

# Preventive Medicine

		<b>Ages 18-39</b>	<b>Ages 40-49</b>	<b>Ages 50-64</b>	<b>Ages 65+</b>
<b>Cholesterol Screening</b> <sup>1</sup>	Men & Women	Starting at age 20 every 5 years	Every 5 years	Every 5 years	Every 5 years
<b>Blood Pressure</b> <sup>2</sup>	Men & Women	At least every 2 years in persons with BP <120/80 mmHg Every year for persons with systolic BP of 120-139 mmHg and diastolic BP of 80-90 mmHg			
<b>Weight</b> <sup>3</sup>	Men & Women	Every 1-3 years. Screen adults for obesity. Offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months.			
<b>Body Mass Index (BMI)</b> <sup>4</sup>	Men & Women	Frequency at clinician's discretion			

**1. Cholesterol Screening:** 20 and older — Every 5 years.

NCEP of the NHLBI — <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

**2. Blood Pressure:** At least every 2 years in persons with BP <120/80 mmHg. Every year for persons with systolic BP of 120-139 mmHg and diastolic BP of 80-90 mmHg.

NHLBI — <http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf>

**3. Weight:** Every 1-3 years. Screen adults for obesity. Offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. Intensive counseling involves more than one session per month for at least 3 months.

AAFP — <http://www.aafp.org/online/en/home/clinical/exam/k-o.html>

USPSTF — <http://www.ahrq.gov/clinic/uspstf/uspsobes.htm>

**4. Body Mass Index (BMI):** Recommend screening all adults for obesity. Offer obese adults intensive counseling and behavioral interventions to promote sustained weight loss. Persons with a BMI between 25 and 29.9 are overweight and those with a BMI of 30 and above are obese. There are three classes of obesity: class I (BMI 30-34.9), class II (BMI 35-39.9), and class III (BMI 40 and above). BMI is calculated either as weight in pounds divided by height in inches squared multiplied by 703, or as weight in kilograms divided by height in meters squared. The National Institutes of Health provides a BMI calculator at <http://www.nhlbisupport.com/bmi>.

AAFP — <http://www.aafp.org/online/en/home/clinical/exam/k-o.html>

USPSTF — <http://www.ahrq.gov/clinic/uspstf/uspsobes.htm>

CDC — [http://www.cdc.gov/nccdphp/dnpa/bmi/adult\\_BMI/about\\_adult\\_BMI.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm)



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<b>Hearing and Vision</b> <sup>5</sup>	Men & Women			60+ yearly	Yearly
<b>Pre-Diabetes and Diabetes Screening</b> <sup>6</sup>	Men & Women		≥45 start screening and then every 3 years if results are normal		
<b>Stool for Occult Blood</b> <sup>7</sup>	Men & Women			Yearly	Yearly
<b>Double Contrast Barium Enema or Flexible Sigmoidoscopy or Colonoscopy</b> <sup>8</sup>	Men & Women			Double Contrast Barium Enema every 5 years or Flexible Sigmoidoscopy every 5 years or Colonoscopy every 10 years	

**5. Hearing and Vision:** 60 and older — Yearly.

AAFP — <http://www.aafp.org/online/en/home/clinical/exam/f-j.printerview.html>  
<http://www.aafp.org/online/en/home/clinical/exam/u-z.html>

**6. Pre-Diabetes and Diabetes Screening:** 45 and older. Start screening at age 45 and then every 3 years if results are normal.

ADA — [http://care.diabetesjournals.org/cgi/content/full/31/Supplement\\_1/S12/T3](http://care.diabetesjournals.org/cgi/content/full/31/Supplement_1/S12/T3) and [http://professional.diabetes.org/CPR\\_Search.aspx](http://professional.diabetes.org/CPR_Search.aspx)

**7. Stool for Occult Blood:** 50 and older — Yearly. May be performed earlier at clinician's discretion.

ACS — [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6X\\_Colorectal\\_Cancer\\_Early\\_Detection\\_10.asp?from=colontesting](http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp?from=colontesting)  
[http://mobile.cancer.org/cancer\\_detection.html](http://mobile.cancer.org/cancer_detection.html)

**8. Double Contrast Barium Enema or Flexible Sigmoidoscopy or Colonoscopy:** 50 and older — Double Contrast Barium Enema every 5 years, or Flexible Sigmoidoscopy every 5 years, or Colonoscopy every 10 years. May be performed earlier at clinician's discretion.

