MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

July 14, 2016

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 600 – PHYSICIAN SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 600, Physician Services, include integration of Attachment A, Policy #6-12, Women's Preventive Health – Pregnant and Non-Pregnant, Attachment A, Policy #6-13, Men's Preventive Health, Attachment A, Policy #6-14, Children's Preventive Health, and Attachment A, Policy #06-17 Federally Qualified Health Centers (FQHC) into the body of the chapter. The policy authority for FQHC has been moved to the Section 601.C. The Division of Healthcare Financing and Policy (DHCFP) is removing attachments to better align MSM chapters. Clarifying language has been added to Section 605.2 B regarding dental encounters at an FQHC, referring to MSM Chapter 1000, Dental. Service limitations in Section 605.2 B have also been changed from one to three service encounters, aligning with the Rates State Plan Amendment (SPA). The DHCFP has updated the United States Preventive Services Task Force (USPSTF) screening recommendations for women in abnormal blood glucose and type 2 diabetes mellitus, blood pressure, breast cancer screening, depression, diabetes related to overweight and obesity, HIV screening for pregnant and non-pregnant women, and tobacco screening for pregnant and non-pregnant women; the USPSTF screening recommendations for men in abnormal blood glucose and type 2 diabetes mellitus, blood pressure, depression, diabetes related to overweight and obesity, HIV, and tobacco; and the USPSTF screening recommendations for children in depression and HIV.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These changes are effective May 13, 2016

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
CL 30051 PHYSICIAN SERVICES	MTL 25/15 PHYSICIAN SERVICES

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Attachment A, Policy #06-17	**Federally Qualified Health Centers**	Integrated Attachment into the body of the chapter creating Section 605, Federally Qualified Health Centers (FQHCs).
601.C	**Authority**	Added the authority regulations of FQHCs.
605.1	**Health Services**	Added clarifying language to dental policy for FQHC referring MSM Chapter 1000, Dental, that an FQHC is to bill as an encounter and maximum allowances and services must align with MSM Chapter 1000, Dental. Changed daily encounter reimbursements to up to three service specific visits per patient, per day, allowing a medical, dental, and mental health visit on a single day for the same patient.
Attachment A, Policy #6-12	**Women's Preventive Health – Pregnant and Non-pregnant**	Integrated Attachment into the body of the chapter creating Section 606, Preventive Health Services, is now located under 606.2 A.
Attachment A, Policy #6-13	**Men's Preventive Health**	Integrated Attachment into the body of the chapter creating Section 606, Preventive Health Services, is now located under 606.2 B.
Attachment A, Policy #6-14	**Children's Preventive Health**	Integrated attachment into the body of the chapter creating Section 606, Preventive Health Services, is now located under 606.2 C.
606.2 A	**Coverage and Limitations**	Added language for abnormal blood glucose and type 2 diabetes mellitus screening for women 40 to 70 years who are overweight or obese. Removed language for blood pressure screening in adults, and added screening for high blood pressure screening in adults and language for obtaining confirmation outside of the clinical setting before treatment. Added clarifying language to breast cancer screening changing the age and frequency of screening mammography. Added clarifying language to depression screening: adults to include the general adult population, including

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		pregnant and postpartum women with adequate screening systems. Added clarifying language to diabetes screening changing the age of adults who are overweight or obese and removed asymptomatic for type 2 diabetes. Added clarifying language to HIV screening of pregnant women to include screening for those who present in labor and are unsure of their HIV status. Added language for HIV screening in non-pregnant women age 15 to 65 years. And screening outside of those ages for only those who are at risk. Added clarifying language to tobacco use counseling for adults using behavioral interventions and FDA approved pharmacotherapy for cessation. Added clarifying language to tobacco use counseling for pregnant women.
606.2 B	**Coverage and Limitations**	Added language for abnormal blood glucose and type 2 diabetes mellitus screening for men 40 to 70 years who are overweight or obese. Removed language for blood pressure screening in adults, and added screening for high blood pressure screening in adults and language for obtaining confirmation outside of the clinical setting before treatment. Added clarifying language to depression screening: adults to include the general adult population, including pregnant and postpartum women with adequate screening systems. Added clarifying language to diabetes screening changing the age of adults who are overweight or obese and removed asymptomatic for type 2 diabetes. Added language for HIV screening in men age 15 to 65 years. And screening outside of those ages for only those who are at risk.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		Added clarifying language to tobacco use counseling for adults using behavioral interventions and FDA approved pharmacotherapy for cessation.
606.2 C	**Coverage and Limitations**	Added clarifying language for screening adolescents for major depressive disorder and having adequate systems in place for effective therapy. Added clarifying language to HIV screening to screen between the ages of 15 and 65 and outside that age range only when presenting at risk.

