



Adult & Pediatric Health Maintenance Guidelines 2009

Guideline History

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Adult Health Maintenance Recommendations

Schedule of Services for Healthy Adults from 18 years – 65+ years

Physical Exam	18 – 25 years	26 – 39 years	40 – 49 years	50 – 65 years	65 + years
Periodic Health Assessment ^{1,13}	Every 3 years	Every 3 years	Every 3 years	Every 3 years	Every 3 years
Pap Smear ⁴	Every 3 years	Every 3 years	Every 3 years	Every 3 years	Every 3 years
Clinical Breast Exam ³	Every 3 years	Every 3 years	Annually	Annually	Annually
Digital Rectal Exam ¹¹			With indicators	Annually	Annually
Screening					
Blood Pressure ²	Every 2 years	Every 2 years	Every 2 years	Every 2 years	Every 2 years
Mammography ⁶		Baseline (35yrs-40yrs)	Annually	Annually	Annually
Fecal Occult Blood ⁷				Annually	Annually
Colonoscopy ⁷				Every 10 years	Every 10 years
Sigmoidoscopy ⁷				Every 5 years	Every 5 years
Prostate ¹⁰					
Bone Mineral Density		Based on age	and history, Check with	doctor	Once
Skin Cancer Screening	Self	Self	Self	Self	Self
Laboratory Testing					
Cholesterol ⁵	Age 20 +	Every 5 years	Every 5 years	Every 5 years	
Glucose ¹²	With indicators	With indicators	With indicators	Age 51+; every 3 years	Every 3 years
Immunizations					
Tetanus/Diphtheria Booster	Age 20+	Every 10 years	Every 10 years	Every 10 years	Every 10 years
Influenza (Flu) Vaccine ⁸				Annually	Annually
Pneumococcal (Pneumonia) Vaccine ⁹					Once
For complete schedule see Adult Immunization Schedule					
Sensory Screenings					
Vision	Check with doctor				
Referral					
Dental	Check with doctor				

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Adult Health Maintenance Footnotes

