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| DEPARTMENT: Clinical Operations Group | POLICY DESCRIPTION: Screening Tests for Asymptomatic Individuals |
| PAGE: 1 of 3 | REPLACES POLICY DATED: 6/1/12 , 5/1/19 |
| EFFECTIVE DATE: September 1, 2019 | REFERENCE NUMBER: COG.CMO.002 (formerly CSG.CMO.002) |
| APPROVED BY: Ethics and Compliance Policy Committee | |

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices, service centers, outpatient imaging centers, and all Corporate Departments, Groups, Divisions and Markets.

PURPOSE: To establish guidelines under which HCA Healthcare-affiliated facilities may promote or endorse screening tests to asymptomatic individuals and to assure to the extent possible that screening tests are supported by high-quality scientific evidence as determined by a national expert review process.

POLICY:

1. HCA Healthcare facilities may offer, co-market or endorse screening tests to a general or selected asymptomatic population that are Grade A and B recommendations of the U.S. Preventive Services Task Force (USPSTF) at the time the test is offered; this would allow general age (e.g., blood pressure) and gender appropriate (e.g., cervical cancer) screening.
2. HCA Healthcare facilities should not offer, co-market or endorse (to include use of the facility name in advertising) screening tests to an asymptomatic population that are Grade C, D or I recommendations of the USPSTF without either a) a physician order which follows a documented discussion with the patient regarding the uncertainty of risk versus benefit for that test or b) a signed consent form that describes the risks/benefits/uncertainties of the test(s) and that has been approved by the Division Chief Medical Officer (CMO) in consultation with the Group CMO.
3. HCA Healthcare facilities choosing to offer, co-market, or endorse screening tests should ensure that there is a mechanism for patient receipt, interpretation, and follow up of test results.
4. Payers often have specific requirements for the billing of screening tests. HCA Healthcare facilities must follow the relevant payer guidelines when billing for such tests. Facilities must also follow pertinent company policies, such as Beneficiary Inducement Compliance Alert #15, when billing for screening services.

PROCEDURE:

1. All HCA Healthcare facilities should determine which departments have responsibility for current screening programs or could have that responsibility in the future.
2. Departments overseeing screening programs should review all current screening programs for adherence to this policy. All existing screening programs should be checked against the [USPSTF A and B Recommendations list](#). If a screening is not on the list and the department overseeing the screening program wishes to continue offering, co-marketing or endorsing the screening, it must contact its Division Chief Medical Officer (CMO) to discuss options. The Division CMO should contact the Group CMO, to discuss it prior to continuing to offer, co-market

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- or endorse the screening.
- Each Facility should assure that all future clinical screening programs adhere to this policy. All future screening programs should be checked against the [USPSTF A and B Recommendation list](#). If a screening is not on the list and the department overseeing the screening program wishes to pursue offering, co-marketing or endorsing the screening, it must contact its Division CMO to discuss options. The Division CMO should contact the Group CMO, to discuss it prior to offering, co-marketing or endorsing the screening.
 - Facilities that wish to offer, co-market or endorse preventive screenings that are based on newer medical evidence or for which the USPSTF has not yet assigned a grade should contact their Division CMO who should consult with the Group CMO.
 - Screenings must be billed appropriately. It may be permissible to provide some screenings free of charge pursuant to the Beneficiary Inducement Compliance Alert #15. A facility must consult its Operations Counsel prior to providing screenings free of charge.

| Grade | USPSTF Definition | HCA Healthcare Policy |
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| A | The USPSTF recommends the service. There is high certainty that the net benefit is substantial. | Offer or provide this service. |
| B | The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. | Offer or provide this service. |
| C | <i>Note: The following statement is undergoing revision.</i> Clinicians may provide this service to selected patients depending on individual circumstances. However, for most individuals without signs or symptoms there is likely to be only a small benefit from this service. | Offer or provide this service only to selected patients or if recommended by the patient's physician. |
| D | The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. | Provide this service only if ordered by the patient's physician. Patients should understand the lack of evidence for benefits. |

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| I Statement | The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined. | Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms. |
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6. Questions regarding this policy should be referred through the Division CMO to the Group CMO.

REFERENCES:

1. USPSTF recommendation:
<http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
2. [Compliance Alert #15](#) (Beneficiary Inducement Prohibition)
3. Review Article in [UpToDate](#)