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2024 Preventive Health Guidelines for Members 65 Years of Age and Older

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of all A and B Recommendations as promulgated by the United States Preventive Services Task Force (USPSTF). Recommendations can be found at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.123517835.1012687934.1671222549-249991078.1667565696 and https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

General Guidelines on Preventive Care in Elderly Patients

Patient preferences regarding particular preventive interventions, as well as treatments potentially entailed by results of screening, should be respected. If a patient would refuse treatment of a condition discovered by screening, the screening may be inappropriate for that patient.

Each preventive intervention should be assessed for the benefit(s) and harm(s) it may confer upon a particular patient; among such considerations is the likelihood that a given preventive intervention will confer benefit within the patient's life expectancy and consideration of patients' wishes. A patient with end-stage disease/terminal illness may benefit from screening for depression, but will not likely benefit from cholesterol screening.

Each preventive intervention should be assessed from the point of view of the patient's capacity to comply with the intervention(s) or treatments mandated by the results of screens. This assessment must take into account not only the cognitive, psychological, and functional status of the patient, but also the presence of an adequate environment and support system. Interventions, which are highly dependent on patient capacity and motivation, should especially be employed selectively; example might include home glucose monitoring.

Decisions to intervene may be conditioned by assessment of risk, e.g., the decision to treat a single risk factor for cardiovascular disease (cholesterol) may be conditioned by the presence or absence of other risk factors (hypertension, diabetes).

History and Physical	Description	References	Medicare Covered Preventive Service
History and Physical Exam	Annually Female PE: -Annual pelvic/breast exam	1. USPSTF (1996) Updated 2004 2. Expert consensus opinion of the 2004 Preventive Health QI Committee. 3. ACOG (2006)	Yes. Part of the Annual Wellness Visits after initial Welcome to Medicare Preventive Visit. Check Benefits.
Pelvic/Breast Exam	With annual history and physical based on risk factors	1. ACOG (2006)	**YES**
Regular Weight, Height and BMI Monitoring	Annually – general population 4 office visits per year for obesity – overweight or obese diagnosis – with unlimited nutritional counseling for commercial product lines only. The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions. B Recommendation	1. AAFP (1996) Updated 2003 2. CDC (2004) 3. USPSTF 2012, 2013	**YES**
Blood pressure screening	At every provider visit or every 1-2 years in all elderly persons who are candidates for active medical treatment. The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with ambulatory blood pressure monitoring, or ABPM measurements outside of the clinical setting for diagnostic confirmation before starting treatment. A Recommendation	1. USPSTF (1996) Updated 2004, 2015 2. NIH (1997) 3. Geriatric Review Syllabus (1999/2001)	**YES** **NO**
Depression Screening	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women (age 18 and older). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. B Recommendation	1. USPSTF (1996) Updated 2004, 2009, 2016	**YES**
Illicit Drug Use	The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. B Recommendation	1. USPSTF 2020	**YES**

Screening	Description	References	Medicare Covered Preventive Service
Lipid Panel	Every 5 years or as clinically indicated. The U.S. Preventive Services Task Force (USPSTF) recommends screening: - men aged 35 and older for lipid disorders **-** A Recommendation; and - women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. A Recommendation.	1. USPSTF (1996) Updated 2004 2. AAFP (1996) Updated 2003 3. NIH (1999) 4. Geriatric Review Syllabus (1999/2001)	**YES**
Fasting Plasma Glucose	The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer patients with prediabetes to effective preventive interventions. B Recommendation. Already on the preventive schedule for adults with BMI for overweight or obesity. Expansion to include morbid obesity diagnosis codes. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	USPSTF (2008) 2015, 2022	**YES**
Mammography	The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1 to 2 years for women age 40 years and older. 2002. B Recommendation The PPACA has a provision that defers to the USPSTF 2002 guidelines on breast cancer screening which states that women ages 40-49 should routinely be screened for breast cancer. The 2002 Recommendation reads as follows: The U.S. Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination	1. USPSTF (1996) Updated 2002, 2009, 2016 2. AAFP (1996) Updated 2003 3. AGS (1999) Updated 2005 4. ACS (2006) 5. ACOG (2009) 6. NYS: §3221(l)(11) https://www.dfs.ny.gov/i	**YES**

