



## 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
<b>Preventive Medicine Office Visit</b>	Preventive medicine office visit for men 22 years and older	One visit per calendar year
<b>Abdominal Aortic Aneurysm</b>	Screening ultrasonography for men 65 to 75 years of age who have ever smoked	One test per lifetime
<b>Colorectal Cancer</b>	UHA allows screening men for colorectal cancer. See UHA Colorectal Cancer Screening Policy.	See UHA Colorectal Cancer Screening Policy
<b>Type 2 Diabetes Mellitus</b>	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
<b>High Blood Pressure</b>	Screening men 18 years of age and older	Once per calendar year
<b>Human Immune-Deficiency Virus (HIV)</b>	Screening for HIV in men aged 16 to 65 years of age	One laboratory test per calendar year
<b>Lipid Disorder Testing</b>	Please also note <i>Statin Use for the Prevention of Cardiovascular Disease</i> preventive service guidelines	Once every calendar year
<b>Syphilis</b>	Screening men at increased risk for infection	One laboratory test per calendar year
<b>Hepatitis C Virus (HCV)</b>	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
<b>Hepatitis B Virus (HBV)</b>	Screening for HBV in men at high risk for infection	Once per calendar year
<b>Aspirin for the Prevention of Cardiovascular Disease (CVD)</b>	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
<b>Alcohol Misuse</b>	Screening and behavioral counseling for men 18 years of age and older to reduce alcohol misuse.	Up to three visits per calendar year
<b>Depression</b>	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
<b>Tobacco Use and Tobacco-Caused Disease</b>	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
<b>Obesity</b>	Intensive counseling and behavioral interventions for obese men to promote sustained weight loss	Up to 12 visits per calendar year

<b>Healthy Diet</b>	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
<b>Counseling for Sexually Transmitted Infections (STIs)</b>	Intensive behavioral counseling for sexually active men at increased risk for STIs	Once per calendar year
<b>Immunizations</b>	See CDC guidelines for current recommendation schedule <cdc.gov>	See CDC guidelines for current recommendation schedule <cdc.gov>
<b>Travel Immunizations</b>	See CDC guidelines for current recommendation schedule <cdc.gov>	See CDC guidelines for current recommendation schedule <cdc.gov>
<b>Prevention of Falls</b>	Counseling men aged 65 years or older who are at increased risk for falls	Once per calendar year
<b>Vitamin D Supplementation for the Prevention of Falls</b>	Vitamin D supplementation to prevent falls in community-dwelling men aged 65 years or older who are at increased risk for falls	Prescription required
<b>Skin Cancer</b>	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
<b>Lung Cancer</b>	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
<b>Statin Use for the Prevention of Cardiovascular Disease</b>	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
<b>Tuberculosis</b>	Screening men for latent tuberculosis infection in populations at increased risk	Up to twice per calendar year