

The following preventive services and immunizations do not apply to all health plans administered or insured by Blue Cross and Blue Shield of Alabama. Some or all of the contraceptive methods or prescription drugs listed may not be covered under the plan because of the employer's religious beliefs. To find out if contraceptive methods and prescription drugs are excluded, please contact Customer Service for additional information.

If the preventive services section of your plan's benefit booklet refers you to **AlabamaBlue.com**, the preventive services and immunizations listed below will be covered by your plan. However, your group may decide to delay the effective date for coverage until your group's plan year for any new preventive services and immunizations recently added to this list. If your plan covers these services, please be aware that in some cases, routine preventive services and routine immunizations may be billed separately from your office or other facility visit. In that case, the applicable office visit or outpatient facility copayments described in the physician benefits and outpatient hospital benefits sections of your benefit booklet may apply. In any case, applicable office visit or facility copayments may still apply when the primary purpose for your visit is not routine preventive services and/or routine immunizations. **Please ask the provider to contact your Health Plan to verify the procedure and diagnosis codes that are covered under these preventive services.** If you have any questions about your plan's benefits, you may also call our Customer Service Department at the number on the back of your ID card.

*Contact your group benefit administrator for information regarding the effective date of new preventive services and immunization recently added to the list below*

Preventive Services For Adults	Frequency/Limitations
Abdominal Aortic Aneurysm Screening	Age 65-75 one screening per lifetime (men only with any history of smoking)
Alcohol Misuse Screening and Behavioral Counseling Interventions	One per calendar year
Ambulatory Blood Pressure Monitoring	Once per lifetime to confirm the diagnosis of hypertension
Aspirin Use Counseling for CVD Prevention	Men age 50-59; Women age 13-59 every 5 years
Behavior Counseling to Prevent Skin Cancer	Age 6 months-24 years (included in E&M and/or preventive office visit)
Blood Pressure Screening	Age 18 and older, one per calendar year (included as part of an office visit)
Cholesterol Screening	Men age 35 and older (20-35 at risk for CAD), Women age 45 and older (20-45 at risk for CAD) every 5 years
Colorectal Cancer Screening	Age 45-75
<ul style="list-style-type: none"> <li>Fecal occult blood testing</li> </ul>	One per calendar year
<ul style="list-style-type: none"> <li>CT Colonography (Visual Colonoscopy)</li> </ul>	Every 5 years
<ul style="list-style-type: none"> <li>Sigmoidoscopy</li> </ul>	Every 3 years
<ul style="list-style-type: none"> <li>Colonoscopy (including bowel prep medications)</li> </ul>	Every 10 years
<ul style="list-style-type: none"> <li>Barium Enema</li> </ul>	Every 5 years
<ul style="list-style-type: none"> <li>Pre-Screening Consultation</li> </ul>	Every 10 years
<ul style="list-style-type: none"> <li>FIT-DNA (Cologuard™)</li> </ul>	Every 3 years
Depression Screening	Age 11 and older, one per calendar year
Diabetes Screening	Age 19 and older, every 3 years
Diet Counseling (Adults with high risk for chronic disease)	Age 19 and older, 3 hours each calendar year
Fall Prevention Screening	Age 65 and older. Exercise, physical therapy and vitamin D supplementation
Hepatitis B Screening	Age 11 and older, one per calendar year
Hepatitis C Screening	Once per lifetime; Once per year for individuals at high risk for infection
HIV Screening (At Risk and All Pregnant Women)	Age 10 and older
HIV Infection Prevention: Pre-exposure Prophylaxis (PrEP) <i>(Antiretroviral medication to be considered under the pharmacy plan when ordered by a physician)</i>	Effective 9/17/21, the following services for baseline/ follow-up testing and monitoring are included per the CDC PrEP guidelines (ages 10 and older): <ul style="list-style-type: none"> <li>Kidney function testing (creatinine)</li> <li>Hepatitis B and C testing</li> <li>HIV Testing</li> <li>STI screening and counseling</li> <li>Pregnancy testing (when appropriate)</li> <li>Adherence counseling</li> <li>Associated office visits</li> </ul>
Lung Cancer Screening	Age 50-80, one per calendar year
Obesity Screening and Counseling	Age 6 and older, one per calendar year
Prostate Screening	Men age 40 and older, one per calendar year

