

SERVICE	RECOMMENDED AGES/FREQUENCY **
<p>Routine History and Physical Examination – Initial/Interval</p> <p>Exams should include:</p> <ul style="list-style-type: none"> • Newborn screening (including gonorrhea prophylactic topical eye medication and hearing loss) • Head circumference (up to 24 months) • Height/length and weight • Body mass index (BMI; beginning at 2 years of age) • Blood pressure (beginning at 3 years of age) • Sensory screening for vision and hearing • Developmental milestone surveillance (except at time of developmental screening) • Iron supplementation (6 to 12 months) at increased risk for iron deficiency anemia**** • Anticipatory guidance for age-appropriate issues including: <ul style="list-style-type: none"> • Growth and development, breastfeeding/nutrition, obesity prevention, physical activity and psychosocial/behavioral health • Safety, unintentional injuries, firearms, poisoning, media access • Pregnancy prevention • Tobacco products • Dental care/fluoride supplementation (≥ 6 months)^{A,3} • Fluoride varnish painting of primary teeth (every 6 months to age 5 years)^A • Sun/UV radiation skin exposure 	<p>Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years to 18 years [annually]</p>
SCREENINGS	RECOMMENDED AGES/FREQUENCY **/**
Newborn screen (including hypothyroidism, sickle cell disease and PKU)	At birth
Lead screening	9-12 months (at risk) ¹
Developmental screening	At 9 months, 18 months and 2½ years
Autism screening	At 18 months and 2 years
Hemoglobin and Hematocrit	At 12 months: routine one-time testing Assess risk at all other well child visits
Urinalysis	5 years (at risk)
Lipid screening (risk assessment)	Every 2 years, starting at 2 years -- 2, 4, 6, 8 and 10 years Annually, starting at 11 years
Fasting Lipid Profile	Routinely, at 18 years (younger if risk assessed as high)
Tuberculin test	Assess risk at every well child visit
Vision test (objective method)	Beginning at 3 years: annually
Hearing test (objective method)	At birth and at 4, 5, 6, 8 and 10 years
Depression screening (PHQ-2)	Beginning at 11 years: annually
Alcohol and drug use assessment (CRAFT)	Beginning at 11 years: annually
STI/HIV screening risk assessment	Beginning at 11 years: annually
STI counseling ^B	Beginning at 11 years (sexually active): offer Intensive Behavioral Therapy (IBT) counseling
Syphilis test	18 years and younger (high risk children****): suggested testing interval is 1-3 years
Hepatitis B test ^A	Beginning at 11 years (children who have not been vaccinated for hepatitis B virus (HBV) infection and other high risk**** children) Periodic repeat testing of children with <i>continued high risk****</i> for HBV infection
HIV test	Age 15-18: routine one-time testing Regardless of age: repeat testing of all high risk children;**** suggested testing interval is 1-5 years
Chlamydia test (females) ^B	18 years and younger (sexually active): suggested testing interval is 1-3 years
Gonorrhea test (females) ^B	18 years and younger (sexually active): suggested testing interval is 1-3 years.
IMMUNIZATIONS	RECOMMENDED AGES/FREQUENCY **/**
Rotavirus (RV)	2 months, 4 months, [6 months] [PRODUCT SPECIFIC]
Polio (IPV)	2 months, 4 months, 6-18 months, 4-6 years
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15-18 months, 4-6 years
Tetanus/reduced Diphtheria/Pertussis (Tdap)	11-12 years (catch-up through age 18)
Human papillomavirus (2vHPV/4vHPV/9vHPV -- females); (4vHPV/9vHPV -- males)	11-12 years (3 doses) (catch-up through age 18)
Measles/Mumps/Rubella (MMR)	12-15 months, 4-6 years (catch-up through age 18)
Hemophilus influenzae type b (Hib)	2 months, 4 months, [6 months], 12-15 months [PRODUCT SPECIFIC]
Varicella/Chickenpox (VAR)	12-15 months, 4-6 years (catch-up through age 18)
Hepatitis A (HepA)	12-23 months (2 doses) (catch-up through age 18)
Influenza	6 months-18 years: annually ² during flu season
Pneumococcal conjugate (PCV13)	2 months, 4 months, 6 months, 12-15 months
Pneumococcal polysaccharide (PPSV23)	2-18 years (1 or 2 doses) [high risk: see CDC]
Hepatitis B (HepB)	Birth, 1-2 months, 6-18 months (catch-up through age 18)
Meningococcal (MenACWY-D/MenACWY-CRM) [high risk: see CDC]	11-12 years, 16 years (catch-up through age 18)

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*Traditional and Comprehensive plans may not provide coverage for all of the services and screenings listed above. Please refer to the certificate of coverage for specific benefit details or the Member may call Customer Service at the number listed on the front of their ID card.

**Services that need to be performed more frequently than stated due to specific health needs of the Member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. "Adolescent" is defined here as a child 11 through 18 years of age.

***Capital BlueCross considers Members to be "high risk" or "at risk" in accordance with the guidelines set forth by the Centers for Disease Control and Prevention (CDC).

****Capital BlueCross considers individuals to be "high risk" or "at risk" in accordance with the recommendations set forth by the U.S. Preventive Services Task Force (USPSTF)[www.ahrq.gov/clinic/uspstfix.htm]

^A Implementation date: May 2015

^B Implementation date: September 2015

¹ Encourage all PA-CHIP Members to undergo blood lead level testing before age 2 years.

² Children aged 8 years and younger who are receiving influenza vaccines for the first time should receive 2 separate doses, both of which are covered. Household contacts and out-of-home caregivers of a high risk Member, including a child aged 0-59 months, should be immunized against influenza.

³ Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.

Reference Sources: American Academy of Pediatrics (AAP), U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC) [www.cdc.gov]

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