Guide to Clinical Preventive Services - Children and Adolescents

LifeWise Assurance Company has adopted the United States Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services. Each of the preventive services included in the guideline is a service that the USPSTF recommends clinicians discuss with eligible patients/parents and offer as a priority. All services listed have received an “A” or “B” grade unless otherwise noted,* which means there is a moderate to high certainty that these services have a net benefit that is substantial or moderate.

Immunizations are part of the USPSTF recommendations for Preventive Health Services. LifeWise recommends following the immunization schedule from the Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunizations Practices (ACIP).

The Institute for Clinic Systems Improvement (ICSI) Health Care Guideline: Preventive Services for Children and Adolescents is another source of LifeWise’s recommendations for child preventive services. ICSI has prioritized preventive services and grouped them based on evidence of effectiveness, health impact and cost-effectiveness. Only Level I and II preventive services are included in the guideline unless otherwise noted.

In addition, LifeWise recommends use of the comprehensive guidelines for infants, children and adolescents supported by Federal Healthcare Reform and Health Resources and Services Administration (HRSA): The Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, and The Uniform Panel of the Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children.

All USPSTF services rated as A or B are covered in full in accordance with federal healthcare reform or are covered at a reduced out-of-pocket cost for members who are enrolled in grandfathered plans. Please verify benefits by checking our website or calling the LifeWise Customer Service number listed on the back of the patient’s ID card.

This guideline was reviewed and approved by LifeWise’s Clinical Quality Improvement Committee as a resource for providers who treat our members. Although the guidelines reflect national recommendations, they are not a substitute for the clinical judgment of practitioners advising and caring for individual patients. LifeWise reviews and updates practice guidelines at least every two years. The committee’s composition reflects various medical specialists and geographic regions served by LifeWise.
**Recommended Child and Adolescent Preventive Services**

All recommended USPSTF services rated as A or B are covered in full in accordance with federal healthcare reform.

### Recommended Periodic Health Visits

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Visits and Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 2 years</td>
<td>2-7 days; 2, 4, 6, 9, 12, 15, 18, and 24 months of age and ACIP immunizations.</td>
</tr>
<tr>
<td>3 to 6 years</td>
<td>1 visit per calendar year and ACIP immunizations.</td>
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<tr>
<td>7 to 18 years</td>
<td>Every 1-2 years and ACIP immunizations.</td>
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### Recommended Screening Exams

#### Alcohol and Drug Use
- **Adolescents**: Screen during routine physical exam.

#### Cervical Cancer Screening (PAP only)
- **Women younger than 21**: Women younger than 21 years should not be screened, regardless of the age of sexual initiation or the presence of behavior-related risk factors.
- **Women 21 to 29**: Begin screening at age 21 (cytology alone) every 3 years.

#### Depression Screening
- **Adolescents**: Screen for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up.

#### Dental Caries Prevention
- **Infants and children up to age 5 years**: Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices, recommending primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.

#### Hearing
- **Newborns**: Screen for hearing loss in all newborn infants.

#### Hepatitis B Screening
- **Non-pregnant Adolescents**: Screen for hepatitis B virus infection in persons at high risk for infection.

#### HIV Counseling and Screening
- **Non-pregnant adolescents**: Screen adolescents (and adults) ages 15-65 years. Screen younger adolescents (and older adults) at increased risk for HIV infection.

#### Iron Supplementation
- **6 to 12 months**: Routine iron supplementation for asymptomatic children aged 6 to 12 months who are increased risk for iron deficiency anemia.

#### Neonatal Screening
- **Newborns**: Newborn metabolic screening performed prior to hospital discharge > 24 hours of age; gonorrhea prophylactic medication; sickle cell, PKU and congenital hypothyroidism screening.

#### Obesity Screening
- **Children and adolescents 6 years and older**: Record height, weight and BMI annually. Screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.

#### Scoliosis Screening
- **Adolescents**: Adolescent Idiopathic Scoliosis Screening
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Syphilis Screening</strong></td>
<td>Non-pregnant Adolescents. Screen for syphilis infection in persons who are at increased risk for infection.</td>
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<tr>
<td><strong>Tobacco Use Screening</strong></td>
<td>Adolescents. Establish tobacco use and secondhand exposure.</td>
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<tr>
<td><strong>Visual Screening</strong></td>
<td>Children ages 3 to 5 years. Vision screening at least once in all children aged 3-5 years to detect amblyopia or its risk factors.</td>
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<tr>
<td><strong>Counseling</strong></td>
<td></td>
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<tr>
<td>Helmet Use</td>
<td>2 years and older. Wear an approved safety helmet for high-risk activities, such as bicycling, in-line skating, skateboarding, skiing, snowboarding, high-contact sports, and riding a horse, motorcycle, ATV, mini-bike, or snowmobile.</td>
</tr>
<tr>
<td>Infant Sleep Positioning and SIDS</td>
<td>0 to 2 years. Place infants on their back to sleep.</td>
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<tr>
<td><strong>Motor Vehicle Safety</strong></td>
<td>0 to 2 years. Car seat when riding in a motor vehicle. Rear facing until 1 year and 20 pounds. 2 years and older. Car seat/booster seat/seat belt when riding in a motor vehicle.</td>
</tr>
<tr>
<td><strong>Obesity Counseling</strong></td>
<td>6 years and older. Refer patients to comprehensive or behavioral interventions to promote improved weight status. Counseling covered up to 4 visits per calendar year.</td>
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<tr>
<td><strong>Tobacco use Prevention</strong></td>
<td>Children and adolescents. Provide education, brief counseling to prevent initiation of tobacco use in school aged children and adolescents. Offer tobacco cessation on a regular basis.</td>
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<tr>
<td><strong>Sexually Transmitted Infections</strong></td>
<td>Adolescents. Intensive behavioral counseling for all sexually active adolescents at increased risk for sexually transmitted infections.</td>
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<tr>
<td><strong>Preventive Medication</strong></td>
<td></td>
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<tr>
<td><strong>Folic Acid Supplementation</strong></td>
<td>Women who are planning or capable of pregnancy. For the prevention of neural tube defects; all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg. of folic acid.</td>
</tr>
</tbody>
</table>
Premera recommends that children be immunized following recommendations from the Centers for Disease Control (CDC) and Prevention and the Advisory Committee on Immunization Practices.

Specific vaccinations may be recommended based on the child’s health condition, family lifestyle, travel, or activities. Members are encouraged to consult with their healthcare provider to ensure that their child is receiving vaccinations that offer the best protection.

The schedules linked below are updated annually by the CDC.

**Recommended Child and Adolescent (0-18 years) Immunization Schedule** (United States, 2017)

**Catch-up Immunization Schedule for children age 4 months through 18 years** who start late or are more than one month behind. (United States, 2017)

**Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications.** (United States, 2017)

*Notes*

The U.S. Preventive Services Task Force (USPSTF) grades its recommendations based on the strength of evidence and magnitude of net benefit (benefits minus harms).

**Grade A**: The USPSTF recommends the service. There is high certainty that the net benefit is substantial. Suggestions for practice: Offer or provide this service.

**Grade 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. Suggestions for practice: Offer or provide this service.

**Grade C**: The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Suggestions for practice: Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.

**Grade 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. Suggestions for practice: Discourage the use of this service.

**Grade I**: 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. Suggestions for practice: 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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Email: AppealsDepartmentInquiries@LifeWiseHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room S495, Washington, DC 20201, 1-800-368-1019; 800-537-7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/finder/index.html.

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