Screening	Description	References	Medicare Covered Preventive Service
	(CBE), every 1-2 years for women aged 40 and older. USPSTF — B Recommendation. Recommend screening mammography, with or without clinical breast exam, every 1-2 years for women age 40 and older. NYS: Provides coverage and cost share waiver for preventive mammograms, breast MRI's, and breast ultrasounds including removal of age and frequency limits to allow for provider directed preventive assessment. The American College of Physicians discourages screening after age 75 yr. The American Geriatrics Society recommends possible discontinuation at age 85 yr. The American Cancer Society recommends annual mammogram with no upper age limit. Includes 3-D Mammograms (Digital Breast Tomosynthesis)	nsurance/circltr/2016/cl2016_02.htm	
Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility	The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. B recommendation updated August 2019. Different tests can be used for screenings (This list is not all-inclusive). • B-REST • FHS-7	1. USPSTF (2005) (2014)	**NO**
Chemoprevention of Breast Cancer	The USPSTF recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects. B recommendation updated September 2019.	1. USPSTF (2002) (2014) 2019	**NO**

Screening	Description	References	Medicare Covered Preventive Service
Papanicolaou test (Pap smear)	The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (co-testing). A Recommendation The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer. D Recommendation The USPSTF recommends against screening for cervical cancer in women younger than 21 years. D Recommendation The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer. D Recommendation ACOG/ACS/ASCCP/ASCPS all mirror USPSTF recommendations. Screen for cervical dysplasia beginning at 21 years (Bright Futures).	1. USPSTF (1996) Updated 2003, 2012, 2013, 2014, 2018, 2. ACOG (2000) Updated 2003, 2012 3. AGS (2000) 4. American Cancer Society (ACS) (2012) 5. American Society for Colposcopy (ASCCP) (2012) 6. American Society for Clinical Pathology (ASCPS) (2012)	**YES**
Gonorrhea, HIV, and other STD Screening	STD Screening: Risk-based screening recommended for all sexually active males and females. Chlamydia: The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation Gonorrhea: The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation	1. AAP (2000) Updated 2003 2. USPSTF (1996) 2005, 2012, 2013, 2014, 2016, 2019, 2020, 2022 3. AAFP (1996) Updated 2003 4. NYS Public Health HIV Testing Law, Article 27-F (2010) 5. NYS Public Health Law, Section 2171 (2013)	**YES**

Screening	Description	References	Medicare Covered Preventive Service
	Syphilis: Screen all patients at increased risk for syphilis. USPSTF – A Recommendation. The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. A Recommendation. Human immunodeficiency virus (HIV): The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. A recommendation updated June 2019. NY Public Health Law, Article 27-F, section 2781-A requires that every individual age 13 and older be offered an HIV test at least once as part of routine health care. All pregnant women in NYS must be offered HIV testing as a clinical recommendation as early as possible during pregnancy. Third trimester testing is recommended for all pregnant women in NYS who tested negative for HIV earlier in their pregnancy. Hepatitis C: The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. B Recommendation. March 2020 NYS Public Health Law Section 2171 requires a hepatitis C screening test be offered to every individual born between 1945 and 1965 receiving inpatient hospital care or primary care. Hepatitis B: The USPSTF recommends screening for hepatitis B virus (HBV) infection	6. CDC 2023	

Screening	Description	References	Medicare Covered Preventive Service
	in persons at high risk for infection. B recommendation CDC MMWR updated recommendation for Hepatitis B screening from high-risk only to once per lifetime for adults and high risk more often		
STI Counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation	1. USPSTF 2014, 2020	**YES**
PrEP HIV Prevention	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. A recommendation Released June 2019. NYS Circular Letter builds on the federal preventive mandated coverage.	1. USPSTF 2019 2. NYS: Supplement No. 2 to Insurance Circular Letter No. 21 (2017)	**NO**
Colorectal Cancer Screening	The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary. USPSTF – A Recommendation Regular screening for colorectal cancer with: • Colonoscopy every 10 years or, • Fecal occult blood test home 3-pack FOBT test or FIT fecal immunochemical test every year or, • Flexible sigmoidoscopy every 5 years or, • Flexible sigmoidoscopy every 10 years with FIT every year or • CT Colonography every 5 years (Delaware state mandate also) or • Cologuard (DNA stool screening) every three years The federal government issued an FAQ detaining the mandated coverage for diagnostic colonoscopy following a positive result by another mandated screening method. The first dollar coverage of the diagnostic colonoscopy will apply per law beginning 6.1.2022 for PA, WV, and DE. The effective date for NY is based on NY state law and is 12.1.2021 with first migrated business for HMK. Eligible colonoscopies must be performed within one year of a claim for a mandated colon cancer screening test	1. USPSTF (1996) Updated 2008, 2016, 2021 2. AAFP (1996) Updated 2004 3. ACS (2004) 4. ACOG (2007) 5. PPACA 2022 FAQ	**YES** - **check benefits for tests and limits**
Bone Mineral Density Screening	Assess risk factors for osteoporosis in older men. Bone mineral density in post-menopausal women 65-69 years of age based on risk factor profile and men 70 years of age and older. (NOF)	1. USPSTF (1996) Updated 2003 (2011) 2012 2. National Osteoporosis	**YES**