601 AUTHORITY

A. Medicaid is provided in accordance with the requirements of Title 42 Code of Federal Regulation (CFR) Part 440, Subpart A – Definitions, Subpart B and sections 1929 (a), 1902 (e), 1905 (a), 1905 (p), 1915, 1920, and 1925 of the Act. Physician's services are mandated as a condition of participation in the Medicaid Program Nevada Revised Statute (NRS) 630A.220.

B. Regulations for services furnished by supervising physicians in teaching settings are found in 42 CFR Part 415; Subpart D. Key portion is defined in [Reg. 415.172(a)].

C. The State Legislature sets forth standards of practice for licensed professionals in the Nevada Revised Statutes (NRS) for the following Specialists:

1. Section 330 of the Public Health Service (PHS) Act

~~1.~~2. NRS Chapter 634 - Chiropractic;

~~2.~~3. NRS Chapter 629 - Healing Arts Generally;

~~3.~~4. NRS Chapter 632 - Nursing;

5. ~~4.~~ NRS Chapter 630 - Physicians and Physician Assistants and Practitioners of Respiratory Care General Provisions;

~~4.~~6. NRS Chapter 633 - Osteopathic Medicine;

~~5.~~7. NRS Chapter 635 - Podiatry; and

~~7.~~8. NRS Chapter 450B Emergency Medical Services

9. Section 1861 of the Social Security Act

10. Section 1905 of the Social Security Act

11. Section 1461 of the Omnibus Budget Reconciliation Act of 1990

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605 ~~RESERVED~~ FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHCs) are defined by the Health Resources and Services Administration (HRSA) as health centers providing comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations. Nevada Medicaid reimburses for medically-necessary services provided at FQHCs and follows State and Federal laws pertaining to them.

605.1 HEALTH SERVICES

A. The DHCFP reimburses FQHCs an outpatient encounter rate.

a. Encounter: Any one or more of the following medical professionals are included in the all-inclusive, daily outpatient encounter:

1. Physician or Osteopath;
2. Dentist;
3. Advanced Practice Registered Nurse (APRN);
4. Physician Assistant;
5. Certified Registered Nurse Anesthetist (CRNA);
6. Certified Registered Nurse Midwife;
7. Psychologist;
8. Licensed Clinical Social Worker;
9. Registered Dental Hygienist;
10. Podiatrist;
11. Radiology;
12. Optometrist;
13. Optician; and
14. Clinical Laboratory

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B. Encounters are used by FQHCs for Medicaid-covered, HRSA-approved services which include:

a. Primary care services: medical history, physical examination, assessment of health status, treatment of a variety of conditions amendable to medical management on an ambulatory basis by an approved provider and related supplies;

b. Vital signs including temperature, blood pressure, pulse, oximetry and respiration;

c. Early periodic screenings (Refer to Medicaid Services Manual (MSM) Chapter 1500, Healthy Kids), for EPSDT screening policy and periodicity recommendations;

d. Preventive health services recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF) and education (Refer to MSM Chapter 600, Physicians Services, Attachments #6-12 through #6-14 for preventive services policy);

e. Home visits;

f. Diagnostic laboratory and radiology services, including but not limited to cholesterol screening, stool testing for occult blood, tuberculosis testing for high risk patients, dipstick urinalysis;

g. Family Planning services including contraceptives;

Up to two times a calendar year, the FQHC may bill for additional reimbursement for family planning education on the same date of service as the encounter.

h. For women: annual preventive gynecological examinations, prenatal and post-partum care, prenatal services, clinical breast examination, thyroid function test;

i. Vision and hearing screenings;

j. Dental office visits;

Dental encounters are to be billed as applicable with the FQHC encounter reimbursement methodology. An FQHC may bill a dental encounter for each face-to-face encounter. Dentures provided by an FQHC are included in the daily encounter rate unlike the denture policy established in MSM Chapter 1000, Dental, for fee-for-service recipients who obtain dentures at non-FQHC facilities. Medicaid will pay for a maximum of one emergency denture reline and/or a maximum of six adjustments (dental encounters) done not more often than every six months, beginning six

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months after the date of partial/denture purchase. A prior authorization is not required for relines. The FQHCs in-office records must substantially document the medical emergency need. Denture/partial relines and adjustments required within the first six months are considered prepaid with the Medicaid's Dental encounter payment for the prosthetic. All other coverage policies (covered and non-covered for dental, MSM Chapter 1000) are still applicable.

k. Service Limits: An FQHC may reimburse for up to three service specific visits per patient per day to allow for a medical, mental health, and dental visit to occur on a single day for the same patient.

