OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations for pediatric preventive health including screenings, immunizations and examinations. These best practice recommendations detail services that are considered medically necessary by WellCare for the prevention of certain diseases and medical conditions among this population. WellCare strongly recommends that all members receive the necessary preventive services, leading to improved healthcare quality and outcomes.

OVERVIEW

Preventive health service can help detect disease earlier to allow optimal treatment and live longer. Providers and those working with Members should emphasize counseling on such topics such as quitting smoking, losing weight, eating better, treating depression, and reducing alcohol use. In addition, Providers should discuss the following with Members: routine vaccinations to prevent diseases, available screenings, and prenatal care for women who are pregnant.

The Centers for Disease Control and Prevention (CDC) report indicates that millions of infants, children, and adolescents in the United States did not receive clinical preventive services. If these services were increased, the health of infants, children, and adolescents could improve as well as increase healthy lifestyles that will enable them to achieve their full potential.\(^1\) In an effort to improve the health of Americans, the United States Preventive Services Task Force (USPSTF) focuses on evidence-based recommendations on clinical preventive services (e.g., screenings, counseling services, and preventive medications). Recommendations are published on the USPSTF’s web site and/or in peer-reviewed journals. The USPTSF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Recommendations are assigned a grade (A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service. The Agency for Healthcare Research and Quality (AHRQ) was authorized by the United States Congress in 1998 to organize the USPSTF in an effort to provide ongoing scientific, administrative, and dissemination support to the Task Force. An annual report is presented to Congress that identifies critical evidence gaps in research related to clinical preventive services and recommends priority areas that deserve further examination. WellCare is committed to providing the most current information to its Members and Providers. This CPG focuses on medical-behavioral integration to ensure Members receive the best preventive care driven by the efforts of the USPSTF and AHRQ as well as other related national organizations.\(^2\)

WellCare is committed to ensuring that Members have access to preventive health screenings. America’s Health Insurance Plans (AHIP) launched a searchable Preventive Services Dashboard (here). The goal of the dashboard is to allow Providers and Members to have a central location to access preventive health guidelines. Organizations that are included are: United States Preventive Service Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP) Bright Futures Guidelines, and Health Resources and Services Administration (HRSA) Women’s Clinical Preventive Guidelines. The database is categorized by target patient gender, target patient age range, and recommended frequency. The database will be updated twice a year. Guidelines are available from USPSTF and HRSA; guidelines from Bright Futures and ACIP are forthcoming.
Hierarchy of Support

GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the United States Preventive Services Task Force (USPSTF), American Academy of Pediatrics (AAP), and American Optometric Association (AOA). When there are differing opinions noted by national organizations, WellCare will default to the member’s benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to pediatric preventive health, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the USPSTF and the condition-specific organizations below on the topic of pediatric preventive health. Highlights from their recommendations are included below – also see Recommended Screenings, Immunizations, and Assessments.

Evidence Based Practice

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

The Agency for Healthcare Research and Quality (AHRQ) works in partnership with the United States Preventive Services Task Force (USPSTF) on reviews. Items from the USPSTF and other noted organizations reviewed by the AHRQ are included below.

MEASUREMENT OF COMPLIANCE

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare’s Clinical Policy Guiding Document titled Measures of Compliance.

NOTE: To access Clinical Policy Guiding Documents visit www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

MARKET SPECIFIC INFORMATION

Illinois

A complete health history and physical examination is provided to each member initially within the first twelve (12) months of enrollment. Thereafter, Members between ages twenty-one (21) and sixty-four (64) should have a complete health history and physical examination every 1-3 years. For Members aged sixty-five (65) and older, a complete health history and physical examination is conducted annually. With each health history and physical examination, screening, counseling and immunization should be provided in accordance with national medical organizations’ guidelines. This should include the following:

- Height and weight measurement for Body Mass Index (BMI);
- Blood pressure;
- Nutrition and physical activity assessment and counseling;
- Alcohol, tobacco, substance abuse, intimate partner violence, and depression screening and counseling;
- Health promotion and anticipatory guidance;
- Any known condition or condition discovered during the complete health history and physical examination requiring further Medically Necessary diagnostic study or treatment must be provided if within the scope of Covered Services.
WellCare will provide the following immunizations by age and interval for both male and female Enrollees, unless contraindicated (42 CFR 438.208(b)):