ACS — [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6X\\_Colorectal\\_Cancer\\_Early\\_Detection\\_10.asp?from=colontesting](http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp?from=colontesting)  
[http://mobile.cancer.org/cancer\\_detection.html](http://mobile.cancer.org/cancer_detection.html)



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<b>Testicular Exam</b> <sup>9</sup>	Men	Yearly-part of physical exam			
<b>Clinical Prostate Exam/PSA</b> <sup>10</sup>	Men			Yearly	Yearly
<b>Bone Mineral Content</b> <sup>11</sup>	Women				Regularly starting at age 65. Frequency at clinician's discretion.
<b>Clinical Breast Exam/ Teach Breast Self-Exam (BSE)</b> <sup>12</sup>	Women	20+ every 1-3 years	Yearly	Yearly	Yearly

**9. Testicular Exam:** Males 18 and older — Promote awareness of testicular cancer during physical examinations.

ACS — [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_4\\_3X\\_Can\\_Testicular\\_Cancer\\_Be\\_Found\\_Early\\_41.asp?sitearea=](http://www.cancer.org/docroot/CRI/content/CRI_2_4_3X_Can_Testicular_Cancer_Be_Found_Early_41.asp?sitearea=)

**10. Clinical Prostate Exam:** Males 50 and older — Yearly.

ACS — [http://www.cancer.org/docroot/PED/content/PED\\_2\\_3X\\_ACS\\_Cancer\\_Detection\\_Guidelines\\_36.asp?sitearea=PED](http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED)

[http://www.cancer.org/docroot/CRI/CRI\\_2\\_3x.asp?dt=36](http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=36)

**Prostate Specific Antigen (PSA):** Males 50 and older — Yearly. May be performed earlier at clinician's discretion.

ACS — [http://www.cancer.org/docroot/PED/content/PED\\_2\\_3X\\_ACS\\_Cancer\\_Detection\\_Guidelines\\_36.asp?sitearea=PED](http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED)

[http://www.cancer.org/docroot/CRI/CRI\\_2\\_3x.asp?dt=36](http://www.cancer.org/docroot/CRI/CRI_2_3x.asp?dt=36)

**11. Bone Mineral Content:** Offer screening to all women 65 years of age and older.

AAFP — <http://www.aafp.org/online/en/home/clinical/exam/k-o.printerview.html>

USPSTF — <http://www.ahrq.gov/clinic/uspstf/uspstf.htm>

NOF — <http://www.nof.org/osteoporosis/bmdtest.htm>

**12. Clinical Breast Exam/Teach Breast Self-Exam (BSE):** Females 20-39 — Every 1-3 years; 40 and older — every year.

ACS — [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_4\\_3X\\_Can\\_breast\\_cancer\\_be\\_found\\_early\\_5.asp?sitearea=](http://www.cancer.org/docroot/CRI/content/CRI_2_4_3X_Can_breast_cancer_be_found_early_5.asp?sitearea=)

[http://mobile.cancer.org/cancer\\_detection.html](http://mobile.cancer.org/cancer_detection.html)



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<b>Mammogram</b> <sup>13</sup>	Women		Yearly	Yearly	Yearly
<b>Pap Smear</b> <sup>14</sup>	Women	<p>Yearly, starting no later than 21 years of age. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test. Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years at the clinicians' discretion. Women <math>\geq 70</math> years of age with <math>\geq 3</math> normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop screening.</p> <p>Women who have had a total hysterectomy (removal of the uterus and cervix) don't need cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.</p>			

**13. Mammograms:** Females 40 and older — Yearly. May be performed earlier at clinician's discretion.

ACS — [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6X\\_Mammography\\_and\\_other\\_Breast\\_Imaging\\_Procedures\\_5.asp](http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Mammography_and_other_Breast_Imaging_Procedures_5.asp)  
[http://mobile.cancer.org/cancer\\_detection.html](http://mobile.cancer.org/cancer_detection.html)

**14. Pap Smears:** All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test. Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. An option for women over 30 is to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, plus the HPV DNA test. Women with certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue annual screening. Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screening while in good health. Women who have had a total hysterectomy (removal of the uterus and cervix) do not need cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow guidelines.

ACS — [http://www.cancer.org/docroot/CRI/content/CRI\\_2\\_6x\\_cervical\\_cancer\\_prevention\\_and\\_early\\_detection\\_8.asp?sitearea=PED](http://www.cancer.org/docroot/CRI/content/CRI_2_6x_cervical_cancer_prevention_and_early_detection_8.asp?sitearea=PED)  
[http://www.cancer.org/docroot/PED/content/PED\\_2\\_3X\\_ACS\\_Cancer\\_Detection\\_Guidelines\\_36.asp?sitearea=PED](http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp?sitearea=PED)



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