Age ranges based on HEDIS®

1. A periodic health assessment, completed at least every 3 years, consists of an initial complete assessment and establishment of a database. This includes: present, past, family, social, work, drug, medication, allergy and sexual history, review of systems, examination of all major organ systems, counseling as appropriate for risks of STD, accidental treatment/recommendations and documentation. This assessment will determine risk status and set the individual frequency of assessments. Subsequent assessments are based upon updates/changes in the database by new history/findings. Patient or clinician completed questionnaires or history forms assist in identifying high-risk individuals for appropriate, individualized periodic assessments.
2. Every two years for those 18 or older, if BP less than 140/85. Repeat at least yearly if diastolic BP 85-89 (or higher). Consistent BP>140/90, consider treatment.
3. The [American Cancer Society](#) recommends a clinical breast exam at least every 3 years between the ages of 20-40 and annually beginning at age 40. A number of organizations/societies recommend routine teaching of all women on breast self-examination.
4. 18 annually if sexually active. Annually until three or more are normal, then every three years. No evidence for or against screening >65. High-risk women may be screened annually for Pap and STD's. A Pap smear is not required if a hysterectomy is done unless the procedure was for cervical cancer or any precursors.
5. Periodic screening ages 20-65 every five years is recommended. Preferred test: non-fasting, total cholesterol and HDL. There is insufficient evidence to recommend for or against testing ages 70-75. After age 75, testing may not be a reliable factor.
6. In 1997, the [American Cancer Society](#) changed their recommendation to include annual mammography for women beginning at age 40. The State of Virginia mandates offering a baseline screening mammogram between the ages of 35-40.
7. The USPSTF strongly recommends that clinicians screen men and women 50 years of age or older for colorectal cancer. Fecal Occult Blood Testing is recommended annually over the age of 50. An appropriate alternative for average risk patients aged 50 or above, may be a routine sigmoidoscopy every 5 years. Colonoscopy is recommended every 10 years after the age of 50. Screening options for colorectal cancer include home fecal occult blood test (FOBT), flexible sigmoidoscopy, the combination of home FOBT and flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema.
8. Groups at increased risk for influenza related complications and who should receive the vaccine include: ≥50 years, residents of nursing homes, chronic pulmonary or cardiovascular conditions, diabetes mellitus, renal dysfunction, hemoglobinopathies and immunosuppression.
9. The pneumococcal vaccine is recommended once for all patients ≥65. Additional high-risk groups include institutionalized persons > 50, patients with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic/functional asplenia; and immunocompromised patients. Those patients who are vaccinated prior to age 65 should be considered for one revaccination 5 years from the initial vaccination date (for a total of two vaccinations). [The ACIP recommends that cigarette smoking should be added to the list of indications for PPSV23 in adults aged 19 - 64 years. The ACIP recommends that asthma should be included among the chronic pulmonary diseases \(such as COPD and emphysema\) that are indications for PPSV23 in adults aged 19 - 64 years.](#)
10. Due to differing position statements among national medical organizations regarding the use of PSA as general screening test, ordering of PSA testing is left to the discretion of the physician. PSA is reimbursable, annually, when ordered by a physician for men age 50 and older and men 40-49 who are at high risk for prostate cancer.
11. The [American Cancer Society](#) recommends that men age 50 and older (as well as younger men with a high prostate cancer risk) should be offered the opportunity to have a screening procedure called the digital rectal exam (DRE) as part of their annual physical check up. Men in high-risk groups, such as those with two or more affected first degree relatives (father and a brother, or two brothers) or African Americans may begin screening at a younger age. The Bureau of Insurance mandates, as of 7/1/98, coverage for one DRE in a twelve month period for all persons age 50 and older and for persons forty and older who are at high risk for prostate cancer.
12. Screening for diabetes should be done by a fasting blood sugar every 3 years for those patients with BMI >30, + family history of diabetes, personal history of HTN or hyperlipidemia, or of African American or Native American descent.
13. The [U.S. Preventive Services Task Force](#) (USPSTF) and [American Academy of Family Physicians](#) (AAFP) also recommend that clinicians screen and counsel their patients on: alcohol misuse, tobacco use, aspirin for the primary prevention of cardiovascular events, diet, depression, and obesity as appropriate. <http://www.ahrq.gov/clinic/pocketqd08/pocketqd08.pdf>

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Pediatric Health Maintenance Recommendations

(Minimum) Schedule of Services for Pediatrics (0 to 20 years)

Age ⁵	Prenatal ¹	Infancy ⁴ (0 - 12 months)	Early Childhood ⁴ (15 months - 4yrs)	Middle Childhood ⁴ (5 yrs - 10yrs)	Adolescence ⁴ (11 yrs – 21 yrs)
Includes H & P ⁹ , Developmental/Behavioral Assessment ⁸	Prenatal ¹	Newborn ² 2 –4 days ³ 1, 2, 4, 6, 9, 12 months	15, 18, 24 months, 3 & 4 years	5 & 6 Annually Biennially age 8 & 10	Annually/ Biennially (minimum)**
Measurements					
Height & Weight, BMI ²⁴	Every Visit	Every Visit	Every Visit	Every Visit	Every Visit
Head Circumference	Every Visit	Every Visit	15, 18, 24 months		
Blood Pressure	NR	NR	3 & 4 years	Every Visit	Every Visit
Anticipatory Guidance¹⁷					
Sleep Positioning ¹⁸	Every Visit	Every Visit	Every Visit		
Injury Prevention ¹⁹	Every Visit	Every Visit	Every Visit	Every Visit	Every Visit
Violence Prevention ²⁰	Every Visit	Every Visit	Every Visit	Every Visit	Every Visit
Substance Abuse ²⁵				Every Visit	Every Visit
Nutrition Counseling ²¹	Every Visit	Every Visit	Every Visit	Every Visit	Every Visit
Sensory Screenings: (O:Objective, by a standard testing method, S: Subjective, by history)					
Vision		S	S: 15, 18, 24 months O: 3 ⁶ & 4 years	O	O: Ages 12, 15, 18 S: Ages 11, 13-14,16-17, 19-20
Hearing		O: Newborn ⁷ S: 2 –4 days ³ ; 1, 2, 4, 6, 9, 12 months	S: 15, 18, 24 months, 3 yrs O: 4 years	O	O: Ages 12, 15, 18 S: Ages 11, 13-14,16-17, 19-20
At Risk Screenings: To be performed for high risk patients					
Tuberculosis ¹⁵		Every Visit	Every Visit	Every Visit	Every Visit
Lead ¹⁴		12 months	24 months		
Cholesterol ¹⁶			Every Visit	Every Visit	Every Visit
Pelvic					All sexually active females. Pelvic & Pap smear should be offered to females between ages 18- 21yrs
STD					Screen all sexually active patients
Laboratory/Procedures¹⁰					
Hereditary/Metabolic ¹¹		9 to 12 months	At risk	At risk	At risk
Hemoglobin/Hematocrit ¹³			At risk (Each visit 15 months – 4 yrs)	At risk (Age 5)	(Age 13); All menstruating adolescents should be screened annually
Urinalysis				Age 5	(Age 16); Dipstick for leukocytes annually for sexually active male & female adolescents
Immunizations¹²					
Influenza (Flu) Vaccine ²²		6 months (Annually)	Annually	Annually	Annually
Pneumococcal (Pneumonia) Vaccine ²³		2,4,6 months Recommended age 12 months	Recommended age 15 months, catch up 24 months, 4-6 yrs		
See Pediatric & Adolescent Immunization Schedules					
Referrals					
Dental ²⁶		Earlier examinations may be appropriate. Subsequent exams per dentist	Age 3 w/ reminders every 6 months		