Screening	Description	References	Medicare Covered Preventive Service
	Routine screening for all women starting at age 65. No more often than every 2 years. Bone mineral density studies for asymptomatic patients are considered screening. The USPSTF recommends screening for osteoporosis in women ages 65 and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old woman who has no additional risk factors. USPSTF – B Recommendation	Foundation (1998) Updated 2008 1. American College of Physicians (2008)	
Prostate Cancer Screening	For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)–based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should have an opportunity to discuss the potential benefits and harms of screening with their clinician and to incorporate their values and preferences in the decision. C recommendation. Only A and B recommendations are preventive benefits. NYS: Includes coverage for the diagnostic screening for prostate cancer including: • Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and • An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk factors.	1. AAFP (2002) 2. USPSTF (1996) Updated 2008, 2012, 2018 3. NEJM (2009) 4. NYS: § 3221(l)(11-a); § 4303(z-1)	**YES**
Lung Cancer Screening	The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year (PPY) smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. B Recommendation	1. USPSTF (2014), 2021	**YES with different age parameters Please check benefits.**
Behavioral	The USPSTF recommends offering or referring adults who are	1. USPSTF 2014, 2020	**NO**

Screening	Description	References	Medicare Covered Preventive Service
Counseling for Prevention of CVD	overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. B Recommendation The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. B Recommendation		
Statin Use	The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. The USPSTF recommends that clinicians prescribe a statin for the primary prevention of CVD for adults aged 40-75 years who have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and estimated 10-year risk of a cardiovascular event of 10% or greater. This is a B grade recommendation	1. USPSTF 2016 2. USPSTF 2022	**NO**

Anticipatory Guidance/Safety Issues	Description	References	Medicare Covered Preventive Service
Anticipatory Guidance/Psychosocial Screening	**Anticipatory Guidance/Psychosocial Screening** Anticipatory Guidance/Psychosocial Screening – may include when appropriate: • Second-hand smoke • Adults who are not pregnant: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. A Recommendation • Substance abuse • The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults ages 40 to 70 years who are overweight or obese. Clinicians should offer or refer [these overweight or obese (BMI 25 to 39.9)] patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. B Recommendation • Obesity – The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. B Recommendation • Exercise • Consideration of screening in persons with low sun exposure or other risk factors • 1,200 mg. of calcium daily in adults 50 years and older. • Aspirin use – April 2022 the USPSTF updated by lowering the recommended use of aspirin for preventive of heart disease and stroke to a C recommendation from a previous B recommendation. Only A and B recommendations are mandated by federal law. Notice to members provided in footnote of the preventive schedule	1. AAFP (2001) Updated 2003 2. USPSTF (1996) Updated 2004, 2009, 2016, 2022 3. ACOG (2000) Updated 2003 4. AMA (2003) Beers Criteria 5. NOF (2009) 6. USPSTF (1996) Updated 2008, 2009, 2015 7. USPSTF (2008) Behavioral Counseling for STIs 8. USPSTF (1996) Updated 2003 Behavioral Counseling for Diet 2015 9. USPSTF (1996) Updated 2003 Screening for Obesity 10. CMS (2010) 11. Highmark Geriatric Advisory Board (2011)	**YES only for Obesity Screening and Tobacco Cessation**

Anticipatory Guidance/Safety Issues	Description	References	Medicare Covered Preventive Service

	(PS) that this benefit will be removed 1.1.2023.
	
	• Discussion of risks and benefits of hormone use and alternative therapies
	• Medication Management
	  o Polypharmacy
	  o Drugs to avoid in the elderly
	• Social support
	• Encourage advance directive/living will/durable power of attorney/copy for MD record
	• HIV
	• Sun exposure
	• Oral health
	• High-intensity behavioral counseling to prevent sexually transmitted infections for all adults at increased risk for STIs. "High- intensity" behavior counseling is defined by USPSTF as multiple sessions of behavioral counseling providing some provision of education, skill training or support from changes in sexual behavior that promotes risk reduction and avoidance. B Recommendation		

