

This information highlights the preventive care services available under this *coverage*. It is not intended to be a complete list or complete description of available services. In-network preventive services are provided at no *member cost share*.
Additional diagnostic studies may be covered if *medically necessary* for a particular diagnosis or procedure. *Members* may refer to the benefit contract for specific information on available *benefits* or contact Customer Service at the number listed on their ID card.

SERVICE	RECOMMENDED AGES/FREQUENCY*
Routine History and Physical Examination – Initial/Interval Exams should include: <ul style="list-style-type: none"> • Newborn screening (including gonorrhea prophylactic topical eye medication and hearing loss) • Head circumference (up to 24 months) • Height/length and weight • Body mass index (BMI; beginning at 2 years of age) • Blood pressure (ages 0-11 months; 1-4 years; 5-10 years; 11-14 years; 15-17 years) • Sensory screening for vision and hearing • Developmental milestones (screening/surveillance) • Iron supplementation (6 to 12 months) at increased risk for iron deficiency anemia*** • Autism screening (18 + 24 months) • STI prevention counseling (males/females, as appropriate) • Oral health risk assessment (0-11 months; 1-4 years; 5-10 years) • Anticipatory guidance for age-appropriate issues including: <ul style="list-style-type: none"> - Growth and development, breastfeeding/nutrition, obesity prevention, physical activity and psychosocial/behavioral health - Safety, unintentional injuries, firearms, poisoning, media access - Pregnancy prevention - Tobacco products - Dental care/fluoride supplementation (≥ 6 months)³ - Fluoride varnish painting of primary teeth (to age 5 years) - Sun/UV radiation skin exposure 	Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years to 18 years annually
SCREENINGS	RECOMMENDED AGES/FREQUENCY*
Newborn screen (including hypothyroidism, sickle cell disease and PKU)	At birth
Lead screening	9-12 months (at risk) ¹
Hemoglobin and Hematocrit	At 12 months: routine one-time testing Assess risk at all other well child visits
Urinalysis	5 years (at risk)
Lipid screening (risk assessment)	Every 2 years, starting at 2 years -- 2, 4, 6, 8 and 10 years Annually, starting at 11 years
Fasting Lipid Profile	Routinely, at 18 years (younger if risk assessed as high)
Tuberculin test	Assess risk at every well child visit
Vision test (objective method)	Beginning at 3 years: annually
Hearing test (objective method)	At birth and at 4, 5, 6, 8 and 10 years
Depression screening (PHQ-2)	Beginning at 11 years: annually
Alcohol and drug use assessment (CRAFFT)	Beginning at 11 years: annually
STI/HIV screening	Beginning at 11 years: annually
Syphilis test (males/females)	18 years and younger (high risk males/females***): suggested testing interval is 1-3 years
HIV test (males/females)	Age 15-18: routine one-time testing Regardless of age: repeat testing of all high risk persons;*** suggested testing interval is 1-5 years
Chlamydia test (females)	18 years and younger (sexually active females as well as other asymptomatic females at increased risk*** for infection): annually
Gonorrhea test (females)	18 years and younger (high risk sexually active females***): suggested testing interval is 1-3 years.
Cervical Dysplasia	For sexually active females

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IMMUNIZATIONS	RECOMMENDED AGES/FREQUENCY **/**
Rotavirus (RV)	2 months, 4 months, or 6 months for specific vaccines
Polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years
Tetanus/reduced Diphtheria/Pertussis (Tdap)	11–12 years (catch-up through age 18)
Human papillomavirus (HPV2/HPV4 -- females); (HPV4 -- males)	11–12 years (3 doses) (catch-up through age 18)
Measles/Mumps/Rubella (MMR)	12–15 months, 4-6 years (catch-up through age 18)
Hemophilus influenza type b (Hib)	2 months, 4 months, 6 months for specific vaccines & 12-15 months
Varicella/Chickenpox (VAR)	12-15 months, 4-6 years (catch-up through age 18)
Hepatitis A (HepA)	12–23 months (2 doses) (catch-up through age 18)
Influenza	6 months-18 years; annually ² during flu season
Pneumococcal conjugate (PCV13)	2 months, 4 months, 6 months, 12–15 months
Pneumococcal polysaccharide (PPSV23)	2-18 years (1 or 2 doses) [high risk: see CDC]
Hepatitis B (HepB)	Birth, 1–2 months, 6–18 months (catch-up through age 18)
Meningococcal (MenACWY-D/MenACWY-CRM) [high risk: see CDC]	11–12 years, 16 years (catch-up through age 18)

This preventive schedule is periodically updated to reflect current recommendations from the American Academy of Pediatrics (AAP), U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC) [www.cdc.gov].

