

# 2012 ADVANTAGE Health Solutions Preventive Health Guidelines

## Childhood Routine Preventive Care Recommendations

**Note:** This information is not a description of benefits. Please refer to your benefits description materials for the terms, limitations, and exclusions of your coverage. Use this as a guide in scheduling routine care appointments for your family. Your physician can make more specific recommendations based on your health risks.

| Screenings:                      | 0-1 Years<br>(Infancy)  | 1-4 Years<br>(Early Childhood)            | 5-10 Years<br>(Middle Childhood)                                      | 11-18 Years<br>(Adolescence) |
|----------------------------------|---|---|---|------------------------------|
| Physicals/Health Assessments     | Ages 1-2 weeks and 1, 2, 4, 6, 9 and 12 months.                       | Annually, or as recommended by physician. |   |                              |
| Height and Weight                |   | Ages 15, 18, and 24 months and 3 years.   | Between 4-6 years and 7-10  | Between 11-12 and 14-18      |
| Head Circumference               | Ages birth-2 months, 2, 4, 6, 9, and 12 months                        |   |   |                              |
| Total Blood Cholesterol          |   |   | If indicated by family history.                                       |                              |
| Blood Pressure Screening         | Should be done periodically, frequency to be determined by physician. |   |   |                              |
| Hemoglobinopathy Screen          | Between birth-2 months  |   |   |                              |
| Phenylalanine Screen (PKU) Birth | Between birth-2 months  |   |   |                              |
| T4 and/or TSH                    | Between birth-2 months  |   |   |                              |
| Ocular Prophylaxis               | Between birth-2 months  |   |   |                              |
| Vision Screening                 |   | Initial screening 3-5 years               | Should be done periodically, frequency to be determined by physician. |                              |

| Screenings:   | 0-1 Years<br>(Infancy)  | 1-4 Years<br>(Early Childhood)  | 5-10 Years<br>(Middle Childhood)                                      | 11-18 Years<br>(Adolescence)   |
|---|---|---------------------------------|---|--|
| Screening for Hearing Impairment  | Should be done periodically, frequency to be determined by physician. |                                 |   |  |
| Dilated Retinal Examination for Members with Diabetes   | Annually, as determined by physician.                                 |                                 |   |  |
| Blood Lead Measurement  |   | Initial screening at 12 months. | Should be done periodically, frequency to be determined by physician. |  |
| Clinical Breast Exam  |   |                                 |   | Initial screening between 14-18  |
| Pelvic Exam/Pap Smear   |   |                                 |   | Perform exam at 3 years after first sexual intercourse, or by age 21 years and every 1-3 years thereafter based on risk factors. |
| Chlamydia Screening   |   |                                 |   | Initial screening between 14-18  |
| <b>Education and Counseling:</b>  |   |                                 |   |  |
| All parents and patients should be periodically screened and counseled as appropriate regarding breast feeding/formula, infant sleeping positions, dietary intake/nutrition, physical activity, obesity and eating disorders, sun protection, tobacco usage, alcohol and substance abuse, prescription drug misuse and abuse, signs and symptoms of depression, injury prevention/safety, family violence and abuse, parenting and sexual activity. |   |                                 |   |  |

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- Not Nationally Recommended for this Age Group
- Range of Recommended Ages
- Recommended for Certain High-Risk Groups
- Frequency Determined by Physician

\*This schedule indicates the recommended ages for routine preventive care, as of February 1, 2012, for children through age 18 years. ADVANTAGE Health Solutions, Inc. adopts the most current recommendations approved by the U.S. Preventive Clinical Task Force. Additional screenings may be licensed and recommended throughout the year. For more information regarding the preventive guidelines, visit <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

# 2012 ADVANTAGE Health Solutions Preventive Health Guidelines

## Adult Routine Preventive Care Recommendations

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| Screenings:   | 18-39 Years   | 40-50 Years   | 50-60 Years               | 60+ Years   |
|---|---|---|---------------------------|---|
| Physicals/Health Assessments                          | Should be done periodically, frequency to be determined by physician. | Recommended every 3 years   | Recommended every 2 years | Recommended Annually  |
| Height and Weight                                     | Should be done periodically, frequency to be determined by physician. |   |                           |   |
| Total Blood Cholesterol                               | Beginning at age 21   | Should be done periodically, frequency to be determined by physician. |                           |   |
| Blood Pressure Screening                              | Should be done periodically, frequency to be determined by physician. |   |                           |   |
| Vision Screening                                      | Recommended Annually  |   |                           |   |
| Glaucoma Screening                                    | Should be done periodically, frequency to be determined by physician. |   |                           |   |
| Screening for Hearing Impairment                      |   |   |                           | Should be done periodically, frequency to be determined by physician. |
| Dilated Retinal Examination for Members with Diabetes | Recommended Annually  |   |                           |   |
| Clinical Breast Exam                                  | Recommended Annually  |   |                           |   |
| Mammogram   |   | Recommended Annually  |                           |   |
| Pelvic Exam/Pap Smear                                 | Should be done periodically, frequency to be determined by physician. |   |                           |   |