C. Non-covered services under an FQHC encounter

a. Group therapy;

b. Eyeglasses;

c. Hearing aids;

d. Durable medical equipment, prosthetics, orthotics and supplies; and

e. Ambulance services.

605.2 ANCILLARY SERVICES

All services not recognized by HRSA as approved FQHC encounter services which are an approved Nevada Medicaid State plan service.

A. Ancillary services may be reimbursed on the same date of service as an encounter by a qualified Medicaid provider.

B. The FQHC must enroll within the appropriate provider type and meet all MSM coverage guidelines for the specific ancillary service.

605.3 MEDICAL NECESSITY

In order to receive reimbursement, all services provided must be medically necessary as defined in the Medicaid Services Manual (MSM) Chapter 100 (Medical Program).

605.4 PRIOR AUTHORIZATION

A. FQHC encounters do not require prior authorization.

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B. Ancillary services billed outside of an encounter must follow prior authorization policy guidelines for the specific service provided

For billing instructions for FQHCs, please refer to the Billing Manual for Provider Type 17.

For Indian Health Programs (IHP) policy, please refer to MSM Chapter 3000, Indian Health.

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606 ~~RESERVED~~PREVENTITIVE HEALTH SERVICES

Preventive medicine/health refers to health care that focuses on disease (or injury) prevention. Preventive health also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work and other diagnostic studies.

Nevada Medicaid reimburses for preventive medicine services for men as recommended by the U.S. Preventive Services Task Force (USPSTF) A and B Recommendations.

USPSTF A and B Recommendations

606.1 PRIOR AUTHORIZATION

A. No prior authorization is required.

606.2 COVERAGE AND LIMITATIONS

A. The following preventive health services are covered by Nevada Medicaid for women:

Topic	Description
Abnormal blood glucose and Type 2 diabetes mellitus: screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Alcohol misuse counseling*	The USPSTF recommends clinicians screen adults age 18 years or older, including pregnant women, for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
Anemia screening: pregnant women	The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.
Aspirin to prevent CVD: women	The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.
Bacteriuria screening: pregnant women	The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.

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Topic	Description
~~Blood pressure screening in adults*~~	~~The USPSTF recommends screening for high blood pressure in adults aged 18 and older.~~
BRCA risk assessment and genetic counseling/testing*	The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medication	The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.
Breast cancer screening	The USPSTF recommends biennial screening mammography for women aged 50-74~~, with or without clinical breast examination, every 1-2 years for women aged 40 and older~~.
Breastfeeding counseling*	The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.
Cervical cancer screening	The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.
Chlamydial infection screening: non-pregnant women	The USPSTF recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.
Chlamydial infection screening: pregnant women	The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.
Cholesterol abnormalities screening: women 45 and older	The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.
Cholesterol abnormalities screening: women younger than 45	The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.

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Topic	Description
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.
Depression screening: adults*	The USPSTF recommends screening ~~adults~~ for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems ~~.when staff-assisted depression care supports are~~ in place to assure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	The USPSTF recommends screening abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. ~~for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.~~
Folic acid supplementation	The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.
Gestational diabetes mellitus screening	The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant woman after 24 weeks gestation.
Gonorrhea screening: women	The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).
Healthy diet counseling*	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
Hepatitis B screening: pregnant women	The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.
Hepatitis B screening: nonpregnant adolescents and adults	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.

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Topic	Description
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
High blood pressure in adults: screening*	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
HIV screening: pregnant women	The USPSTF strongly recommends that clinicians screen all pregnant women for ~~human immunodeficiency virus (~~HIV~~)~~ including those who present in labor who are untested and whose HIV status is unknown. ~~all adolescents and adults at increased risk for HIV infection.~~
HIV screening: non-pregnant adolescents and adults	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
Intimate partner violence screening: women of childbearing age*	The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, 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.
Obesity screening and counseling: adults*	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.
Osteoporosis screening: women	The USPSTF recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures.
Preeclampsia prevention: aspirin*	The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia
Rh incompatibility screening: first pregnancy visit	The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.