This schedule includes the services deemed to be mandated under the federal Patient Protection and Affordable Care Act (PPACA). As changes are communicated, Capital BlueCross will adjust the preventive schedule as required. Visit capbluecross.com for the most recent list of covered services.

Sections Header footnotes:

*Services that need to be performed more frequently than stated due to specific health needs of the *member* and that would be considered *medically necessary* may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit.

**Capital BlueCross considers *members* to be “high risk” or “at risk” in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC).

***Capital BlueCross considers individuals to be “high risk” or “at risk” in accordance with the recommendations set forth by the U.S. Preventive Services Task Force (USPSTF) [www.ahrq.gov/clinic/uspstfix.htm]

Footnotes:

¹ Encourage all PA-CHIP members to undergo blood lead level testing before age 2 years.

² Children aged 8 years and younger who are receiving influenza vaccines for the first time should receive 2 separate doses, both of which are covered. Household contacts and out-of-home caregivers of a high risk *member*, including a child aged 0-59 months, should be immunized against influenza.

³ Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.

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SERVICE		RECOMMENDED AGES/FREQUENCY*
Routine History and Physical Examination, including BMI and pertinent patient education <i>Adult counseling and patient education include:</i>		WOMEN --19+: at least annually
Women	<ul style="list-style-type: none"> Folic Acid (childbearing age) Contraceptive methods/counseling⁷ HRT (risk vs. benefits) Breast Cancer chemoprevention (high risk)*** Breastfeeding support/counseling/supplies 	MEN --19-29: once 30-49: every 4 years 50+: annually
Men	Prostate Cancer Screening	
For Both	<ul style="list-style-type: none"> STI prevention counseling Seat Belt use Aspirin prophylaxis (high risk) *** Physical Activity Drug and Alcohol use Unintentional Injuries Family Planning Sun/UV skin radiation Calcium/vitamin D intake Fall Prevention Domestic/Interpersonal Violence 	
SCREENINGS		RECOMMENDED AGES/FREQUENCY*
Women		
Anemia screening		Routine basis for pregnant women
Gestational Diabetes screening		24 to 28 weeks for pregnant women and those at high risk of developing gestational diabetes
Urinary Tract or other Infectious screening		Pregnant women
Rh Incompatibility screening		All pregnant women and follow-up testing for women at high risk
Pelvic Exam/Pap Smear [USPSTF cytology option] ⁵		Age 21-29; every 3 years
Pelvic Exam/Pap Smear [USPSTF cytology option] ⁵		Age 30-65; every 3 years
Pelvic Exam/Pap Smear/HPV DNA [USPSTF co-testing option] ⁵		Age 30-65; every 5 years
Pelvic Exam/HPV DNA (women) [IOM option] ⁵		Beginning at 30; every 3 years
Chlamydia Test (women)		Age 19-24: Test all sexually active females; annually Age 25 and older: Test all females at increased risk; *** suggested testing interval is 1-3 years
Gonorrhea Test (women)		Age 19 and older: Test all high risk sexually active females;*** suggested testing interval is 1-3 years.
BRCA screening/genetic counseling/testing		Beginning at 19 (high risk women); *** reassess screening every 5-10 years or as determined by her health care provider.
Mammogram		Beginning at 40; every 1-2 years
Bone Mineral Density (BMD) Testing for Osteoporosis		Age 19-64; testing every 2 years may be appropriate for women at high risk. ***Women over age 60 depending on risk factors.
Men and Women		
Syphilis Test		Age 19 and older: Test all high risk men/women; *** suggested testing interval is 1-3 years
STI prevention screening		For Adults at higher risk
Obesity/Healthy diet screening/counseling		Age 19 and older (high risk); *** every year
Tobacco use counseling and cessation interventions		Age 19 and older, 2 cessation attempts per year (each attempt includes a maximum of 4 counseling visits); FDA-approved tobacco cessation medications ⁶ .
HIV Test		Age 19-65: Routine one-time testing of persons not known to be at increased risk for HIV infection Age 19 and older: Repeat testing all high risk persons; *** suggested testing interval is 1-5 years
Hepatitis B Screening		Age 19 and older at high risk and for pregnant women at their first prenatal visit.
Hepatitis C Test		Offer one-time testing of adults born between 1945 and 1965 Periodic testing of persons with <i>continued high risk</i> *** for HCV infection
Depression Screening		Age 19 and older;
Blood Pressure		Age 19 and older: every 2 years (general ≥ 60: < 150/90; general < 60 and all others: < 140/90)
Diabetes Screening Test (type 2)		Beginning at 19; test asymptomatic adults with sustained BP > 135/80 every 3 years
Fasting Lipid Profile		Beginning at 20; every 5 years
Fecal Occult Blood Test ¹		Beginning at 50; annually
Flexible Sigmoidoscopy ²		Beginning at 50; every 5 years
Colonoscopy ²		Beginning at 50; every 10 years
Barium Enema X-ray ³		Beginning at 50; every 5 years
Prostate Specific Antigen		Offer beginning at 50 and annually thereafter
Low-dose CT Scan		Age 55-80 (high risk): *** Annual testing until smoke-free for 15 years.
Abdominal Ultrasound (men)		Age 65-75: one-time screening for abdominal aortic aneurysm in men who have ever smoked

