**Routine / Wellness/ Physical Exams What's Covered?**

Below is a list of PPO Preventive Services that are covered.

The doctor or provider must be in the BCBS network for coverage.

<table>
<thead>
<tr>
<th>IMMUNIZATIONS:</th>
<th>Complete Listing: <a href="https://www.bcbsal.org/immunizations/index.cfm">https://www.bcbsal.org/immunizations/index.cfm</a></th>
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</thead>
</table>
| **NEWBORNs:** | **Inpatient visits by a PPO for routine newborn care**  
**Routine Developmental Screening: Three services between 9-30 months** |
| **AGE 0 – 2:** | Routine wellness office visit. Nine in first 24 months* |
| **AGE 2 – 6:** | Routine wellness office visit one per year* |
| **AGE 7 – 34:** | Routine wellness office visit one every two years* |
| **AGE 35 and Up:** | Routine wellness office visit one per year* |
| **AGE 50 and Up:** | The group has Colorectal Cancer Screening Benefits (COL rider) when provided by a Preferred /In-Network Provider. **Benefits are provided for members age 50 and older as follows:**  
**Routine hemocult stool check/fecal occult blood test (FOBT) - one per calendar year.**  
**Routine flexible sigmoidoscopy - one every three calendar years.**  
**Routine double-contrast barium enema - once every five calendar years.**  
**Routine colonoscopy - once every 5 calendar years.** |
| **AGE 60 and Up:** | Zoster (Shingles) Vaccine |
| **ALL AGES:** | **Complete blood count, urinalysis and TB skin test when performed with a covered routine office visit**  
**Cholesterol test every five years**  
**Influenza Virus Vaccine** |
| **FEMALES:** | **Chlamydia Screening: One per calendar year for ages 15-24**  
**Pap Smear: one per year for all ages**  
**Human Papillomavirus (HPV):One every 3 calendar years for age 30+**  
**Baseline mammogram: one for ages 35-39**  
**Mammogram one a year for age 40+** |
| **MALES:** | **PSA / Routine DRE (prostate specific antigen and digital rectal exam) ages 40+** |

*All other tests not listed above must be filed w/ a diagnostic code indicating why the test is necessary.* For lab test to be covered, BCBS wants to know if the test is medically necessary.

Note: A diagnostic colonoscopy all ages (non routine) is considered based on medical necessity. If medically necessary, the contract would process according to benefits. **To be covered, it must be filled with a diagnostic code indicating medical necessity.**

*Subject to office visit co-pay.*
Routine / Wellness/ Physical Exams What's Covered

Ranjana Savant

1/7/2014 12:38:00 PM

6 Minutes

327 (approx.)

1,870 (approx.)