| Screenings:   | 18-39 Years   | 40-50 Years  | 50-60 Years   | 60+ Years   |
|---|---|--|---|---|
| Chlamydia Screening   | For all sexually active non-pregnant women and 24 and younger | Recommended for non-pregnant women who are at an increased risk. |   |   |
| Fecal Occult Blood (FOBT), Sigmoidoscopy, Double-Contrast Barium Enema or Colonoscopy   |   |  | Beginning at age 50, both men and women should follow one of these five screening options: Yearly fecal occult blood test (FOBT) plus flexible sigmoidoscopy every 5 years; flexible sigmoidoscopy every 5 years; yearly fecal occult blood test (FOBT); colonoscopy every 10 years; double-contrast barium enema every 5 years.<br>**(The combination of FOBT and flexible sigmoidoscopy is preferred over either test alone). |   |
| Prostate Screening (PSA)  |   |  | Should be done periodically, frequency to be determined by physician.   |   |
| Depression and Dementia Screening   |   |  |   | Should be done periodically, frequency to be determined by physician.         |
| Bone Mass Measurement   |   |  | Age 60-64, should be done periodically if at high risk for osteoporosis.  | Age 65+ should be done periodically, frequency to be determined by physician. |
| <b>Education and Counseling:</b>  |   |  |   |   |
| All patients should be periodically screened and counseled as appropriate regarding injury prevention, nutrition, adequate calcium intake and osteoporosis, physical activity, obesity, breast and testicular self-exams, dental care, low back pain, sun protection, tobacco usage, alcohol and substance abuse, prescription drug misuse and abuse, signs and symptoms of depression, stroke prevention, and family violence and abuse. |   |  |   |   |

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|  | Not Nationally Recommended for this Age Group |
|  | Range of Recommended Ages                     |
|  | Recommended for Certain High-Risk Groups      |
|  | Frequency Determined by Physician             |

\*This schedule indicates the recommended ages for routine preventive care, as of February 1, 2012, for adults age 19 and older. ADVANTAGE Health Solutions, Inc. adopts the most current recommendations approved by the U.S. Preventive Clinical Task Force. Additional screenings may be licensed and recommended throughout the year. For more information regarding the preventive guidelines, visit <http://www.uspreventiveservicestaskforce.org/recommendations.htm>

## 2012 ADVANTAGE Health Solutions Preventive Health Guidelines

### Pregnant Women Routine Preventive Care Recommendations

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| Immunizations:                                       | First Trimester  | Second Trimester | Third Trimester   |
|--|--|------------------|---|
| Hepatitis B surface antigen (HBs Ag)                 | Recommended during Initial Visit   |                  | Test may be repeated in third trimester if women is initially HbsAg-negative and has engaged in high-risk behavior or if exposure to hepatitis B virus during pregnancy is suspected. |
| Rubella Serology or Vaccination History              | Recommended during Initial Visit   |                  | Susceptible pregnant women should be vaccinated in the immediate postpartum period.   |
| Health Screening First Visit:                        | First Trimester  | Second Trimester | Third Trimester   |
| Blood Pressure                                       | Recommended during Initial Visit   |                  |   |
| D (Rh) Typing, Antibody Screen                       | Recommended during Initial Visit   |                  |   |
| Offer CVS (<13 weeks) or amniocentesis (15-18 weeks) | Recommended during Initial Visit   |                  |   |
| Hemoglobin/Hematocrit                                | Recommended during Initial Visit   |                  |   |
| Offer Hemoglobinopathy Screen                        | Recommended during Initial Visit   |                  |   |
| Chlamydia Screen                                     | Recommended for all pregnant women age 24 and younger and for older pregnant women who are at an increased risk. |                  |   |

| <b>Health Screening<br/>First Visit:</b>   | <b>First Trimester</b>  | <b>Second Trimester</b> | <b>Third Trimester</b> |
|--|---|-------------------------|------------------------|
| Offer HIV Screen   | Recommended during Initial Visit                                      |                         |                        |
| RPR/VDRL   | Recommended during Initial Visit                                      |                         |                        |
| <b>Health Screening<br/>Follow-up Visits:</b>  | <b>First Trimester</b>  | <b>Second Trimester</b> | <b>Third Trimester</b> |
| Blood Pressure   | Should be done periodically, frequency to be determined by physician. |                         |                        |
| Urine Culture  | Should be done periodically, frequency to be determined by physician. |                         |                        |
| Offer Amniocentesis  |   | During 15-18 Weeks      |                        |
| Offer Multiple marker Testing  |   | During 15-18 Weeks      |                        |
| Offer Serum alpha fetoprotein  |   | During 16-18 Weeks      |                        |
| <b>Education and Counseling:</b>   |   |                         |                        |
| All patients should be periodically screened and counseled as appropriate regarding nutrition including adequate calcium intake and folic acid, breastfeeding, physical activity, tobacco cessation, effects of passive smoking, assessed for problem drinking, signs and symptoms of depression, family violence and abuse, injury prevention, infant car seats, and usage of lap shoulder belts. |   |                         |                        |

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|  | Not Nationally Recommended for this Group  |
|  | Recommended during this Stage of Pregnancy |
|  | Recommended for Certain High-Risk Groups   |
|  | Frequency Determined by Physician          |

\*This schedule indicates the recommended preventive care for a pregnant women, as of February 1, 2012. ADVANTAGE Health Solutions, Inc. adopts the most current recommendations approved by the U.S. Preventive Clinical Task Force. Additional screenings may be licensed and recommended throughout the year. For more information regarding the preventive guidelines, visit <http://www.uspreventiveservicestaskforce.org/recommendations.htm>