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IMMUNIZATIONS	RECOMMENDED AGES/FREQUENCY **/**
Tetanus/diphtheria/pertussis (Td/Tdap)	19+; Td every 10 years (substitute one dose of Tdap for Td, regardless of interval since last booster)
Human papillomavirus (HPV2/HPV4 -- women); (HPV4 -- men)	19–26; three doses, if not previously immunized (for men 22-26, see CDC)
Hepatitis A (HepA)	19+; two doses (high risk; see CDC)
Hepatitis B (HepB)	19+; three doses (high risk; see CDC)
Hemophilus influenza type b (Hib)	19+; one or three doses (high risk; see CDC)
Influenza4	19+; one dose annually during influenza season
Meningococcal (MCV4/MPSV4)	19+; one or more doses: (college students and others at high risk not previously immunized; see CDC)
Pneumococcal (conjugate) (PCV13)	19+; one dose (high risk; see CDC)
Pneumococcal (polysaccharide) (PPSV23)	19–64; one or two doses (high risk; see CDC) Beginning at 65; one dose (regardless of previous PPSV23 immunization; see CDC)
Measles/Mumps/Rubella (MMR)	19-54; one or two doses, give as necessary based upon past immunization history 55+; one or two doses (high risk; see CDC)
Varicella (Chickenpox)	Beginning at 19; two doses, give as necessary based upon past immunization or medical history
Zoster (Shingles)	Beginning at 50; one dose, regardless of prior zoster episodes (see CDC)

This preventive schedule is periodically updated to reflect current recommendations from the U.S. Preventive Services Task Force (USPSTF); National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27–29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); Institute of Medicine (IOM); U.S. Food and Drug Administration (FDA).

This schedule includes the services deemed to be mandated under the federal Patient Protection and Affordable Care Act (PPACA). As changes are communicated, Capital BlueCross will adjust the preventive schedule as required. Visit capbluecross.com for the most recent list of covered services.

Sections Header footnotes:

* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other “administrative” exams are not covered.

**Capital BlueCross considers individuals to be “high risk” or “at risk” in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC) [www.cdc.gov]

***Capital BlueCross considers individuals to be “high risk” or “at risk” in accordance with the recommendations set forth by the U.S. Preventive Services Task Force USPSTF) [www.ahrq.gov/clinic/uspstfix.htm]

Footnotes:

¹ For guaiac-based testing, six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing, specific manufacturer’s instructions are followed.

² Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

³ Barium enema is listed as an alternative to a flexible sigmoidoscopy, with the same schedule overlap prohibition as found in footnote #2.

⁴ Capital BlueCross has extended coverage of influenza immunization to all individuals with the preventive benefit regardless of risk.

⁵ Recommendations of both the USPSTF and the IOM are included in order to aid clinicians in counseling their patients about preferred or acceptable preventive strategies. It should be noted that screening for cervical cancer should not be the sole health care concern when conducting ongoing well-woman visits.