- Influenza – one (1) dose annually
- Tetanus/ Diphtheria (Tdap/Td) – one Tdap and one td booster every ten (10) years
- Human Papilloma Virus (HPV) - one (1) three dose series up through age 26
- Hepatitis A and B – combined Hepatitis A and Hepatitis B one (1) three dose series or Hepatitis A one (1) two dose series or Hepatitis B one (1) three dose series provided at any age for any Member requesting protection

**New Jersey**

Dental services for children enrolled with NJ FamilyCare are noted below:

<table>
<thead>
<tr>
<th>Dental Service by Dental Professional</th>
<th>0-1 yr</th>
<th>2-6 yrs</th>
<th>7-20 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Oral Evaluation (Exam)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Caries / Cavities Risk Assessment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>B. Fluoride Supplements</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C. Fluoride Varnish</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>D. Prophylaxis with Fluoride</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E. Sealants (permanent teeth to age 16 yrs)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F. Radiographs / x-rays (non-emergency)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G. Dental Treatment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Care Management**

The goal for Care Management is to support the member/caregiver’s ability to self-manage Preventive Health Care and remove barriers preventing the member from achieving this goal. Primary Preventive Health Care to educate member/caregiver on include: Provide education regarding appropriate screenings and immunizations for member age, gender and health condition. Assist with transportation and address any other barriers preventing member from receiving recommended Pediatric Preventive Health Care.

**MEASURABLE HEALTH OUTCOMES**

Targeted Health Outcomes (Extended Program Goals) result from successful member self-management (see Case Management Objectives).
- Member will have age/gender/condition appropriate Pediatric Preventive Health Care as evidenced by claims for immunizations, screenings. CM may use Provider and/or Member narrative and/or HRA data may be used.

**CASE MANAGEMENT GOALS**

Case Goals should target specific care gaps and/or adherence issues, and measure the member’s progress towards self-management and adherence which will lead to the targeted health outcomes above. Examples:

1. The Member’s claims demonstrate adherence to Preventive Health Care immunizations, screenings, and education (verified by claims or member/provider narrative) over last 360 days.
2. Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge.

**CASE MANAGEMENT OBJECTIVES**

Case Management Objectives should focus on improving the member’s self-management skills including:

- Adhering to provider visit(s) as scheduled
- Educate member/caregiver on age/gender/condition specific Pediatric Preventive Health Care screenings & immunizations
- Assist member/caregiver with transportation and making appointments for screenings and immunizations as needed
- Assist member/caregiver with addressing barriers to receiving Pediatric Preventive Care screenings and immunizations
• Utilize approved screening tools to identify risk factors

The care team should also conduct risk screening and treat anxiety and depression, if applicable.

**MEDICAL AND BEHAVIORAL INTEGRATION**

PCPs provide about 70% of all mental health treatment in the USA. Integrating behavioral health services in primary care can get help patients live fuller lives and improve performance in school. PCPs should screen patients for mental health conditions and substance abuse as applicable in an effort to provide care to patients with mild to moderate behavioral health concerns. In addition, PCPs can refer out to mental health professionals for severe or complex cases while collaborating with the professional and sharing clinical information such as medications. Behavioral counseling to all patients regarding exercise, diet and stress management should also be given. PCPs should also address overall mental well-being and explain the links between mental well-being and physical well-being. The quality of the patient’s support system should also be addressed. Many providers are now adding behavioral health professionals to their staff as patients are more likely to attend follow up appointments as the stigma of seeing a behavioral health professional is removed and quality of care outcomes improve. High-risk populations can be addressed by incorporating behavioral health screenings into well-child checkups. If behavioral health professionals cannot be located in the same office then easy consultation with a behavioral health professional should be available.

**MEMBER EDUCATIONAL RESOURCES**

Currently there are no Krames/StayWell Member educational materials utilized by WellCare Case Managers.

**Recommended Prevention Education**

Providers play an important role in helping teens have a better understanding of their physical growth, psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care. In addition, it is important to involve parents to assist in their decision making and understanding the changing needs of their child. Parents should receive guidance at least once during the early, middle, and late adolescence stages of their child’s life – ultimately it can positively impact adolescent behavior and health outcomes. The following topics are recommended for discussion with members:

- Healthy dietary habits (e.g., healthy diet and safe weight management)
- Reduction of injuries through use of use of bicycle and motorcycle helmets and car seatbelts
- Regular Exercise
- Optimal sleep duration (8 to 10 hours per day) and healthy sleep habits
- Avoidance of tobacco, alcohol, other abusable substances, and anabolic steroids
- Avoiding online behaviors that can have negative consequences, such as sharing of personal information and pictures with strangers. Providers should encourage parents to monitor their child’s use of online social media, including hazards associated with sharing personal information with strangers.
- Strategies to deal with bullying. Providers should stress the importance to parents to take comments or indications of bullying seriously. If bullying is suspected, parents should discuss with school personnel the nature of the problem and interventions that will be taken.

