



PREVENTIVE CARE FOR NEWBORNS AND INFANTS (0-36 months)		
Detection Intervention		
<ul style="list-style-type: none"> • Seven preventive medicine visits during first year for routine health assessment. • Five preventive medicine visits during months 13-36 for routine health assessment. 		
First Week		
Service	Schedule and Target Population	
<u>All Infants:</u> Ocular prophylaxis	No later than one hour after birth: Erythromycin 0.5% ophthalmic ointment, tetracycline 1% ophthalmic ointment, or 1% silver nitrate solution should be applied topically to the eyes of all newborns	
Vitamin K	At time of delivery	
Hearing	Before discharge from nursery; those not tested at birth should be screened before age 3 months	
Routine Visit		
Service	Schedule	
<u>All Infants:</u> History, physical exam (including length and weight), and vision assessment	Seven visits during first year; five visits during second and third years	
Length, weight and head circumference	Every visit	
Developmental/behavioral assessment	Every visit	
Anticipatory guidance for parent (including diet, injury prevention, dental health, effects of passive smoking, sleep positioning counseling)	Every visit	
Fluoride supplement ¹ , if appropriate	Daily for children between 6 months to 16 years of age	
Hgb/hct ²	Once during infancy (6-12 months of age)	
<u>High Risk Groups:</u> Tuberculin skin test (PPD) ³	At 12 months of age for children at high risk	
Lead screening ⁴	Conduct a risk assessment and screen for elevated lead levels by measuring blood lead at least once at age 12 months for children at high risk. Seek guidance from local health department.	

Recommended childhood immunization schedule can be accessed at:

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

Source: Centers for Disease Control and Prevention 2009 Childhood and Adolescent Immunization Schedule

Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

Origination Date: July 1, 1998

Updated – 10/98, 2/99, 12/99, 1/01, 3/02, 2/03, 3/04, 2/05, 5/06, 11/06, 7/07, 11/09

*These guidelines are subject to the limitations of the member’s preventive care benefits.



PREVENTIVE CARE FOR CHILDREN AND ADOLESCENTS (3-18 YEARS OLD)

Detection Intervention

- Preventive medicine visit annually between ages 3-18 years for routine periodic health assessment.

Routine Visit

Service		Schedule and Target Populations
<u>All Children/Adolescents:</u>	History and physical exam	Every year
	Height and weight	At each visit for routine health exam
	Obesity screening	BMI at every visit
	Tobacco screening and counseling	Every visit
	Blood pressure	Sphygmomanometry should be performed at each visit beginning at age 3, in accordance with the recommended technique for children, and hypertension should only be diagnosed on the basis of readings at each of three separate visits.
	Hearing	Before age 3 years for high risk children, if not tested earlier
	Behavioral/developmental assessment	Every visit
	Anticipatory guidance ⁵	Every visit
	Fluoride supplement, if appropriate ¹	Daily for children between 6 months to 16 years of age
	Counseling on calcium intake	Every visit for all girls 11 years of age and over
	Vision screen for amblyopia, strabismus ⁶ , and defects in visual acuity (beginning at age 3)	Recommended for all children once before entering school, preferably between ages 3 and 4 years. Vision screening generally provided by school system ages 7-12
	Scoliosis screen	During complete physical exams for patients age 13-18 years
	Eating disorders screen	Every visit for patients age 13-18 years
	Hgb/hct	Annually for menstruating adolescent females
	HIV screening ¹⁵	As recommended by provider during visits to health-care settings for patients age 13-18 years; at least annually for high risk adolescents
	Hernia/testicular cancer screen	Every visit for male patients age 13-18 years
<u>High Risk Groups:</u>	Tuberculin skin test (PPD) ³	As recommended by provider
	Lead screening ⁴	Conduct a risk assessment and screen for elevated lead levels by measuring blood lead among high risk children. Seek guidance from local health department.
	Cholesterol	One time at age 6 or older when positive family history for early cardiovascular disease or hyperlipidemia; otherwise one test between ages 13 and 18 years.
	Chlamydia screening	Annually for female patients who are/have been sexually active
	Papanicolaou smear	Annually starting within 3 years of onset of sexual activity or are 18 and older

Recommended childhood and adolescent immunization schedule can be accessed at:

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

Source: Centers for Disease Control and Prevention 2009 Childhood and Adolescent Immunization Schedule

Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

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PREVENTIVE CARE FOR ADULTS, 19-64 YEARS OLD

Detection Intervention

- Preventive medicine visit every 1-3 years, which includes assessment, routine testing and education.