⁶ Refer to the most recent Formulary that is listed on the Capital BlueCross web site at [capbluecross.com].

⁷ Coverage is provided without cost-share for all FDA-approved generic contraceptive methods and all FDA-approved contraceptives without a generic equivalent. See the Rx Preventive Coverage List at capbluecross.com for details. Coverage includes clinical services, including patient education and counseling, needed for provision of the contraceptive method. If an individual’s provider recommends a particular service or FDA-approved item based on a determination of medical necessity with respect to that individual, the service or item is covered without cost-sharing.

SERVICES REQUIRING PREAUTHORIZATION

Members should present their *identification card* to their health care *provider* when medical services or items are requested. When members use a *participating provider* (including a BlueCard facility *participating provider* providing **inpatient services**), the *participating provider* will be responsible for obtaining the *preauthorization*. If members use a *non-participating provider* or a BlueCard *participating provider* providing **non-inpatient services**, the *non-participating provider* or BlueCard *participating provider* may call for *preauthorization* on the *member's* behalf; however, it is ultimately the *member's* responsibility to obtain *preauthorization*. *Providers* and *members* should call *Capital's* Clinical Management Department toll-free at **1-800-471-2242** to obtain the necessary *preauthorization*.

Providers/Members should request *Preauthorization* of non-urgent admissions and services well in advance of the scheduled date of service (15 days). *Investigational* or experimental procedures are not usually covered benefits. *Members* should consult their *Certificate of Coverage*, *Capital BlueCross' Medical Policies*, or contact Customer Service at the number listed on the back of their health plan identification card to confirm *coverage*. *Participating providers* and *members* have full access to *Capital's* medical policies and may request *preauthorization* for experimental or *investigational* services/items if there are unique *member* circumstances.

Capital only pays for services and items that are considered *medically necessary*. *Providers* and *members* can reference *Capital's* medical policies for questions regarding *medical necessity*.

The attached list gives categories of services for which *preauthorization* is required, as well as specific examples of such services. For a listing of services currently requiring *preauthorization*, members may consult capbluecross.com/preauthorization.

PREAUTHORIZATION OF MEDICAL SERVICES INVOLVING URGENT CARE

If the *member's* request for *preauthorization* involves *urgent care*, the *member* or the *member's provider* should advise *Capital* of the urgent medical circumstances when the *member* or the *member's provider* submits the request to *Capital's* Clinical Management Department. *Capital* will respond to the *member* and the *member's provider* no later than seventy-two (72) hours after *Capital's* Clinical Management Department receives the *preauthorization* request.

PREAUTHORIZATION PENALTY APPLICABILITY

Failure to obtain *preauthorization* for a service could result in a payment reduction or denial for the *provider* and *benefit* reduction or denial for the *member*, based on the *provider's* contract and the *member's Certificate of Coverage*. Services or items provided without *preauthorization* may also be subject to retrospective *medical necessity* review.

If the *member* presents his/her *ID card* to a *participating provider* in the 21-county area and the *participating provider* fails to obtain or follow *preauthorization* requirements, payment for services will be denied and the provider may not bill the *member*.

When *members* undergo a procedure requiring *preauthorization* and fail to obtain *preauthorization* (when responsible to do so), *benefits* will be provided for *medically necessary* covered services. However, in this instance, the *allowable amount* may be reduced by the dollar amount or the percentage established in the *Certificate of Coverage*.

The table that follows is a partial listing of the *preauthorization* requirements for services and procedures.

