

5101:3-4-34 **Preventive medicine services.**

(A) Preventive medicine is that part of medicine engaged with preventing disease and the maintenance of good health practices. The purpose of preventive medicine is to take a proactive approach to avoiding disease, disability, and death.

(B) The following preventive medicine services are covered by the department:

(1) All healthcheck (EPSDT) services as defined in Chapter 5101:3-14 of the Administrative Code.

(2) Immunizations.

(3) Routine pelvic examinations, pap smears and breast examinations.

(4) Family planning visits and services.

(5) Pregnancy related services.

(6) Annual chest x-rays for long term care facility (LTCF) residents.

(7) The required physician visits for LTCF residents.

(8) Routine infant checkups.

(9) Mammography services in accordance with rule 5101:3-4-25 of the Administrative Code.

(10) Required physicals for employment or for participation in job training programs, when the employer does not provide a physical free of charge or when other available funds do not pay for an employment physical. Documentation to support that the physical was performed for employment must be in the patient's medical records.

(11) Required annual physical examinations for individuals living in residential facilities licensed by the Ohio department of mental retardation and developmental disabilities. This annual examination is not required for those individuals who are receiving ongoing medical services from a licensed physician.

(12) Prostate cancer screening tests.

(13) Glaucoma screening is covered as a vision service as described in Chapter 5101:3-06 of the Administrative Code.

(14) Screening colonoscopies for individuals age fifty or older or for high-risk patients. "High risk" is defined in "The guide to Medicare preventive services," which can be found at www.cms.hhs.gov. (02/01/07). A physician

must perform the screening.

(C) For required physicals for employment or job training programs mentioned in paragraph (A)(10) of this rule, providers should bill the proper office visit code (not preventive visit code) if the recipient is over age twenty-one years of age.

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