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Topic	Description
Rh incompatibility screening: 24-28 weeks gestation	The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Skin cancer behavioral counseling*	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer
STIs counseling*	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
Tobacco use counseling and interventions: non-pregnant adults*	The USPSTF recommends that clinicians ask all adults about tobacco use, and advise them to stop using tobacco, and provide ~~tobacco cessation~~ behavioral interventions U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults ~~those~~ who use tobacco ~~products~~.
Tobacco use counseling: pregnant women	The USPSTF recommends that clinicians ask all pregnant women about tobacco use, and advise them to stop using tobacco, and provide ~~augmented, pregnancy-tailored counseling to those who smoke.~~ Behavioral interventions for cessation to pregnant women who use tobacco.
Syphilis screening: non-pregnant persons	The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.
Syphilis screening: pregnant women	The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.

B. The following preventive health services are covered by Nevada Medicaid for men:

Topic	Description
Abnormal blood glucose and type 2 diabetes mellitus: screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Abdominal aortic aneurysm screening: men	The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.

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Topic	Description
Alcohol misuse: screening and counseling*	The USPSTF recommends clinicians screen adults age 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.
Aspirin to prevent CVD: men	The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.
~~Blood pressure screening in adults*~~	~~The USPSTF recommends screening for high blood pressure in adults aged 18 and older.~~
Cholesterol abnormalities screening: men 35 and older	The USPSTF strongly recommends screening men aged 35 and older for lipid disorders.
Cholesterol abnormalities screening: men younger than 35	The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.
Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.
Depression screening: adults*	The USPSTF recommends screening ~~adults~~ for depression in the general adult population. Screening should be implemented with adequate systems ~~when staff-assisted depression care supports are~~ in place to assure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. ~~type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.~~
Healthy diet counseling*	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.

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Topic	Description
Hepatitis B screening: adolescents and adults*	The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.
Hepatitis C virus infection screening: adults	The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.
High blood pressure in adults: screening*	The USPSTF recommends screening for high blood pressure in adults aged 18 years or older. The USPSTF recommends obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
HIV screening: adolescents and adults	The USPSTF strongly recommends that clinicians screen for ~~human immunodeficiency virus (~~HIV~~) all~~ infection in adolescents and adults ages 15 to 65 years. Young adolescents and older adults who are at increased risk ~~for HIV infection~~ should also be screened.
Obesity screening and counseling: adults*	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.
Skin cancer behavioral counseling*	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
STIs counseling*	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
Tobacco use counseling and interventions: non-pregnant adults*	The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral ~~tobacco cessation~~ interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults ~~for those~~ who use tobacco ~~products~~.
Syphilis screening: non-pregnant persons	The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.

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C. The following preventive health services are for children as is age appropriate:

Topic	Description
Dental caries prevention: infants and children up to age 5 years	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF also recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.
Depression screening: adolescents	The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD). Screening should be implemented with adequate ~~when~~ systems ~~are~~ in place to ensure accurate diagnosis, effective therapy ~~psychotherapy (cognitive-behavioral or interpersonal)~~, and appropriate follow-up.
Gonorrhea prophylactic medication: newborns*	The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.
Hearing loss screening: newborns*	The USPSTF recommends screening for hearing loss in all newborn infants.
Hemoglobinopathies screening: newborns*	The USPSTF recommends screening for sickle cell disease in newborns.
HIV screening: adolescents	The USPSTF strongly recommends that clinicians screen for ~~human immunodeficiency virus (~~HIV~~)~~ infection in ~~all~~ adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk ~~for HIV infection~~ should also be screened.
Hypothyroidism screening: newborns*	The USPSTF recommends screening for congenital hypothyroidism in newborns.
Iron supplementation in children	The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.
Obesity screening and counseling: children*	The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
PKU / metabolic screening: newborns*	The USPSTF recommends screening for phenylketonuria (PKU) in newborns.

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Topic	Description
Skin cancer behavioral counseling*	The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
STIs counseling*	The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
Syphilis screening: non-pregnant persons	The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.
Tobacco use interventions: children and adolescents*	The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.
Visual acuity screening in children*	The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.

* These screening tests may be performed as part of an office visit, hospital visit or global fee and may not be billed separately.