Category	Details	Comments
Inpatient Admissions	<ul style="list-style-type: none"> • Acute care • Long-term acute care • Non-routine maternity admissions and newborns requiring continued hospitalization after the mother is discharged • Skilled nursing facilities • Rehabilitation hospitals • Behavioral Health (mental health care/ substance abuse) 	<p><i>Preauthorization</i> requirements do not apply to services provided by a <i>hospital</i> emergency room <i>provider</i>. If an <i>inpatient</i> admission results from an emergency room visit, notification must occur within two (2) business days of the admission. All such services will be reviewed and must meet medical necessity criteria from the first hour of admission. Failure to notify <i>Capital</i> of an admission may result in an administrative denial.</p> <p>Non-routine maternity admissions, including preterm labor and maternity complications, require notification within two (2) business days of the date of admission.</p>
Observation Care Admissions	<ul style="list-style-type: none"> • Notification is required for all observation stays expected to exceed 48 hours. • All observation care services will be reviewed and must meet <i>medical necessity</i> criteria for the first hour of admission. 	<p>Admissions to observation status require notification within two (2) business days.</p> <p>Failure to notify Capital BlueCross of an admission may result in an administrative denial.</p>
Diagnostic Services	<ul style="list-style-type: none"> • Genetic disorder testing except: standard chromosomal tests, such as Down Syndrome, Trisomy, and Fragile X, and state mandated newborn genetic testing • Cardiac nuclear medicine studies including nuclear cardiac stress tests • CT (computerized tomography) scans • MRA (magnetic resonance angiography) • MRI (magnetic resonance imaging), • PET (positron emission tomography) scans • SPECT (single proton emission computerized tomography) scans 	<p>Diagnostic services do not require <i>preauthorization</i> when emergently performed during an emergency room visit, observation stay, or <i>inpatient</i> admission.</p>
Durable Medical Equipment (DME), Prosthetic Appliances, Orthotic Devices, Implants	<ul style="list-style-type: none"> • Purchases and repairs greater than or equal to \$500 • Rentals for DME regardless of price per unit <p>(Note: Capital BlueCross may require rental of a device for a designated time prior to purchase)</p>	<p><i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com/preauthorization.</p>
Office Surgical Procedures When Performed in a Facility*	<ul style="list-style-type: none"> • Aspiration and/or injection of a joint • Colposcopy • Treatment of warts • Excision of a cyst of the eyelid (chalazion) • Excision of a nail (partial or complete) • Excision of external thrombosed hemorrhoids; • Injection of a ligament or tendon; • Eye injections (intraocular) • Oral Surgery • Pain management (including trigger point injections, stellate ganglion blocks, peripheral nerve blocks, and intercostal nerve blocks) • Proctosigmoidoscopy/flexible Sigmoidoscopy; • Removal of partial or complete bony impacted teeth (if a benefit); • Repair of lacerations, including suturing (2.5 cm or less); • Vasectomy • Wound care and dressings (including outpatient burn care) 	

Category	Details	Comments
Outpatient Surgery for Select Procedures	<ul style="list-style-type: none"> • Weight loss surgery (Bariatric) • Meniscal transplants, allografts and collagen meniscus implants (knee) • Ovarian and Iliac Vein Embolization • Photodynamic therapy • Radioembolization for primary and metastatic tumors of the liver • Radiofrequency ablation of tumors • Transcatheter aortic valve replacement • Valvuloplasty 	<p>The items listed are those items or services most frequently requested. This list is not all inclusive.</p> <p><i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com/preauthorization.</p>
Therapy Services	<ul style="list-style-type: none"> • Hyperbaric oxygen therapy (non-emergency) • Manipulation therapy (chiropractic and osteopathic) • Occupational therapy • Physical therapy • Pulmonary rehabilitation programs • Radiation therapy and related treatment planning and procedures performed for planning (such as but not limited to IMRT, proton beam, neutron beam, brachytherapy, 3D conform, SRS, SBRT, Gamma knife, EBRT, IORT, IGRT, and hyperthermia treatments) 	
Reconstructive or Cosmetic Services and Items	<p>Removal of excess fat tissue (Abdominoplasty/Panniculectomy and other removal of fat tissue such as Suction Assisted Lipectomy)</p> <p>Breast Procedures</p> <ul style="list-style-type: none"> • Breast Enhancement (Augmentation) • Breast Reduction • Mastectomy (Breast removal or reduction) for Gynecomastia • Breast Lift (Mastopexy) • Removal of Breast implants <p>Correction of protruding ears (Otoplasty)</p> <p>Repair of nasal/septal defects (Rhinoplasty/Septoplasty)</p> <p>Skin related procedures</p> <ul style="list-style-type: none"> • Acne surgery • Dermabrasion • Hair removal (Electrolysis/Epilation) • Face Lift (Rhytidectomy) • Removal of excess tissue around the eyes (Blepharoplasty/Brow Ptosis Repair) • Mohs Surgery when performed on two separate dates of service by the same <i>provider</i> <p>Treatment of Varicose veins and venous insufficiency</p>	<p>The items listed are those items or services most frequently requested. This list is not all inclusive.</p> <p><i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com/preauthorization.</p>
Investigational and Experimental procedures, devices, therapies and pharmaceuticals		<p><i>Investigational or experimental</i> procedures are not usually covered benefits. <i>Members and providers</i> may request <i>preauthorization</i> for <i>experimental</i> or <i>investigational</i> services/items if there are unique <i>member</i> circumstances.</p>
New to market procedures, devices, therapies, and pharmaceuticals		<p><i>Preauthorization</i> is required during the first two (2) years after a procedure, device, therapy or pharmaceutical enters the market. <i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at capbluecross.com/preauthorization</p>
Medical Injectables		<p><i>Members and providers</i> may view a listing of the specialty medical injectable medications currently requiring <i>preauthorization</i> at capbluecross.com/preauthorization</p>
Transplant Surgeries	Evaluation and services related to transplants	<p><i>Preauthorization</i> will include referral assistance to the Blue Distinction Centers for Transplant network if appropriate.</p>