Anticipatory Guidance/Safety Issues	Description	References	Medicare Covered Preventive Service
Safety Issues	**Safety Issues** Safety Issues – may include: • Seat belt use • Driving impairment • Smoke and carbon monoxide detectors • Rails on stairs • Avoid fall hazards in the home (ex. throw rugs and cords) • Elder Abuse • Domestic Violence: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. USPSTF B Recommendation. Examples of IPV Screening Tools (not a comprehensive list) • Woman Abuse Screening Tool (WAST) • HITS: • Humiliation, Afraid, Rape, Kick (HARK) from: BMC Fam Pract. 2007; 9: 49 – Permission required • RADAR: • Personalized Safety Plan • Hot water temperature • Appropriate protective/safety equipment for such activities as biking, skating, and skiing • Firearms use and safe storage	1. AAFP (2001) Updated 2003 2. USPSTF (1996) Updated 2004, 2010, 2012 3. ACOG (2000) Updated 2003	**NO**

Medical Risk Evaluation	Description	References	Medicare Covered Preventive Service
Cognitive Impairment	History and Cognition Screening History includes asking patient and/or family member if there have been any changes in cognitive or behavioral issues. If positive, consider testing, e.g., the Mini-Cog	1. USPSTF (1996) Updated 2004 2. AGS (2002) 3. Expert consensus opinion of the 2010 Preventive Health QI Committee.	**Yes- Part of AWV**
Visual Impairment	Consider measuring visual acuity, integral to the annual exam or eye care professional referral Referral to eye care specialist every 2 years for comprehensive eye examinations to evaluate for glaucoma	1. AAFP (2002) Updated 2003 2. AAO (2000) 3. Expert consensus opinion of the 2010 Preventive Health QI Committee. 4. USPSTF (2009)	**YES**
Hearing Impairment	The AAFP recommends screening for hearing difficulties by questioning elderly adults about hearing impairments and counsel regarding the availability of treatment when appropriate.	1. AAFP (1996) Updated 2003	**NO**
Urinary Incontinence	Question patients regularly about the occurrence of urinary incontinence. Sample questions include the following: "Do you have trouble with your bladder?" "Do you ever lose your urine or get wet?" "Do you have trouble holding your urine?"	1. AHRQ (1999) 2. AGS (2005) 3. Women's Health Initiative 2018	**YES- Part of AWV**

Medical Risk Evaluation	Description	References	Medicare Covered Preventive Service
Falls Risk	The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. B Recommendation. Exercise is not a covered benefit; however, providers should discuss the importance of exercise to prevent falls.	1. AAFP (2002) Updated 2003 2. ACOG (2001) Updated 2003 3. USPSTF (1996) Updated 2004, 2010,2012,2018 4. AGS (2002)	**YES- Part of AWV**
Screening for Alcohol Use in Adults	The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse. B Recommendation The AAFP recommends counseling adults who are problem drinkers regarding the dangers of driving while intoxicated and the risk of automobile accidents. Assessment of substance abuse using the Alcohol Use Disorders Identification Test [AUDIT] or equivalent tool.	1. USPSTF (2004), 2013 2. AAFP (2004) 3. AGS (2003)	**YES**
Screening for Abdominal Aortic Aneurysm	The USPSTF recommends 1-time screening for abdominal aortic aneurysm (AAA) with ultrasonography in men aged 65 to 75 years who have ever smoked. B Recommendation updated December 2019.	1. USPSTF 2005, 2014, 2019	**YES**
Cardiovascular Disease Risk Reduction Visit	Medicare Advantage Only: One visit per year with the primary care provider to help lower risk for cardiovascular disease.		**YES**
Diabetes self-management training , diabetic services, and supplies	Medicare Advantage Only: Diabetes self-management training is covered for all Medicare Advantage members who have diabetes (insulin and non-insulin dependent users) under certain conditions. Coverage is provided for supplies to monitor blood glucose levels as wells as		**YES**

Medical Risk Evaluation	Description	References	Medicare Covered Preventive Service
	coverage for diabetic testing supplies form durable medical equipment (DME) suppliers.		
Immunizations	Medicare Advantage Only: Immunizations that are covered under Medicare Part B include: Pneumonia vaccine, flu shots once a year in the fall or winter, Hepatitis B vaccine if the member is at high or intermediate risk of being diagnosed with Hepatitis B. Other vaccines may be covered if the member is at risk and meets coverage rules. Note: Certain immunizations are only covered by Part D coverage, such as tetanus and T dap.		**YES**
Medical Nutrition Therapy (MNT)	Medicare Advantage only: Medical nutrition therapy is available for members with diabetes, renal disease (not on dialysis) or after kidney transplants. Coverage includes three hours of one-on-one counseling during the first year that the member receives MNT under Medicare and two hours each year after.		**YES**

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