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~~A. DESCRIPTION~~

~~Preventive medicine/health refers to health care that focuses on disease (or injury) prevention. Preventive health also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work and other diagnostic studies.~~

~~B. POLICY~~

~~Nevada Medicaid reimburses for preventive medicine services for women as recommended by the U. S. Preventive Services Task Force (USPSTF) A and B Recommendations.~~

~~USPSTF A and B Recommendations~~

~~C. PRIOR AUTHORIZATION: YES ☐ NO ☒~~

~~D. COVERAGE AND LIMITATIONS:~~

~~The following preventive health services are covered by Nevada Medicaid for women:~~

~~Topic~~	~~Description~~
~~Alcohol misuse counseling*~~	~~The USPSTF recommends clinicians screen adults age 18 years or older, including pregnant women, for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.~~
~~Anemia screening: pregnant women~~	~~The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.~~
~~Aspirin to prevent CVD: women~~	~~The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage.~~
~~Bacteriuria screening: pregnant women~~	~~The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.~~
~~Blood pressure screening in adults*~~	~~The USPSTF recommends screening for high blood pressure in adults aged 18 and older.~~
~~BRCA risk assessment and genetic counseling/testing*~~	~~The USPSTF recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.~~

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~~Breast cancer preventive medication~~	~~The USPSTF recommends that clinicians discuss chemoprevention with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention. Clinicians should inform patients of the potential benefits and harms of chemoprevention.~~
~~Breast cancer screening~~	~~The USPSTF recommends screening mammography for women, with or without clinical breast examination, every 1-2 years for women aged 40 and older.~~
~~Breastfeeding counseling*~~	~~The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding.~~
~~Cervical cancer screening~~	~~The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.~~
~~Chlamydial infection screening: non-pregnant women~~	~~The USPSTF recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.~~
~~Chlamydial infection screening: pregnant women~~	~~The USPSTF recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.~~
~~Cholesterol abnormalities screening: women 45 and older~~	~~The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease.~~
~~Cholesterol abnormalities screening: women younger than 45~~	~~The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease.~~
~~Colorectal cancer screening~~	~~The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.~~
~~Depression screening: adults*~~	~~The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.~~
~~Diabetes screening~~	~~The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.~~
~~Folic acid supplementation~~	~~The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.~~
~~Gestational diabetes mellitus screening~~	~~The USPSTF recommends screening for gestational diabetes mellitus in asymptomatic pregnant woman after 24 weeks gestation.~~

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~~Gonorrhea screening: women~~	~~The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors).~~
~~Healthy diet counseling*~~	~~The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.~~
~~Hepatitis B screening: pregnant women~~	~~The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit.~~
~~Hepatitis B screening: nonpregnant adolescents and adults~~	~~The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.~~
~~Hepatitis C virus infection screening: adults~~	~~The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.~~
~~HIV screening~~	~~The USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.~~
~~Intimate partner violence screening: women of childbearing age*~~	~~The USPSTF recommends that clinicians screen women of childbearing age for intimate partner violence, 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.~~
~~Obesity screening and counseling: adults*~~	~~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.~~
~~Osteoporosis screening: women~~	~~The USPSTF recommends that women aged 65 and older be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures.~~
~~Preeclampsia prevention: aspirin*~~	~~The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.~~
~~Rh incompatibility screening: first pregnancy visit~~	~~The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.~~

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~~Rh incompatibility screening: 24-28 weeks gestation~~	~~The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.~~
~~Skin cancer behavioral counseling*~~	~~The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.~~
~~STIs counseling*~~	~~The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.~~
~~Tobacco use counseling and interventions: non-pregnant adults*~~	~~The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.~~
~~Tobacco use counseling: pregnant women~~	~~The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling to those who smoke.~~
~~Syphilis screening: non-pregnant persons~~	~~The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.~~
~~Syphilis screening: pregnant women~~	~~The USPSTF recommends that clinicians screen all pregnant women for syphilis infection.~~

~~* These screening tests may be performed as part of an office visit, hospital visit or global fee and may not be billed separately.~~

DRAFT

~~A. DESCRIPTION~~

~~Preventive medicine/health refers to health care that focuses on disease (or injury) prevention. Preventive health also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work and other diagnostic studies.~~

~~B. POLICY~~

~~Nevada Medicaid reimburses for preventive medicine services for men as recommended by the U.S. Preventive Services Task Force (USPSTF) A and B Recommendations.~~

