

# Preventive Service List



PREVENTIVE SERVICE	GENDER	AGE	FREQUENCY*
<b>PREVENTIVE SERVICES FOR ADULTS (18 YEARS AND OLDER)</b>			
Abdominal Aortic Aneurysm Screening	Male	65-75 YR	1 LIFETIME VISIT
Alcohol and Drug Use Assessment	All	18-21 YR	NO LIMIT
Alcohol Screening and Counseling	All	NO LIMIT	NO LIMIT
Anticipatory Risk Guidance	All	18-21 YR	1 VISIT ANNUALLY
Anxiety Screening	All	18-110 YR	NO LIMIT
Chlamydia Screening	All	NO LIMIT	1 VISIT ANNUALLY
Cholesterol Abnormality Screening	All	NO LIMIT	1 VISIT ANNUALLY
Colorectal Cancer Screening - Colonoscopy	All	45-75 YR	LIMIT 1 PER 10 YR.
Colorectal Cancer Screening - Fecal Occult Blood	All	45-75 YR	1 VISIT ANNUALLY
Colorectal Cancer Screening - Sigmoidoscopy	All	45-75 YR	LIMIT 1 PER 5 YR.
Counseling for a Healthy Diet	All	18-110 YR	1 VISIT ANNUALLY
CT Scan for Lung Cancer	All	50-80 YR	1 VISIT ANNUALLY
Depression Screening	All	18-110 YR	NO LIMIT
Developmental Surveillance	All	18-21 YR	NO LIMIT
Developmental/Behavioral Assessment	All	18-21 YR	NO LIMIT
Diabetic Screening	All	18-110 YR	1 VISIT ANNUALLY
Diabetic Screening - Gestational	Female	NO LIMIT	1 VISIT ANNUALLY
Gonorrhea Screening	All	NO LIMIT	1 VISIT ANNUALLY
Healthy Diet Counseling with Chronic Disease	All	18-110 YR	1 VISIT ANNUALLY
Hematocrit or Hemoglobin Screening	All	18-21 YR	NO LIMIT
Hepatitis B Screening	All	NO LIMIT	1 VISIT ANNUALLY
Hepatitis C Screening	All	NO LIMIT	1 VISIT ANNUALLY
HIV Screening	All	18-110 YR	NO LIMIT
Hypertension Screening	All	18-110 YR	NO LIMIT
Immunizations- Administration of immunizations are included	All	18-110 YR	NO LIMIT
Obesity Screening and Counseling	All	NO LIMIT	4 VISIT(S) ANNUALLY
Physical Examination	All	18-110 YR	1 VISIT ANNUALLY
Preventive Lab Panels - Basic	All	NO LIMIT	1 VISIT ANNUALLY
Preventive Lab Panels - Comprehensive	All	NO LIMIT	1 VISIT ANNUALLY
Preventive Lab Panels - General	All	NO LIMIT	1 VISIT ANNUALLY
Preventive Lab Panels - Metabolic	All	NO LIMIT	1 VISIT ANNUALLY
Prostate Specific Antigen (PSA)	Male	40-110 YR	1 VISIT ANNUALLY
Psychosocial/Behavioral Assessment by PCP	All	18-21 YR	NO LIMIT
Screening for Iron Deficiency	Female	NO LIMIT	1 VISIT ANNUALLY
Sexually Transmitted Infection Counseling	All	18-110 YR	1 VISIT ANNUALLY
Syphilis Screening	All	NO LIMIT	1 VISIT ANNUALLY
Tobacco Counseling	All	NO LIMIT	NO LIMIT
Tuberculin Test	All	NO LIMIT	NO LIMIT
Visual Acuity Screening	All	18-21 YR	NO LIMIT
<b>PREVENTIVE SERVICES FOR CHILDREN (17 YEARS AND UNDER)</b>			
Alcohol and Drug Use Assessment	All	11-17 YR	NO LIMIT
Alcohol Screening and Counseling	All	NO LIMIT	NO LIMIT
Anticipatory Risk Guidance	All	0-17 YR	1 VISIT ANNUALLY
Anxiety Screening	All	11-17 YR	NO LIMIT
Autism Screening	All	0-30 MTH	3 LIFETIME VISIT(S)
Cervical Dysplasia Screening	Female	11-17 YR	1 VISIT ANNUALLY
Chlamydia Screening	All	NO LIMIT	1 VISIT ANNUALLY