Routine Visit

Service		Schedule and Target Populations	
All Adults:	History and physical exam	Every 1 to 3 years until age 40, and then annually	
	Height and weight	Every visit	
	Obesity screening and counseling	BMI and abdominal girth at every visit	
	Tobacco screening, counseling	Every visit	
	Blood pressure	Every 1 to 3 years	
	Diet and exercise counseling	Every 1 to 3 years	
	Alcohol and substance abuse screening and counseling	Every 1 to 3 years	
	Sexual practices counseling	Every 1 to 3 years	
	Eye exam	Every 1 to 3 years until age 40, and then annually	
	Depression screening	Initial visit, then every 1 to 3 years and as suggested by symptoms ⁷	
	Colorectal cancer screening	One of the following screening tests is recommended for age 50-75 <ul style="list-style-type: none"> • Annual fecal occult blood test (FOBT) • Flexible sigmoidoscopy, every five years • Total colon examination by DCBE, every 5 to 10 years • Total colon examination by colonoscopy, every 10 years 	
	HIV screening ¹⁵	At least annually for high risk individuals or as recommended by provider	
	For men	Lipid panel	For men age 35 and older
	For women	Calcium intake counseling	Every 1 to 3 years
	Osteoporosis prevention counseling	Every visit for peri- and post-menopausal women	
	Mammogram	Women who have not had bilateral mastectomy. Women 35-39 years of age one baseline mammogram (mandated). Women 40 years and older counseling every visit and screening every one to two years (recommended)	
	Clinical breast exam	As recommended by provider	
	Papanicolaou smear	Annually or as recommended by provider for women who have a cervix	
	Folic acid supplement	For women of reproductive age, daily supplement containing .4 to .8 mg	
	Chlamydia screening	Annually for women who are/have been sexually active, ages 19-24 years	
High Risk Groups:	Diabetes screening	For patients with hypertension	
	Prostate cancer counseling ⁹	PSA or DRE as recommended by provider for men	
	Lipid panel	For women age 20 and older if at risk for coronary heart disease ¹⁷	
	Tuberculin skin test (PPD) ³	Every 1 to 3 years	
	Bone mineral density screening ¹⁰	Initial assessment and subsequent follow up for perimenopausal and postmenopausal women at risk for osteoporosis	
	Testing for sexually transmitted disease ¹¹	As recommended by provider	
	Electrocardiogram (ECG) ¹²	As recommended by provider	
Aspirin counseling ¹²	As recommended by provider		
	MRI for breast cancer screening ¹⁶	As recommended by provider	
Mandated Benefits:	Ovarian cancer screening ¹³	Screening using transvaginal ultrasound and rectovaginal pelvic exam for women 25 years and over who are at risk for ovarian cancer	

Recommended adult immunization schedule can be accessed at: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

Source: Centers for Disease Control and Prevention 2009 Adult Immunization Schedule

Additional vaccines may be ordered, subject to clinician discretion (e.g. meningococcal vaccine). Sequence and timing of vaccines may also vary.

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PREVENTIVE CARE FOR THE ELDERLY, 65 YEARS AND OLDER

Detection Intervention

- Preventive medicine visit annually which includes assessment, routine testing and patient education.

Routine Visit

Service		Schedule and Target Populations	
All Adults	History and physical exam	Every visit	
	Obesity screening and counseling	BMI and abdominal girth every visit	
	Tobacco screening and counseling	Every visit	
	Blood pressure	Every visit	
	Diet and exercise counseling	Every visit	
	Alcohol and substance abuse counseling	Every visit	
	Sexual practices counseling	Every visit	
	Vision screen and hearing test	Annually, as recommended by provider. Periodically question patients about hearing, counsel about hearing aid devices, and make referrals for abnormalities.	
	Depression screening	Initial visit, then every 1 to 3 years and as suggested by symptoms ⁷	
	Colorectal cancer screening	One of the following screening tests is recommended until age 75: <ul style="list-style-type: none"> • Annual fecal occult blood test (FOBT) • Flexible sigmoidoscopy, every five years • Total colon examination by DCBE, every 5 to 10 years • Total colon examination by colonoscopy, every 10 years 	
For men	Lipid panel	Every visit	
	Abdominal aortic aneurysm screening	One time screening for men aged 65 to 75 who have ever smoked. ¹⁴	
For women	Calcium intake counseling	Every visit for women	
	Osteoporosis prevention counseling	Annually for post-menopausal women	
	Bone mineral density screening ¹⁰	As recommended by provider	
	Clinical breast exam	As recommended by provider	
	Mammogram	Annually for women who have not had a bilateral mastectomy	
	Diabetes screening	For patients with hypertension	
High Risk Groups:	Prostate cancer counseling ⁹	And screening using PSA or DRE as recommended by provider for men considered at risk for prostate cancer. Do not screen over age 75.	
	Lipid panel	For women at risk for coronary heart disease ¹⁷	
	Tuberculin skin test (PPD) ⁴	Every 1 to 3 years	
	Testing for sexually transmitted disease ¹¹	As recommended by provider	
	Electrocardiogram (ECG) ¹²	As recommended by provider	
	Aspirin counseling ¹²	As recommended by provider	
	MRI for breast cancer screening ¹⁶	As recommended by provider	
	Mandated Benefits:	Papanicolaou smear	As recommended by provider for women at risk for cervical cancer
		Ovarian cancer screening ¹³	Screening using transvaginal ultrasound and rectovaginal pelvic exam for women who are at risk for ovarian cancer

Recommended adult immunization schedule can be accessed at: <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

Source: Centers for Disease Control and Prevention 2009 Adult Immunization Schedule

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¹AAPD recommends the supplementation of a child’s diet with fluoride when fluoridation in drinking water is suboptimal. Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6ppm F) water.

