



Preventive vs. Diagnostic Services

Certain services can be done for preventive or diagnostic reasons. When a service is performed for the purpose of preventive screening and is appropriately reported, it will be considered under the preventive care services benefit. This includes services directly related to the performance of a covered preventive care service (see the Frequently Asked Questions section for additional information.)

Preventive services are those performed on a person who:

- has not had the preventive screening done before and does not have symptoms or other abnormal studies suggesting abnormalities; or
- has had screening done within the recommended interval with the findings considered normal; or
- has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.

When a service is done for diagnostic purposes, it will be considered under the applicable non-preventive medical benefit (covered towards the deductible for in-network providers).

Diagnostic services are done on a person who:

- had abnormalities found on previous preventive or diagnostic studies that require further diagnostic studies; or
- had abnormalities found on previous preventive or diagnostic studies that would recommend a repeat of the same studies within shortened time intervals from the recommended preventive screening time intervals; or
- had a symptom(s) that required further diagnosis; or
- does not fall within the applicable population for a recommendation or guideline.