~~USPSTF A and B Recommendations~~

~~C. PRIOR AUTHORIZATION: YES ☐ NO ☒~~

~~D. COVERAGE AND LIMITATIONS:~~

~~The following preventive health services are covered by Nevada Medicaid for men:~~

~~Topic~~	~~Description~~
~~Abdominal aortic aneurysm screening: men~~	~~The USPSTF recommends one-time screening for abdominal aortic aneurysm by ultrasonography in men aged 65 to 75 who have ever smoked.~~
~~Alcohol misuse: screening and counseling*~~	~~The USPSTF recommends clinicians screen adults age 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.~~
~~Aspirin to prevent CVD: men~~	~~The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.~~
~~Blood pressure screening in adults*~~	~~The USPSTF recommends screening for high blood pressure in adults aged 18 and older.~~
~~Cholesterol abnormalities screening: men 35 and older~~	~~The USPSTF strongly recommends screening men aged 35 and older for lipid disorders.~~
~~Cholesterol abnormalities screening: men younger than 35~~	~~The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease.~~
~~Colorectal cancer screening~~	~~The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.~~

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~~Depression screening: adults*~~	~~The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.~~
~~Diabetes screening~~	~~The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.~~
~~Healthy diet counseling*~~	~~The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.~~
~~Hepatitis B screening: adolescents and adults*~~	~~The USPSTF recommends screening for hepatitis B virus infection in persons at high risk for infection.~~
~~Hepatitis C virus infection screening: adults~~	~~The USPSTF recommends screening for hepatitis C virus (HCV) infection in persons at high risk for infection. The USPSTF also recommends offering one-time screening for HCV infection to adults born between 1945 and 1965.~~
~~HIV screening~~	~~The USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.~~
~~Obesity screening and counseling: adults*~~	~~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.~~
~~Skin cancer behavioral counseling*~~	~~The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.~~
~~STIs counseling*~~	~~The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.~~
~~Tobacco use counseling and interventions: non-pregnant adults*~~	~~The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.~~
~~Syphilis screening: non-pregnant persons~~	~~The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.~~

~~* These screening tests may be performed as part of an office visit, hospital visit or global fee and may not be billed separately.~~

DRAFT

~~A. DESCRIPTION~~

~~Preventive medicine/health refers to health care that focuses on disease (or injury) prevention. Preventive health also assists the provider in identifying a patient's current or possible future health care risks through assessments, lab work and other diagnostic studies.~~

~~B. POLICY~~

~~Nevada Medicaid reimburses for preventive medicine services for children as recommended by the U. S. Preventive Services Task Force (USPSTF) A and B Recommendations.~~

~~USPSTF A and B Recommendations~~

~~C. PRIOR AUTHORIZATION: YES ☐ NO ☒~~

~~D. COVERAGE AND LIMITATIONS:~~

~~The following preventive health services are covered by the Division of Health Care Financing and Policy (DHCFP) for children as is age appropriate:~~

~~Topic~~	~~Description~~
~~Dental caries prevention: infants and children up to age 5 years~~	~~The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF also recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.~~
~~Depression screening: adolescents~~	~~The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.~~
~~Gonorrhea prophylactic medication: newborns*~~	~~The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.~~
~~Hearing loss screening: newborns*~~	~~The USPSTF recommends screening for hearing loss in all newborn infants.~~
~~Hemoglobinopathies screening: newborns*~~	~~The USPSTF recommends screening for sickle cell disease in newborns.~~
~~HIV screening~~	~~The USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection.~~
~~Hypothyroidism screening: newborns*~~	~~The USPSTF recommends screening for congenital hypothyroidism in newborns.~~

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~~Iron supplementation in children~~	~~The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.~~
~~Obesity screening and counseling: children*~~	~~The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.~~
~~PKU / metabolic screening: newborns*~~	~~The USPSTF recommends screening for phenylketonuria (PKU) in newborns.~~
~~Skin cancer behavioral counseling*~~	~~The USPSTF recommends counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.~~
~~STIs counseling*~~	~~The USPSTF recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.~~
~~Syphilis screening: non-pregnant persons~~	~~The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection.~~
~~Tobacco use interventions: children and adolescents*~~	~~The USPSTF recommends that clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.~~
~~Visual acuity screening in children*~~	~~The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors.~~

~~* These screening tests may be performed as part of an office visit, hospital visit or global fee and may not be billed separately.~~

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