Preventive Services For Adults	Frequency/Limitations
Psychosocial/Behavioral Assessment	Age Newborn-21 years, 31 services during age range
Preventive Office Visit	One per calendar year
Sexually Transmitted Infection Prevention Counseling	Age 10 and older, one per calendar year
Tobacco Use Counseling	Age 6 and older, 8 per calendar year
Tuberculosis Infection Screening	Age 19 and older (adults at risk), one per calendar year
Preventive Services for Women (Including Pregnant Women)	Frequency/Limitations
Bacteriuria (Pregnant Women)	With pregnancy
BRCA Counseling about genetic testing for women at higher risk	Once in a lifetime
Breast Cancer Chemoprevention Counseling	Once in a lifetime
Breast Cancer Mammography Screening	Age 35-39 one baseline, age 40 and older one per calendar year
Breastfeeding Support	
<ul style="list-style-type: none"> <li>Behavioral Interventions</li> </ul>	Twice per calendar year
<ul style="list-style-type: none"> <li>Counseling and Support</li> </ul>	Age 10 and older, three per year in conjunction with a birth
<ul style="list-style-type: none"> <li>Supplies – Pumps and Accessories</li> </ul>	Age 10 and older; one electric breast pump allowed per pregnancy
Cervical Cancer Screening (Pap Smear)	One per calendar year
Chlamydia Screening	Age 15 and older, one per calendar year
Contraceptive Methods and Counseling	
<ul style="list-style-type: none"> <li>Counseling</li> </ul>	Age 10 and older, one annually
<ul style="list-style-type: none"> <li>Sterilization</li> </ul>	Age 10 and older, one procedure per lifetime
<ul style="list-style-type: none"> <li>Confirmatory Test</li> </ul>	Two per lifetime
<ul style="list-style-type: none"> <li>Medical Contraceptive</li> </ul>	Age 10 and older
Gonorrhea Screening	Age 11 and older, twice per calendar year
Healthy Weight Gain in Pregnancy Counseling (effective 6/1/22)	Age 10 and older, three hours per calendar year
Hepatitis B Screening	One per calendar year for pregnant women
HIV Screening (At Risk and All Pregnant Women)	Age 10 and older
HIV Counseling	Age 10 and older, one per calendar year
Human Papillomavirus (HPV) Screening	Age 30 and older, every 3 years
Iron Deficiency Anemia Screening	One per calendar year for pregnant women
Osteoporosis Screening	Age 65 and older, 65 and younger if at risk once every 2 years
Preconception Visit	Age 10 and older, one visit per calendar year
Prenatal Care	Age 10 and older, up to six visits per calendar year depending on diagnosis
Preeclampsia Screening	Age 10 and older (included in prenatal office visit)
Perinatal Depression Preventive Interventions	Age 10 and older, three hours per calendar year
Prenatal Conference (Pediatrician only)	With pregnancy
Rh Incompatibility Screening (All Pregnant Women)	Twice per calendar year
Screening and Counseling for Interpersonal and Domestic Violence	Age 10 and older, one per calendar year
Screening for Gestational Diabetes	Age 10 and older, two per calendar year
Sexually Transmitted Infection (STI) Prevention Counseling	Age 10 and older, one per calendar year
Syphilis Screening (At Risk and All Pregnant Women)	No frequency limit
Tobacco Use Counseling (Pregnant Women)	Age 10 and older, 8 per calendar year
Well Women Visit	Age 10 and older, up to two visits per calendar year depending on diagnosis
Preventive Services for Children	Frequency/Limitations
Alcohol and Drug Use Assessments (Adolescents)	Age 11-21, one per calendar year

