

Preventive Service Guidelines for Adults

To stay healthy, adults need preventive checkups. These guidelines* describe recommended preventive services for most adults. Based on your personal healthcare needs or risk factors, your doctor may give you a different schedule. To verify your benefits, check your benefits contract, your enrollment materials or log in to My Account at carefirst.com/myaccount.

Education, screenings, counseling or referrals

Depending on your age, your doctor may offer education, screenings, counseling or referrals regarding the following topics:

- Tobacco, drug and alcohol use
- Harmful effects of smoking on children's health
- Physical activity and diet, including recommended changes
- Injury prevention
- Dental health
- Hepatitis A, B and C
- Intimate partner¹, interpersonal and domestic violence.
- Sexual behavior
- Sexually transmitted infections
- Use of alternative medicines and therapies
- Tuberculosis (TB)
- Domestic violence
- Aspirin therapy
- Sleep patterns
- Sun safety/skin cancer prevention

Screenings for men and women

- **Medical history and physical exam:** At the advice of the doctor
- **Height:** At least once with follow-up as needed
- **Weight:** Screen all adults for obesity; body mass index (BMI) recommended at least every two years; doctor may offer or refer adults with BMI of 30 or higher to intensive, multicomponent behavioral interventions
- **Blood pressure:**
 - At least every two years if blood pressure is less than 120/80
 - Every year if systolic measure (top number) is 120–139 or diastolic measure (bottom number) is 80–90
 - Obtain blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment
- **Cholesterol:** Every five years for men and women ages 20 and older
- **Diabetes:** Every three years for patients with any of these risk factors:
 - Overweight (BMI greater than or equal to 25)
 - Family history of diabetes
 - High blood pressure
 - High cholesterol
 - High blood sugar
 - History of vascular disease
- Inactivity
- African American, Latino, Native American, Asian American or Pacific Islander race/ethnicity
- **COPD:** Spirometry for patients with dyspnea, chronic cough/sputum production and history of risk factors
- **Colorectal cancer:** Ages 45–75 with average risk. The decision to screen before or after this age range should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor. The options for colorectal cancer screening are:
 - Fecal immunochemical test annually
 - High-sensitivity, guaiac-based fecal occult blood test annually
 - Multitarget stool DNA test every three years
 - Colonoscopy every 10 years
 - Computed tomography colonography every five years
 - Flexible sigmoidoscopy every five years
- **Depression, anxiety & suicide risk:** Screen men and women every year
- **Hepatitis B:** For men and women at increased risk for infection
- **Hepatitis C:** Screen adults aged 18–79 years

* Guidelines are adapted from a variety of sources including: United States Preventive Services Task Force; American Diabetes Association; American Cancer Society, and National Comprehensive Cancer Network.

¹ Health Resources & Services Administration (HRSA)/Women's Preventive Services Initiative (WPSI) recommendations include ages 13–21.

- **Human immunodeficiency virus (HIV):** For men and women at increased risk for HIV infection
 - **Preexposure prophylaxis (PrEP) for the prevention of HIV infection:** Offer PrEP with effective antiretroviral therapy to persons at high risk of HIV acquisition
- **Syphilis:** For men and women at increased risk for syphilis infection
- **Lung cancer screening:** Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50–80 years, who have a 20 pack/year smoking history and currently smoke or have quit in the last 15 years
 - Screening is not suggested for women who have had a hysterectomy with removal of the cervix and do not have a history of high-grade precancerous lesion or cervical cancer
- **Chlamydia & Gonorrhea:** For sexually active women ages 25 and younger who are not pregnant; the doctor may advise the test for women older than age 25
- **Cystic Fibrosis carrier screening:** For women of child-bearing age, preferably before conception
- **Incontinence screening**
- **Osteoporosis:**
 - Screen for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older and in postmenopausal women younger than 65 years at increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.
 - Counseling for women ages 21 and older to get enough calcium

Screenings for women

- **Breast cancer:** Routine screening every two years for women aged 40–74 years. The decision to start screening before the age of 40 should be between you and your doctor. Discuss the possible benefits and harm of screening and treatment with your doctor.
- **Personal or hereditary breast, ovarian, tubal, or peritoneal cancer:** Primary care clinicians should assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with BRCA 1/2 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.
- **Cervical cancer:**
 - Pap smear every three years for ages 21–29
 - For women aged 30–65 years, Pap smear alone every three years OR high-risk human papillomavirus (hrHPV) testing alone every five years OR a combination of Pap smear and hrHPV testing every five years
 - Screening is not recommended for women older than 65 who have had adequate prior screening and are not otherwise at high risk for cervical cancer
- **Menopause counseling:** Women who are of menopausal age should be counseled about menopause, risks and benefits of estrogen replacement, treatment and lifestyle changes
- **Screening pelvic exam:** Is not recommended for women with no symptoms and who are not pregnant. The decision not to have this exam should be between you and your doctor. Discuss the benefits and harm with your doctor.

Screenings for men

- **Prostate cancer:** Discuss the possible benefits and harm of screening and treatment with your doctor
- **Aortic abdominal aneurysm:** One-time ultrasonography for men ages 65–75 who smoke or have smoked
- **Osteoporosis:** Periodic screenings for older men with risk factors

To find more information about adult immunizations, visit carefirst.com/prevention and click on the *Immunizations* link on the left.



CareFirst Preventive Service Guidelines are for physician practice and patient care and do not define member benefits. These guidelines are general recommendations for members with no special risk factors. Variations are appropriate based on individual circumstances. Approved by CareFirst's Quality Improvement Council—April 2020.

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