**Obesity**

**Step 1: Assess**

<table>
<thead>
<tr>
<th>Weight/Height</th>
<th>Provide weight, height and BMI; elicit and probe parent/child reactions. Reflect and probe.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>Assess intake of fruit and vegetables (e.g., 2 items on daily usual intake), sweetened beverages (e.g., 2 items on daily usual intake), and fast food (1 item on weekly average of meals).</td>
</tr>
<tr>
<td>Activity</td>
<td>Assess sedentary time/screen time (e.g., 2 items on hours per day of television/video games/movies/computer) and daily activity (at least 60 minutes/day of moderate-to-vigorous activity).</td>
</tr>
<tr>
<td>Optional Behaviors to</td>
<td>Consider assessing breakfast consumption (suggested measure not established), portion sizes (suggested measure not established), and family meals (suggested measure not established).</td>
</tr>
</tbody>
</table>
Assess
Provide / Provide positive feedback for behavior(s) in optimal range. Elicit response. Reflect and probe. Provide
Elicit behavior(s) not in optimal range. Elicit response. Reflect and probe.

Step 2: Agenda
Query target behaviors not in optimal range the parent/child may be interested in changing or may be easiest to change.

Step 3: Assess Motivation and Confidence
Willingness / Assess willingness and importance, as follows. On a scale of 0 to 10, with 10 being very important, how
Importance important is it for you/child/family to change (insert target behavior) or to lose weight?
Confidence Assess confidence, as follows. On a scale of 0 to 10, with 10 being very confident, assuming you decided
to change (insert target behavior) or weight, how confident are you that you/she/he could succeed?
Probes • Why did you not choose a lower number (benefits)?
• Why did you not choose a higher number (barriers)?
• What would it take to move you to a higher number (solutions)?
• Use reflective statements to explore advantages and disadvantages of changing.

Step 4: Summarize and Probe Possible Change
Discuss advantages and disadvantages of change. Explore possible steps and provide positive feedback.

Step 5: Schedule Follow-Up Visit
Allows provider and member to discuss how goal implementation is going and if modifications need to be made.

Immunizations. Parents may be concerned about the number of recommended vaccines for their child. The following
information highlights the importance of vaccines:
• Children younger than 2 years of age can now be protected from 14 potentially serious diseases.
• Vaccines do not overload the immune system.
• Antigens in vaccines come from the germs themselves, but the germs are weakened or killed so they cannot
cause serious illness. Vaccines contain only a tiny fraction of the antigens that babies encounter every day in
their environment, even if they receive several vaccines on one day.
• Infants and young children who follow immunization schedules that spread out shots—or leave out shots—are
at risk of developing diseases during the time that shots are delayed. Should a young child fall behind the
recommended schedule, parents and providers should use the catch-up immunization schedule to quickly get
the child up-to-date, reducing the amount of time the child is left vulnerable to vaccine-preventable diseases.
• Some vaccine-preventable diseases (e.g., pertussis and chickenpox) remain common in the United States.
Unvaccinated children may end up with an illness that could have been prevented, placing them at risk for a
serious case of disease that might cause hospitalization or death.
• Children with weakened immune systems (e.g., those undergoing chemotherapy) cannot safely receive certain
vaccines. Some vaccines are safe for these children, but do not work well because their immune systems do
not respond normally.
• Children do not receive any known benefits from following schedules that delay vaccines. Delaying vaccines
puts children at known risk of becoming ill with diseases that could have been prevented.
• Parents who are concerned about the number of shots given at one time can reduce the number given at a visit
by using the flexibility built into the current recommended immunization schedule. Parents can work with their
child’s provider to determine a scheduled based on the child’s recommended age range.

