

2018 Preventive Health Care Guidelines

800-251-8191 or TTY 711, 8 am to 8 pm, seven days a week



Inter Valley Health Plan

Medicare plans for health. Not for profit.

SERVICES

SYNOPSIS

Preventive Health Exam (includes history, physical exam, height, weight, blood pressure, BMI and risk assessment)	This visit is covered once every 12 months
Abdominal aortic aneurysm screening	One-time screening for people at risk. Male 65-75 who have smoked 100 cigarettes lifetime
Alcohol misuse screening	One screening/year for adults who use alcohol
Bone Mass measurement	Once every 24 months for people who have certain medical conditions or meet criteria
Breast Cancer screening	Once every 12 months for women of age ≥ 40
Cardiovascular screening	Once every 5 years to test cholesterol, lipid, lipoprotein and triglyceride levels
Cardiovascular disease (behavioral therapy)	One visit per year with primary care MD to discuss how to lower risk for cardiovascular disease
Cervical and vaginal cancer screening	Once every 24 months or once every 12 months for those who are at high risk for cervical or vaginal cancer
Colorectal cancer screening	<ul style="list-style-type: none"> • Fecal occult blood – once every 12 months ≥ 50 • Screening flexible sigmoidoscopy one/48 mos • Screening colonoscopy – once every 120 mos (high-risk (post polyps) every 24 mos.) • Multi-target stool DNA test—This lab test is generally covered once every 3 years if you meet certain conditions (adults between 50-85) • Screening BE – once/48 mos. $>50/24$ mos. Hi-risk
Depression screening	One screening per year
Diabetes screening	Two screenings/year for people at risk
Glaucoma tests	One screening/year for people at risk
Hepatitis C screening	One screening test. Yearly screenings for high risk
HIV screening	One screening/year for people at increased risk
Lung Cancer (Screening for)	Low-dose computed tomography (LDCT) annually for adults 55 to 77 who have a 30 pack-year smoking history or quit within 15 years
Obesity screening behavioral therapy counseling	People with a body mass index (BMI) ≥ 30
Prostate Cancer screening	Discuss with physician (DRE/PSA 1/12 mos. >50)
STI screening/behavioral counseling	Once every 12 mos screening for chlamydia, gonorrhea, syphilis and hep B for people at risk

IMMUNIZATIONS

RECOMENDATIONS

Chicken Pox (varicella)	2 doses recommended if not experienced as a child
*Hepatitis A (for medium/high-risk individuals)	2 doses-second dose 6 months after first
*Hepatitis B (for medium/high-risk individuals)	3 doses if did not experience as a child
*Hib Type B (for high-risk individuals)	1-3 doses based upon indication by physician
Influenza Vaccine (for people age ≥ 50 and other high-risk individuals)	One flu shot per flu season

*May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors. Talk to your physician to see if you need this vaccine.

IMMUNIZATIONS... continued	RECOMENDATIONS
*Meningococcal	One or more doses prescribed by physician
MMR: (Measles, mumps and rubella)	Once, if not already immune
Pneumococcal vaccines	2 pneumococcal vaccines for all adults 65 years or older: PCV 13 followed by PPS V 23 after 6-12 months; or if PPS V 23 initially, PCV 13 should follow > one year
Shingles (Zoster vaccine)	Once (Zostivax) or twice (Shingrix) beginning at 50
Tdap Booster (tetanus, diphtheria, pertussis)	Once every ten years for tetanus and diphtheria Once in a lifetime for pertussis

*May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors. Talk to your physician to see if you need this vaccine.

ADDITIONAL RECOMMENDATIONS

- Discuss and ask about bladder control, reducing fall risk, improving physical activity/exercise.
- Discuss the benefits and risks of aspirin use for men 45-79 yrs old and women 55-79 yrs.
- Medical nutrition therapy services for people with diabetes or kidney disease or who have had a kidney transplant in the last 36 months.
- TB Screening for high-risk population.
- Skin cancer screening for high-risk patients.
- Tobacco-use cessation/counseling for people who use tobacco or diagnosed with an illness caused or complicated by tobacco use. Eight face-to-face visits within 12 months.

PREGNANCY

Comprehensive screening exam (blood pressure, weight, hematocrit/ hemoglobin, Hepatitis B surface antigen, RPR/VDRL, Chlamydia screening, Rubella screening, Vaccination history, RH incompatibility, urine culture, gonorrhea culture) Tdap Booster	First Visit
Other tests:	1st Trimester (FTS), counseling about chorionic villus sampling (CVS) and amniocentesis. FTS includes ultrasound and blood screen. AlphaFeto Protein, 15-20 weeks, Glucose Tolerance, 24-28 weeks. Group B streptococcal bacteria @ 35-37 weeks. Influenza vaccine for women who will be pregnant during the flu season
Postpartum visit	To be done within 3-6 weeks following delivery

Inter Valley Health Plan supports the recommendations of 2018 Medicare and You and the U.S. Preventive Services Task Force in conjunction with those of other widely recognized professional organizations. These guidelines are intended to be a synopsis of those recommendations. For details and application to a specific individual, providers should apply their clinical judgement. Check with the Plan Benefit Summary to determine if a particular service is covered. Reviewed and approved by the **Medical Advisory Committee on January 19, 2018**. The Inter Valley Health Plan Preventive Health Care Guidelines are intended for informational purposes only and do not provide medical treatment, opinion, or advice.



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www.ivhp.com

Inter Valley Health Plan is a not-for-profit HMO with a Medicare contract. Enrollment in Inter Valley Health Plan depends on contract renewal. Health education/wellness information. Inter Valley Health Plan complies with applicable federal civil right laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This information and language assistance services are available to you free of charge. Call 1-800-251-8191 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-8191 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-251-819 (TTY 711)