

ADVANTAGE Health Solutions, Inc.sm

Preventive Health Guidelines

2009



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2009 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 (Infancy)	1-4 Years (Early Childhood)	5-10 Years (Middle Childhood)	11-18 Years (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 3-4 years	Should be done periodically, frequency to be determined by physician.	

Screenings:	0-1 Years (Infancy)	1-4 Years (Early Childhood)	5-10 Years (Middle Childhood)	11-18 Years (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
Education and Counseling:				
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.				

- 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 9, 2009, 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.ahrq.gov/clinic/cps3dix.htm>

2009 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. ** (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.
Education and Counseling:				
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.				

	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 9, 2009, 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.ahrq.gov/clinic/cps3dix.htm>

2009 ADVANTAGE Health Solutions Preventive Health Guidelines

Pregnant Women 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 you and your family. Your physician can make more specific recommendations based on your health risks.

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.		

Health Screening First Visit:	First Trimester	Second Trimester	Third Trimester
Offer HIV Screen	Recommended during Initial Visit		
RPR/VDRL	Recommended during Initial Visit		
Health Screening Follow-up Visits:	First Trimester	Second Trimester	Third Trimester
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	
Education and Counseling:			
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.			

- 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 9, 2009. 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.ahrq.gov/clinic/cps3dix.htm>