Recommended Immunizations

The ACIP provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for
control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the
ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the
Morbidity and Mortality Weekly Report (MMWR). For the full recommendation of individual vaccines, visit the ACIP
website (click here).
The childhood immunization schedule is based on recommendations from the ACIP and approved by the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To develop comprehensive vaccine recommendations, the ACIP reviews available data on new and existing vaccines regarding the following:

- **Safety and efficacy of the vaccine when given at specific ages.** Only vaccines licensed by the Food and Drug Administration (FDA) are recommended. Vaccine makers ensure rigorous testing is done to show that a vaccine is safe and effective at specific ages.
- **Severity of the disease.** Vaccines recommended for children prevent diseases that can be serious for them, potentially causing long-term health problems or death.
- **How many children get the disease if there is no vaccine.** Vaccines that do not provide benefit to many children may not be recommended.
- **Differences in the efficacy of a vaccine for children of different ages.** The ability of vaccines to aid in producing immunity varies depending on the age when the vaccine is given.

For additional information, visit the CDC [here](https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf) for additional links to articles discussing the science of vaccines. A summary is also available [here](https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf) outlining recommendations for immunizations for children and adolescents.
# Vaccine-Preventable Diseases and the Vaccines that Prevent Them

<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine protects against chickenpox</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache, fever</td>
<td>Infection blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTP* vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swelling of the heart muscle, heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects against Hemophilus influenza type b</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epilepsy, blindness, influenza in the lungs, death</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine</td>
<td>Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Chronic liver infection, liver failure, liver cancer</td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>Fever, muscle pain, sore throat, cough, extreme fatigue</td>
<td>Pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR*** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pinkeye</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR*** vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTP* vaccine protects against pertussis (whooping cough).</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, apnea (a pause in breathing in infants)</td>
<td>Pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, sore throat, fever, nausea, headache</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV13 vaccine protects against pneumococcal.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs)</td>
<td>Bacteriaemia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Through the mouth</td>
<td>Diarrhea, fever, vomiting</td>
<td>Severe diarrhea, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR*** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTaP* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>Difficulty swallowing, muscle spasms, fever</td>
<td>Broken bones, breathing difficulty, death</td>
</tr>
</tbody>
</table>

* DTP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.
**Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2018**


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**Clinical Practice Guideline**

**Recommended Screenings**

WellCare Members should receive a “Welcome to WellCare” physical during their first 12 months of enrollment. Providers should discuss the following preventive screenings and tests with the Member to see which ones are right for them. At a minimum, WellCare Members receive the following:

<table>
<thead>
<tr>
<th>What to Get</th>
<th>When to Get It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Physical Exam</td>
<td>Every Year*</td>
</tr>
<tr>
<td>Annual Wellness Visit</td>
<td>Every Year</td>
</tr>
<tr>
<td>Flu Shot</td>
<td>Early Autumn Every Year</td>
</tr>
<tr>
<td>Diabetes Screenings and Tests</td>
<td>Every Year for Those At Risk</td>
</tr>
<tr>
<td>Cholesterol Test, including LDL-C</td>
<td>Every Year for Those At Risk</td>
</tr>
</tbody>
</table>

---

**Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind, United States, 2018**


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**Clinical Practice Guideline**

A baseline physical exam visit should occur for all new non-pregnant adult members regardless of age, within the first 90 days of enrollment. The visit includes monitoring of Blood Pressure, Height, and Body Mass Index (BMI) as well as the recommended screenings and immunizations on the following pages.

NOTE: Providers in Illinois, please reference the market specific criteria above.

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF)

The USPSTF has published over 40 guidelines pertaining to pediatric and adolescent preventive health. Topics most common for WellCare members are noted below that received a grade of A, B, or C. The link provided will direct to the most recent USPSTF recommendation.¹³

- Dental Caries in Children from Birth Through Age 5 Years: Screening
- Depression in Children and Adolescents: Screening
- Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication
- Obesity in Children and Adolescents: Screening
- Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication
- Tobacco Use in Children and Adolescents: Primary Care Interventions
- Visual Impairment in Children Ages 1-5: Screening

For recommendations in progress by the USPSTF, click here.¹⁴

AMERICAN ACADEMY OF PEDIATRICS (AAP)¹⁵

<table>
<thead>
<tr>
<th>Recommendations for Preventive Pediatric Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="AAP Recommendations Table" /></td>
</tr>
</tbody>
</table>

Clinical Practice Guideline page 10

The AOA states that children considered at-risk for the development of eye and vision problems may need additional testing or more frequent re-evaluation. The AOA recommends examination at the following intervals:

<table>
<thead>
<tr>
<th>Examination Interval</th>
<th>Asymptomatic / Risk Free</th>
<th>At Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 24 months</td>
<td>At 6 months of age</td>
<td>By 6 months of age or as recommended</td>
</tr>
<tr>
<td>2 to 5 years</td>
<td>At 3 years of age</td>
<td>At 3 years of age or as recommended</td>
</tr>
<tr>
<td>6 to 18 years</td>
<td>Before first grade and then every two years</td>
<td>Annually or as recommended</td>
</tr>
</tbody>
</table>