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Pediatric Health Maintenance Footnotes

Age ranges based on CMS/AAP guidelines for EPSDT and the
Committee on Practice and Ambulatory Medicine

The Pediatric Health Maintenance Recommendations were developed for children receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. Optima's guideline is based on the Committee on Practice and Ambulatory Medicine, the American Academy of Pediatrics, and other national committees. It is important to preserve the continuity of care through comprehensive health supervision and the need to avoid fragmentation of care.

1. A Prenatal visit allows the pediatrician to gather basic information from parents, provide information and advice to them, and identify high-risk situations in which parents may need to be referred to appropriate resources for help per AAP statement "[The Prenatal Visit](#)" (2001).
2. Every infant should have a newborn evaluation after birth. Our guidelines are to protect, promote, and support breastfeeding in individual practices, hospitals, medical schools, and communities are delineated, and the central role of the pediatrician in coordinating breastfeeding management and providing a medical home for the child is emphasized. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement "[Breastfeeding and the Use of Human Milk](#)" (1997, revised 2005).
3. For newborns discharged in less than 48 hours after delivery per AAP statement "[Hospital Stay for Healthy Term Newborns](#)"(1995, revised 2004).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, re-screen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, "[Newborn and Infant Hearing Loss: Detection and Intervention](#)" (1999, revised 2000).
8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. [Schedule\(s\)](#) per the Committee on Infectious Diseases, published annually in the January edition of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
13. See [AAP Pediatric Nutrition Handbook 5th Edition](#), November 2003, for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants). See also U.S. Special Task Force (JSPSTF) recommendation statement, Screening for Iron Deficiency Anemia, May 2006, publication No. See also "[Recommendations to Prevent and Control Iron Deficiency in the United States.](#)" *MMWR*. 1998;47 (RR-3):1-29.
14. For children at risk of lead exposure consult the AAP article in *Pediatrics* Vol. 116, No. 1998, revised 4 October 2005; [Lead Exposure in Children: Prevention, Detection, and Management](#). Additionally, screening should be done in accordance with state law where applicable. A screening blood lead test **must be** administered on any child 36 and 72 months of age if the child previously has not been screened for lead poisoning.
15. TB testing should be done upon recognition of high-risk factors as per recommendations of the Committee on Infectious Diseases, published in the current edition of [Red Book: Report of the Committee on Infectious Diseases](#).
16. Screening should be at the discretion of the physician if high risks, family history cannot be ascertained and other risk factors are present per AAP statement "[Cholesterol in Childhood](#)" (2006, revised 2008). Cholesterol and hyperlipidemia screening should be performed at each screening visit beginning at age two, **if any of the** following risk factors are present:
 - Parents or grandparents with a history of coronary or peripheral vascular disease before 55 years of age (Obtain a fasting serum lipid profile that includes determination of the low-density lipoprotein (LDL) cholesterol.
 - Parents with blood cholesterol level >240mg/dL (Obtain a non-fasting total blood cholesterol level; perform at least once)
 - If family history cannot be ascertained and any of the following risk factors are present in the family, screening shall be at the discretion of the health professional: smoking, hypertension, physical activity, obesity, or diabetes mellitus.
17. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP [Guidelines for Health Supervision III](#) (1998, revised 2002).
18. From birth to age 12, refer to the [AAP injury prevention program \(TIIPP\)](#) as described in [A Guide to Safety Counseling in Office Practice](#) (1994).
19. Violence prevention and management for all patients per AAP Statement "[The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level](#)" (1999).
20. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "[Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position](#)" (2005, updated 2009).
21. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP [Handbook of Nutrition, 5th ed.](#) (1998, revised 2003).
22. Influenza vaccine is indicated in children >6 months of age with the following conditions: chronic pulmonary and cardiac conditions (including children with asthma), diabetes mellitus, renal dysfunction, severe neuromuscular diseases, hemoglobinopathies and immunosuppression.
23. Pneumococcal vaccine is indicated for children >2 with the following conditions: sickle cell disease, functional/anatomic asplenia, nephrotic syndrome, chronic renal failure, immunosuppression, cyanotic congenital heart disease, CSF leaks and/or HIV/AIDS. Consider use in recurrent otitis media.
24. Consider screening obese children, particularly those with a family history of diabetes, for impaired glucose tolerance.
25. Substance abuse to include smoking, drugs, and alcohol. Providers should provide substance abuse counseling every 6 months or as indicated by individual patient's risk status/susceptibility to disease. (AAPD, 2005)
26. Dental Health should include periodic assessments, dietary counseling, anticipatory guidance, use of fluoride based on cavity risk, establishment of good home dental care, & collaborative relationships with local dentists. Consult AAP policy statement "[Preventive Oral Health Intervention for Pediatricians](#)" (2008)