Category	Details	Comments
Select Outpatient Behavioral Health Services	<ul style="list-style-type: none"> • Transcranial Magnetic Stimulation (TMS) • Partial Hospitalization • Intensive Outpatient Programs 	Applicable only when benefits through Capital BlueCross
Other Services	<ul style="list-style-type: none"> • Bio-engineered skin or biological wound care products • Category IDE trials (Investigational Device Exemption) • Clinical trials (including cancer related trials) • Enhanced external counterpulsation (EECP) • Home health care • Home infusion therapy • Eye injections (Intravitreal angiogenesis inhibitors) • Laser treatment of skin lesions • Non-emergency air and ground ambulance transports • Radiofrequency ablation for pain management • Facility based sleep studies for diagnosis and medical Management of obstructive sleep apnea • Specialty medical injectable medications • Enteral feeding supplies and services. 	

PLEASE NOTE: This listing identifies those services that require *preauthorization* only as of the date it was printed. This listing is subject to change. *Members* should call *Capital* at 1-800-962-2242 (TTY: 711) with questions regarding the *preauthorization* of a particular service.

This information highlights the standard Preauthorization Program. *Members* should refer to their *Certificate of Coverage* for the specific terms, conditions, exclusions and limitations relating to their *coverage*.

Capital BlueCross offers its Disease/Condition Management programs for individuals with chronic conditions. These programs are designed to improve an individual's quality of care when dealing with a chronic condition and foster healthy partnerships between the individual and their physician.

Capital BlueCross provides the following Condition Management Programs to our adult *members*:

- ▶ Asthma
- ▶ Diabetes
- ▶ Congestive Heart Failure
- ▶ Coronary Artery Disease
- ▶ Depression
- ▶ Hypertension

Capital BlueCross also provides the following Condition Management programs to our pediatric *members*:

- ▶ Pediatric Asthma
- ▶ Pediatric Diabetes
- ▶ Pediatric Congestive Heart Failure
- ▶ Pediatric Coronary Artery Disease
- ▶ Pediatric Hypertension

Capital BlueCross disease management programs are designed to support an individual-centered, best-in-practice approach to care delivery with front-end intervention activities based on individual condition, co-morbidities, risk level, and assessed individual need. Capital's programs are based on nationally-recognized clinical guidelines, which promote adherence to the guidelines and reinforces adherence to the *member's* Primary Care Physician's plan of care.

This program stresses the *member's* use of a disease specific action plan, symptom management, medication adherence, and dietary / lifestyle modification. The program components are used to reduce emergency room and hospital utilization and enable *members'* to self manage their chronic condition. *Member's* knowledge related to the main program components is assessed at the start of the program and when the *member* graduates from the program. Disease Managers review utilization prior to each contact with the *member* so that adherence to program components can be reviewed and addressed. Our programs combine licensed professional expertise with key industry tools and resources to support screening, assessment and ongoing education and monitoring of the individual throughout program delivery.

Please note that the Depression Management program is offered to *members* in association with pregnancy-related depression and to *members* who screen positive for depression and are currently enrolled in one of our disease or case management programs.