Preventive Services for Children	Frequency/Limitations
Behavior Counseling to Prevent Skin Cancer	Age 6 months-24 years (including in E&M and/or preventive office visit)
Cervical Cancer Screening (Pap Smear)	One per calendar year
Congenital Hypothyroidism (Newborns)	Age 2-4 days
Depression Screening	Age 11 and older, one per calendar year
Dental Caries Prevention (<age 5)	Age birth – 5 years, 4 per calendar year
Dental Caries Prevention (Preschool Children)	Included in preventive office visit
Depression Screening	Age 11 and older, one per calendar year
Developmental Screening (<age 3)	Age 9-30 months, 5 screenings
Developmental Surveillance	Included as part of an office visit
Dyslipidemia	Age 2-10, one every 2 years; Age 11-17, one per calendar year; Age 18-21, once during age range
Gonorrhea Prevention (Eye Meds for Newborns)	At delivery; included in standard inpatient newborn care
Hearing Screening (Newborns)	Age birth – 31 days, once in age range
Hearing Screening	Age 2 months – 10 years, 8 tests during age range; Age 11-21, 3 tests during age range
Hematocrit or Hemoglobin Screening	Age 4 months – 10 years, 3 services during age range; Age 11-21, one per calendar year
Hemoglobinopathies (sickle cell screening for newborns)	Age birth – 31 days
Hepatitis B Screening	Age 11 and older, one per calendar year
HIV Screening (Adolescents at High Risk)	Age 10 and older
Lead Screening	Age 6 months – 6 years, 3 services during age range
Maternal Depression Screening	Age birth -6 months, 4 services during age range
Metabolic Hemoglobin Screening (Newborns)	Age birth – 2 months, once in age range
Obesity Screening and Counseling	Age 6 and older, one per calendar year
Oral Health Risk Assessment	Age 6 months – 6 years, 3 services during age range
Routine Newborn Care (In Hospital)	Included in standard inpatient newborn care
Phenylketonuria (PKU for Newborns)	Age 2-14 days, 2 services during age range
Psychosocial/Behavioral Assessment	Age Newborn – 21 years, 31 services during age range
Preventive Office Visit	9 visits first two years of life; Age 2, two visits per birth year; Age 3-6, one each year (based on birth year); Age 7 and older, one visit per calendar year
Sexually Transmitted Infections Counseling	Age 10 and older, one per calendar year
Sexually Transmitted Infections Screening	Age 11-21, No frequency limit
Tuberculin Testing	Age 1 month - 21 years, 6 services during age range
Vision Screening (Visual Acuity)	Birth - 10 years, 8 services in age range. Age 11-21, 4 services in age range

## Immunizations

Adult Tetanus and Diphtheria Toxoids – Absorbed (Td)

Diphtheria Toxoid

Diphtheria, Tetanus (DT)

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hemophilus Influenza Type B, and Poliovirus Vaccine, Inactivated (DTaP-Hib-IPV)

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine, Inactivated (DTaP-HepB-IPV)

Diphtheria, Tetanus, Acellular Pertussis (DTap)

Diphtheria, Tetanus, Acellular Pertussis and Hemophilus Influenza B Vaccine (DTaP-Hib)

Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine and Poliovirus Vaccine, Inactivated (Dtap-IPV)

Hemophilus Influenza B Vaccine (HIB)

Hepatitis A

Hepatitis A and B

## Immunizations

Hepatitis B and Hemophilus Influenza B Vaccine - Active Immunization (HepB - Hib)

Hepatitis B Vaccine - Active Immunizations (HepB)

Human Papilloma Virus (HPV)

Influenza Virus Vaccine

Measles Virus Vaccine – Live

Measles, Mumps and Rubella Vaccine (MMR)

Measles, Mumps, Rubella, and Varicella Vaccine (MMRV)

Meningococcal Conjugate Vaccine

Meningococcal Serogroup B Vaccine

Mumps Virus Vaccine – Live

Pneumococcal Conjugate (PCV) /Pneumococcal Polysaccharide Vaccine

Poliomyelitis Vaccine (IPV)

Rotavirus Vaccine

Rubella Virus Vaccine

Tetanus Toxoid

Tetanus, Diphtheria, Acellular Pertussis (Tdap)

Varicella (Chicken Pox) Vaccine

Zoster (Shingles) Vaccine

## Pharmacy Benefits *(To be considered under the pharmacy plan when ordered by a physician and requires prescription to be filled by the pharmacy)*

Aspirin Men age 50-59; Women age 13-59 every 5 years

Contraceptives Women only; generic only

Fluoride Ages 6-16 years

Folic Acid Women only

Breast Cancer Preventive Drugs Women age 35 and older

Tobacco Cessation Products Two 90-day regimens of an FDA-approved tobacco cessation medications, (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization

Iron Supplements Ages 6-12 months

Statin Medications Ages 40-75 years with one or more cardiovascular risk factors and calculated 10-year risk of a cardiovascular event of 10% or greater.

Prevention of HIV Infection: Pre-exposure Prophylaxis (PrEP)  
*(Antiretroviral medication to be considered under the pharmacy plan when ordered by a physician.)*

Effective 9/17/21, the following services for baseline/ follow-up testing and monitoring are included per the CDC PrEP guidelines (ages 10 and older):

- Kidney function testing (creatinine)
- Hepatitis B and C testing
- HIV Testing
- STI screening and counseling
- Pregnancy testing (when appropriate)
- Adherence counseling
- Associated office visits

Please note the services listed are as of April 2022, and are subject to change at any time. Please visit [AlabamaBlue.com/PreventiveServices](http://AlabamaBlue.com/PreventiveServices) to view the latest list of our standard preventive services.



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of Alabama**

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