²For babies who are pre-term, low birth weight, low income, migrant, or on principal diet of whole milk.

³Risk factors include those with household members with disease, recent immigrants from countries where disease is common, migrant families and residents of homeless shelters.

⁴Risk factors include living in or frequently visiting an older home (built before 1950), having close contact with a person who has an elevated lead level, living near lead industry or heavy traffic, living with someone whose job or hobby involves lead exposure.

⁵For patients to age 12 years, this includes diet, injury and violence prevention, dental health, and effects of passive smoking. For patients age 13-18 years, anticipatory guidance should include diet and exercise, injury prevention, sexual practices and substance abuse. For patients with family history of skin cancer; large number of moles; or fair skin, eyes or hair, guidance should also include skin protection from UV light.

⁶Clinicians should be alert for signs of ocular misalignment. Stereoacuity testing may be more effective than visual acuity testing in detecting these conditions.

⁷ Symptoms to note include either those suggestive of a mood disorder or frequency of somatic complaints (more than 5 visits in the past year with problems in more than one organ system).

⁸Begin screening earlier for higher risk adults, including those with a first-degree relative diagnosed with colorectal cancer before age 60.

Risk factors include: family history of prostate cancer, age (risk increases beginning at ages 55-60), being of African-American descent, consuming a high-fat diet, having had a vasectomy.

⁹Risk factors include age, men of African American race, and men with a family history of prostate cancer.

¹⁰Refer to the BCBSNC Medical Policy: Bone Mineral Density Studies at www.bcbsnc.com.

¹¹Risk factors include history of prior STD, new or multiple sex partners, inconsistent use of barrier contraceptives, use of injection drugs, sex work. STD tests may include HIV, syphilis, chlamydia, and gonorrhea.

¹²Recommended for men age 45-79 when the benefit of reduction in heart attacks outweighs risk of stomach bleeding and for women age 55-79 when the benefit of reduction in strokes outweighs risk of stomach bleeding

¹³At risk for ovarian cancer means either (a) having a family history with at least one first-degree relative with ovarian cancer; and a second relative, either first-degree or second-degree, with breast, ovarian, or nonpolyposis colorectal cancer; or (b.) Testing positive for a hereditary ovarian cancer syndrome.

¹⁴ History of smoking is determined as at least 100 cigarettes in a person’s lifetime.

¹⁵Risk factors include injected drugs or steroids, during which equipment (such as needles, syringes, cotton, water) and blood were shared with others, had unprotected vaginal, anal, or oral sex (that is, sex without using condoms) with men who have sex with men, multiple partners, or anonymous partners, exchanged sex for drugs or money, been given a diagnosis of, or been treated for, hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD) such as syphilis, received a blood transfusion or clotting factor during 1978–1985, had unprotected sex with someone who has any of the risk factors listed above

¹⁶ Risk factors include BRCA mutation, first-degree relative of BRCA carrier, but untested, lifetime risk ~20–25% or greater, as defined by BRCA^{PRO} or other models that are largely dependent on family history, radiation to chest between age 10 and 30 years, Li-Fraumeni syndrome and first-degree relatives, Cowden and Bannayan-Riley-Ruvalcaba syndromes and first-degree relatives

¹⁷ Risk factors include diabetes, previous personal history of CHD or non-coronary atherosclerosis, family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives, tobacco use, hypertension, obesity (BMI>=30)

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SOURCES

Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/recs/acip/)
American Academy of Family Physicians (http://www.aafp.org)
American Academy of Pediatric Dentistry (http://www.aapd.org)
American Academy of Pediatrics (www.aap.org)
American Cancer Society (http://www.cancer.org)
American Medical Association (http://www.ama-assn.org)
Centers for Disease Control and Prevention (http://www.cdc.gov)
National Center for Education in Maternal and Child Health (http://www.ncemch.org)
National Osteoporosis Foundation Physician's Guide to Prevention and Treatment of Osteoporosis (http://www.nof.org)
North Carolina Department of Health and Human Services (http://www.dhhs.state.nc.us)
North Carolina General Statutes (For mandated screenings: 58-3-174; 58-50-155; 58-50-155; 58-51-57; 58-65-92; 58-67-76; 135-40.5(e); 58-3-179; 58-50-155; 58-50-155; 58-51-57; 58-65-92; 58-67-76; 135-40.5(e); 58-3-260; 130A-125; 58-3-270; 58-50-155; 58-50-155; 58-51-58; 58-65-93; 58-67-77)
U.S. Preventive Services Task Force (http://www.ahrq.gov/CLINIC/uspstfix.htm) (<i>Guide to Clinical Preventive Services, Report of the U.S. Preventive Services Task Force</i>)

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