" are covered as indicated.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

- A. Prior Authorization is not required.
- B. Modifier 33 should be appended to preventive services claims. When applied, Modifier 33 indicates that the preventive service is one that waives a patient's co-pay, deductible, and co-insurance. An exception is that modifier 33 does not have to be appended to those services that are inherently preventive.

V. Policy History

Policy Number: MPP-0026-120301

Current Effective Date: 04/11/2019

Original Document Effective Date: 03/01/2012

Previous Revision Dates: 10/05/2016, 12/01/2016, 01/01/2018, 04/18/2018

PAC Approved Date: 03/01/2012

Previous Policy Title: Men's Preventative Health Guidelines

Attachment A

Preventive Health Guidelines: Men

Topic	Guidelines	Frequency
Preventive Medicine Office Visit	Preventive medicine office visit for men 22 years and older	One visit per calendar year
Abdominal Aortic Aneurysm	Screening ultrasonography for men 65 to 75 years of age who have ever smoked	One test per lifetime
Colorectal Cancer	UHA allows screening men for colorectal cancer. See UHA Colorectal Cancer Screening Policy.	See UHA Colorectal Cancer Screening Policy
Type 2 Diabetes Mellitus	Screening for abnormal glucose as part of cardiovascular risk assessment in adults ages 40 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.	One laboratory test per calendar year
High Blood Pressure	Screening men 18 years of age and older	Once per calendar year
Human Immune-Deficiency Virus (HIV)	Screening for HIV in men aged 16 to 65 years of age	One laboratory test per calendar year
Lipid Disorder Testing	Please also note <i>Statin Use for the Prevention of Cardiovascular Disease</i> preventive service guidelines	Once every calendar year
Syphilis	Screening men at increased risk for infection	One laboratory test per calendar year
Hepatitis C Virus (HCV)	Screening for HCV in men at high risk for infection	Once per calendar year
	Screening for HCV in asymptomatic men born between 1945 and 1965	Once per lifetime
Hepatitis B Virus (HBV)	Screening for HBV in men at high risk for infection	Once per calendar year
Aspirin for the Prevention of Cardiovascular Disease (CVD)	Aspirin therapy for men 50 to 59 years of age when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage	Prescription required
Alcohol Misuse	Screening and behavioral counseling for men 18 years of age and older to reduce alcohol misuse.	Up to three visits per calendar year
Depression	Screening men for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment and follow up	Once per calendar year
Tobacco Use and Tobacco-Caused Disease	Screening men 18 years of age and older for tobacco use and provide tobacco cessation interventions for those using tobacco products	Up to eight visits per calendar year
Obesity	Intensive counseling and behavioral interventions for obese men to promote sustained weight loss	Up to 12 visits per calendar year

Healthy Diet	Behavioral counseling for men with hyperlipidemia and other known risk factors for CVD- and diet-related chronic diseases	Up to four counseling and/or nutrition visits per calendar year
Counseling for Sexually Transmitted Infections (STIs)	Intensive behavioral counseling for sexually active men at increased risk for STIs	Once per calendar year
Immunizations	See CDC guidelines for current recommendation schedule <cdc.gov>	See CDC guidelines for current recommendation schedule <cdc.gov>
Travel Immunizations	See CDC guidelines for current recommendation schedule <cdc.gov>	See CDC guidelines for current recommendation schedule <cdc.gov>
Prevention of Falls	Counseling men aged 65 years or older who are at increased risk for falls	Once per calendar year
Vitamin D Supplementation for the Prevention of Falls	Vitamin D supplementation to prevent falls in community-dwelling men aged 65 years or older who are at increased risk for falls	Prescription required
Skin Cancer	Counseling children, adolescents, and young adults aged 10 to 24 years of age, who have fair skin, about minimizing their exposure to ultraviolet radiation to reduce their risk for skin cancer	Once per calendar year
Lung Cancer	Annual screening for lung cancer with low-dose computed tomography in men ages 55 to 80 years who have a 30 pack per year smoking history and currently smoke or have quit within the past 15 years.	Once every 12 months
Statin Use for the Prevention of Cardiovascular Disease	Low-to moderate- dose statins in adults aged 40 to 75 years without a history of cardiovascular disease (CVD) who have one or more CVD risk factors and a calculated 10 year CVD event risk of 10% or greater	Prescription required
Tuberculosis	Screening men for latent tuberculosis infection in populations at increased risk	Up to twice per calendar year