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# Preventive Service List



PREVENTIVE SERVICE	GENDER	AGE	FREQUENCY*
<b>PREVENTIVE SERVICES FOR CHILDREN (17 YEARS AND UNDER) CONTINUED</b>			
Congenital Hypothyroidism Screening	All	0-1 MTH	ADMINISTERED AT BIRTH
Depression Screening	All	12-17 YR	NO LIMIT
Developmental Screening	All	0-30 MTH	3 LIFETIME VISIT(S)
Developmental Surveillance	All	0-17 YR	NO LIMIT
Developmental/Behavioral Assessment	All	0-17 YR	NO LIMIT
Gonorrhea Screening	All	NO LIMIT	1 VISIT ANNUALLY
Hearing Loss Screening	All	0-1 MTH	ADMINISTERED AT BIRTH
Hematocrit or Hemoglobin Screening	All	0-17 YR	NO LIMIT
Hemoglobinopathies Screening	All	0-1 MTH	ADMINISTERED AT BIRTH
Hepatitis B Screening	All	NO LIMIT	1 VISIT ANNUALLY
Hepatitis C Screening	All	NO LIMIT	1 VISIT ANNUALLY
Heritable Disorders Screenings in Newborns and Children	All	0-12 MTH	1 LIFETIME VISIT
HIV Screening	All	11-17 YR	NO LIMIT
Immunizations - Administration of immunizations are included	All	0-17 YR	NO LIMIT
Lead Screening	All	6 MTH-6 YR	NO LIMIT
Newborn Metabolic/Hemoglobin Screening	All	0-1 MTH	ADMINISTERED AT BIRTH
Obesity Screening and Counseling	All	NO LIMIT	4 VISIT(S) ANNUALLY
Physical Examination for Children/Adolescents Bright Futures	All	0-17 YR	NO LIMIT
PKU Screening	All	0-1 MTH	1 LIFETIME VISIT
Psychosocial/Behavioral Assessment by PCP	All	0-17 YR	NO LIMIT
Sexually Transmitted Infection Counseling	All	11-17 YR	1 VISIT ANNUALLY
Syphilis Screening	All	NO LIMIT	1 VISIT ANNUALLY
Tobacco Counseling	All	NO LIMIT	NO LIMIT
Visual Acuity Screening	All	0-17 YR	NO LIMIT
<b>PREVENTIVE SERVICES FOR WOMEN (INCLUDING PREGNANT WOMEN)</b>			
Bacteriuria Screening, Pregnancy	Female	NO LIMIT	1 VISIT ANNUALLY
BRCA Counseling for At Risk Females	Female	NO LIMIT	1 LIFETIME VISIT
BRCA Testing (Prior Authorization Required)	Female	NO LIMIT	1 LIFETIME VISIT
Breast Cancer Chemoprevention Discussion	Female	NO LIMIT	1 VISIT ANNUALLY
Breast Feeding Electric Pump	Female	NO LIMIT	1 ANNUALLY
Breast Feeding Intervention Support	Female	NO LIMIT	3 VISIT(S) ANNUALLY
Cervical Cancer Screening	Female	NO LIMIT	1 VISIT ANNUALLY
Cervical Dysplasia Screening	Female	18-21 YR	1 VISIT ANNUALLY
Contraceptive Methods & Counseling	Female	NO LIMIT	NO LIMIT
Diabetic Screening - Gestational	Female	NO LIMIT	1 VISIT ANNUALLY
Human Papillomavirus testing (HPV)	Female	30-110 YR	LIMIT 1 PER 3 YR.
Iron Deficiency Anemia Screening	Female	NO LIMIT	1 VISIT ANNUALLY
Mammography - Breast Cancer Screening	Female	40-110 YR	1 VISIT ANNUALLY
Osteoporosis Screening	Female	NO LIMIT	1 VISIT ANNUALLY
Well Woman Examination	Female	18-110 YR	1 VISIT ANNUALLY
Rh Incompatibility Screening	Female	NO LIMIT	1 VISIT ANNUALLY
Tubal Ligation	Female	NO LIMIT	1 LIFETIME VISIT



In accordance with the Patient Protection and Affordable Care Act, the preventive services listed are covered at **NO COST** to you as an insured member of Cox HealthPlans when using an **IN-NETWORK** provider. **Please note, not all preventive services are covered and you may be responsible for some cost depending on how your provider files your claim.** In addition, preventive services are subject to change. For more details regarding the preventive service benefits, contact Member Services at 417-269-2900 or 1-800-205-7665.

\*Limit times per year are based on calendar year—beginning on January 1 and ending on December 31. \*\*Human Papillomavirus (HPV) vaccinations are only covered for those who are 9–26 years of age. \*\*\*Shingles (Zostavax) vaccinations are only covered for those 60 years and older. \*\*\*\*For Prescription Coverage See Prescription Formulary



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