Factors placing a child at significant risk for visual impairment include:

- Prematurity, low birth weight, oxygen at birth, grade III or IV intraventricular hemorrhage
- Family history of retinoblastoma, congenital cataracts, or metabolic or genetic disease
- Infection of mother during pregnancy (e.g., rubella, toxoplasmosis, venereal disease, herpes, cytomegalovirus, or AIDS)
- Difficult or assisted labor, which may be associated with fetal distress or low Apgar scores
- High refractive error
- Strabismus
- Anisometropia
- Known or suspected central nervous system dysfunction evidenced by developmental delay, cerebral palsy, dysmorphic features, seizures, or hydrocephalus

**Recommended Screenings**

WellCare Members should receive a “Welcome to WellCare” physical during their first 12 months of enrollment. Providers should discuss the following preventive screenings and tests with the Member to see which ones are right for them. Some may include the items below from the United States Preventive Services Task Force (USPSTF). Follow the link to published screenings applicable to pediatric Members:

- [Dental Caries in Children from Birth Through Age 5 Years: Screening](2014)
- [Depression in Children and Adolescents: Screening](2016)
Recommended Assessments

The following organizations have published statements, guidelines, and recommendations on assessments related to pediatric preventive health. Links to their respective publications are provided below:

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (AACAP)

The American Academy of Child and Adolescent Psychiatry (AACAP) has published the following statements:

- Autism and Vaccines (2016)
- Children and Guns (2016)
- Prevention of Bullying Related Morbidity and Mortality (2011)

AMERICAN ACADEMY OF PEDIATRICS (AAP)

The American Academy of Pediatrics (AAP) has published the following statements:

- ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2011)
- Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants (2016)
- Management of Newly Diagnosed Type 2 Diabetes Mellitus (T2DM) in Children and Adolescents (2013)
- Clinical Practice Guideline for the Diagnosis and Management of Acute Bacterial Sinusitis in Children Aged 1 to 18 Years (2013)
- The Diagnosis and Management of Acute Otitis Media (2013)
- Reaffirmation of AAP Clinical Practice Guideline: The Diagnosis and Management of the Initial Urinary Tract Infection in Febrile Infants and Young Children 2–24 Months of Age (2016)

Summary of Recommended Screenings, Immunizations, and Assessments

Components of exams are based on the member’s age, medical history, symptoms and Provider findings. The following chart includes a summary of items that Providers should conduct with pediatric members:

NOTE: In Illinois, a routine pelvic exam is not required for Enrollees less than 21 years of age unless there is a clinical indication. A pelvic examination is an appropriate component of a comprehensive evaluation of any patient who reports or exhibits symptoms suggestive of female genital tract, pelvic, urologic, or rectal problems.

<table>
<thead>
<tr>
<th>Age</th>
<th>Well-Child Checkups and Vaccinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>- Well-baby checkup* at birth.</td>
</tr>
<tr>
<td></td>
<td>- Hearing screening.</td>
</tr>
<tr>
<td></td>
<td>- Newborn screening blood tests.</td>
</tr>
<tr>
<td></td>
<td>o Dose 1 of 2 of the Hepatitis B (HepB) vaccine.</td>
</tr>
<tr>
<td>3 - 5 Days Old</td>
<td>- Well-baby checkup as recommended by your doctor.</td>
</tr>
<tr>
<td></td>
<td>- Newborn screening blood tests (if not done at birth).</td>
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<tr>
<td></td>
<td>o Dose 1 of 2 of the Hepatitis B (HepB) vaccine, if not done at birth.</td>
</tr>
<tr>
<td>1 Month</td>
<td>- Well-baby checkup.</td>
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<tr>
<td></td>
<td>- Newborn screening blood tests if not already completed.</td>
</tr>
<tr>
<td></td>
<td>o Dose 2 of 2 of the Hepatitis B (HepB) vaccine, if not already received.</td>
</tr>
<tr>
<td></td>
<td>- TB screening.</td>
</tr>
<tr>
<td>2 Months</td>
<td>- Well-baby checkup.</td>
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### PEDIATRIC PREVENTIVE HEALTH GUIDELINES FOR PROVIDERS