EPSDT (Medicaid) guidelines are REQUIRED for 'Optima Family Care' members.

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Pediatric Health Maintenance Footnotes

Age ranges based on CMS/AAP guidelines for EPSDT

- ◆ Pneumococcal vaccine is indicated for children >2 with the following conditions: [Smoking](#), [Asthma](#), sickle cell disease, functional/anatomic asplenia, nephrotic syndrome, chronic renal failure, immunosuppression, cyanotic congenital heart disease, CSF leaks and/or HIV/AIDS. Consider use in recurrent otitis media.
- ◆ Influenza vaccine is indicated in children >6 months of age with the following conditions: chronic pulmonary and cardiac conditions (including children with asthma), diabetes mellitus, renal dysfunction, severe neuromuscular diseases, hemoglobinopathies and immunosuppression.
- ◆ Consider screening obese children, particularly those with family history of diabetes, for impaired glucose tolerance.
- ◆ **EPSDT (Medicaid) guidelines are REQUIRED for 'Optima' members.**
 - ✓ Shaded ages are required visits
 - ✓ Reminders every six months for dental exams
 - ✓ A screening blood lead test **must be** administered on every Medicaid-eligible child at both the 12 and 24 month screening visit.
 - ✓ A screening blood lead test **must be** administered on any child 36 and 72 months of age if the child previously has not been screened for lead poisoning.
 - ✓ Cholesterol and hyperlipidemia screening should be performed at each screening visit beginning at age two, **if any of the following risk factors** are present:
 - Parents or grandparents with a history of coronary or peripheral vascular disease before 55 years of age (Obtain a fasting serum lipid profile that includes determination of the low-density lipoprotein (LDL) cholesterol).
 - Parents with blood cholesterol level >240mg/dL (Obtain a non-fasting total blood cholesterol level; perform at least once).
 - If family history cannot be ascertained and any of the following risk factors are present in the family, screening shall be at the discretion of the health professional: smoking, hypertension, physical activity, obesity, or diabetes mellitus.

EPSDT Schedule

- Neonatal Exam
- Under 6 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years
- Biennially from ages 6 through 20

****Note: Some specialty services may require referrals & pre authorization****

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Health Maintenance

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