



## Preventive Health Guidelines: Women

### I. Policy

University Health Alliance (UHA) will reimburse for women'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 following services are covered without a copayment (subject to Limitations/Exclusions and Administrative Guidelines):

- A. Well Woman Exam is covered for one gynecological examination per calendar year. The well woman exam includes a pelvic examination, the collection of a specimen for cervical cancer screening (every three years for women 21-65), and a clinical breast examination.
- B. Mammography for breast cancer screening is covered once per calendar year for women ages 40 and older.
- C. Additional recommendations as shown in "**Attachment A - Preventive Health Guidelines: Women**" 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-0024-120301

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

**PAC Approved Date:** 03/01/2012

**Previous Policy Title:** Women's Preventative Health Guidelines

## Attachment A

### Preventive Health Guidelines: Women

Topic	Guidelines	Frequency
<b>Well-Woman Exam</b>	Well-woman preventive care visits, when appropriate, should include other preventive services listed in this set of guidelines. The well woman exam includes a pelvic examination, the collection of a specimen for cervical cancer screening (every three years for women 21-65), and a clinical breast examination.	One visit per calendar year
<b>Preventive Medicine Office Visit</b>	Preventive medicine office visit for women 22 years and older. This benefit is in addition to the Well Women Exam Benefit described above.	One visit per calendar year
<b>Breast Cancer</b>	The US Preventative Services Task Force recommends screening mammography for women 50 to 74 years of age.	Once every two years
	UHA allows screening mammography for women 40 years of age and older. Annual screening for women under 40 is allowed with a physician's order for women with a personal history of breast cancer, a history of chest irradiation, a family history of breast cancer in a first degree relative or a known genetic predisposition to breast cancer.	Once every calendar year
<b>Cervical Cancer</b>	Screening in women age 21 to 65 years with cytology (Pap smear)	Once every three years
<b>Chlamydia</b>	Screening all sexually active women aged 24 and younger and for older women at increased risk.	One laboratory test per calendar year
<b>Colorectal Cancer</b>	UHA allows screening women for colorectal cancer in compliance with current USPSTF guidelines. See UHA Colorectal Cancer Screening Policy.	See UHA Colorectal Cancer Screening Policy
<b>Gonorrhea</b>	Screen all sexually active women aged 24 and younger and for older women considered to be at high risk for gonorrhea infection.	One laboratory test per calendar year
<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>Type 2 Diabetes Mellitus after Pregnancy</b>	Screening for diabetes mellitus in women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not been previously been diagnosed with type 2 diabetes.	Once, following a pregnancy in which the mother had gestational diabetes mellitus
<b>High Blood Pressure</b>	Screening women 18 years of age and older	Once per calendar year
<b>Human Immune-Deficiency Virus (HIV)</b>	Counseling and screening for HIV.	One counseling visit and one laboratory test per calendar year
<b>Human Papillomavirus (HPV) testing</b>	High-risk HPV screening - viral DNA testing in women with normal cytology results beginning at 30 years of age	Once every three years
<b>Lipid Disorder Testing</b>	Please also note <i>Statin Use for the Prevention of Cardiovascular Disease</i> guidelines	Once per calendar year
<b>Syphilis</b>	Screening women at increased risk for infection	One laboratory test per calendar year

<b>Hepatitis C Virus (HCV)</b>	Screening for HCV in women at high risk for infection	Once per calendar year
	Screening for HCV in asymptomatic women born between 1945 and 1965	Once per lifetime
<b>Hepatitis B Virus (HBV)</b>	Screening for HBV in women at high risk for infection	Once per calendar year
<b>Osteoporosis</b>	Screening for women aged 65 years of age or older and in younger women whose 10 year fracture risk is equal to or greater than that of a 65 year old white women with no additional risk factors	See UHA Bone (Mineral) Density Studies Policy
<b>Aspirin for the Prevention of Cardiovascular Disease (CVD)</b>	Aspirin therapy for women 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>Folic Acid to Prevent Neural Tube Defects</b>	All women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg of folic acid	Prescription required
<b>Alcohol Misuse</b>	Screening and behavioral counseling for women 18 years of age and older to reduce alcohol misuse.	Up to three visits per calendar year
<b>Depression</b>	Screening women 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 women 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 women to promote sustained weight loss	Up to 12 visits per calendar year
<b>Healthy Diet</b>	Behavioral counseling for women 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 women	One visit per calendar year
<b>Contraceptive Methods and Counseling</b>	<p><u>Patient education</u> Provide counseling for all women with reproductive capacity</p> <p><u>Contraceptive methods:</u></p> <ol style="list-style-type: none"> <li>1. Generic oral contraceptives</li> <li>2. Diaphragms</li> <li>3. Implantable devices</li> <li>4. Transdermal patches</li> <li>5. Intrauterine devices</li> <li>6. Intravaginal rings</li> <li>7. Medroxyprogesterone acetate injections</li> <li>8. Elective tubal ligations</li> <li>9. All FDA approved OTC female contraceptives</li> </ol> <p>Includes related services (e.g., office visits for the administration, insertion and fittings)</p>	Prescription required
<b>Interpersonal and Domestic Violence</b>	Screening and counseling for interpersonal and domestic violence	One visit per calendar year

<b>BRCA Screening and Counseling</b>	Screening for women 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	See UHA's Genetic Testing for Hereditary Breast and/or Ovarian Cancer Payment Policy
<b>Breast Cancer: Medications for Risk Reduction</b>	Counseling women who are at increased risk for breast cancer about medications to reduce their risk	Annually or more frequently depending on health status, health needs and other risk factors
	Women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should consider prescribing risk-reducing medications, such as tamoxifen and raloxifene	Prescription required
<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 women 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 women aged 65 years or older who are at increased risk for falls	Prescription required
<b>Skin Cancer</b>	Counseling, about minimizing the exposure to ultraviolet radiation to reduce the risk for skin cancer	Once per calendar year
<b>Lung Cancer</b>	Annual screening for lung cancer with low-dose computed tomography in women 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 women for latent tuberculosis infection in populations at increased risk	Twice per calendar year