**HS-1019**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Activities</th>
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</table>
| **4 Months** | Well-baby checkup.  
- Newborn screening blood tests if not already completed.  
- Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines.  
- Hemoglobin (Hgb) screening. |
| **6 Months** | Well-baby checkup.  
- Newborn screening blood tests if not already completed.  
- Rotavirus (RV); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); and inactivated poliovirus (IPV) vaccines.  
- Hemoglobin (Hgb) screening  
- Begin yearly flu shot (fall or winter).  
- TB screening, oral health screening and blood lead risk assessment. |
| **9 Months** | Well-baby checkup.  
- Newborn screening blood tests if not already completed, including hemoglobin or hematocrit.  
- Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months).  
- Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months).  
- Yearly flu shot if not already received.  
- Screenings for TB, developmental health, and oral health as well as a blood lead risk assessment. |
| **12 Months** | Well-baby checkup.  
- Catch-up immunizations as needed.  
- Newborn screening blood tests if not already completed, including hemoglobin or hematocrit if not done at 9-month visit.  
- Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months).  
- Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months).  
- Haemophilus influenzae type b (Hib); Pneumococcal conjugate (PCV); Varicella (VAR); Measles, Mumps, Rubella (MMR); and the Hepatitis A (HepA) vaccines.  
- Yearly flu shot if not already received.  
- Screenings for TB, developmental health, and oral health as well as a blood lead risk assessment. |
| **15 Months** | Well-baby checkup.  
- Catch-up immunizations as needed.  
- Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months).  
- Dose 4 of the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine (recommended between ages 15 to 18 months).  
- Haemophilus influenzae type b (Hib) and Pneumococcal conjugate (PCV) vaccines.  
- Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months).  
- Dose 2 of Hepatitis A (HepA) vaccines (recommended between ages 12-23 months).  
- Yearly flu shot if not already received.  
- Screenings for TB, developmental health, and oral health as well as a blood lead risk assessment.  
- Dental visit as need identified by child’s doctor**. |
| **18 Months** | Well-baby checkup.  
- Catch-up immunizations as needed.  
- Dose 3 of the Hepatitis B (HepB) vaccine (if not already received; recommended between ages 6 to 18 months).  
- Dose 4 of the Diphtheria, Tetanus, and Pertussis (DTaP) vaccine (if not already received; recommended between ages 15 to 18 months).  
- Dose 3 the inactivated poliovirus (IPV) vaccines (if not already received; recommended between ages 6 to 18 months).  
- Dose 2 of Hepatitis A (HepA) vaccines (to be taken 6 months after dose 1; recommended between ages 12-23 months).  
- Yearly flu shot if not already received.  
- Screenings for TB, developmental health, autism and oral health as well as a blood lead risk assessment.  
- Dental visit as need identified by child’s doctor**. |
| **24 Months** | Well-child checkup.  
- Catch-up immunizations as needed.  
- Yearly flu shot if not already received.  
- Screenings for TB, developmental health, autism, oral health and cholesterol (dyslipidemia) as well as a blood lead risk assessment.  
- Dental visit as need identified by child’s doctor**. |
| **3 Years** | Well-child checkup.  
- Catch-up immunizations as needed.  
- Yearly flu shot if not already received.  
- Screenings for TB, developmental health, autism, oral health, and cholesterol (dyslipidemia).  
- Blood lead risk assessment (if not completed between ages 12 and 24 months).  
- Dental visit as need identified by child’s doctor**; may be up to twice a year. |
| **4 - 5 Years** | Well-child checkup.  
- Catch-up immunizations as needed.  
- Dose 5 of the DTaP vaccine. |
6 - 20 Years (even years)
- Well-child checkup every other year.
- Catch-up immunizations as needed.
- Human papillomavirus vaccine (HPV) at a minimum age of 9.
- Yearly flu shot if not already received.
- Dental visit twice a year.
- Screenings for TB and developmental health.
- Hearing tests at ages 6, 8 and 10.
- Vision screening at ages 6, 8, 10 and 12; follow up screenings should be done at ages 15 and 18.
- Cholesterol (dyslipidemia) screening at ages 6, 8, and 10 then annually.
- Blood sugar screening beginning at age 10 and continuing every three years when at risk (see below).
- Blood lead risk assessment (at age 6).
- Urine test at age 5.

11 - 12 years
- Well-child checkup every other year.
- Catch-up immunizations as needed.
- Human papillomavirus vaccine (HPV) at a minimum age of 9.
- Dose 1 of Meningococcal conjugate vaccine (MCV).
- Tetanus, diphtheria and pertussis (Tdap).
- Yearly flu shot if not already received.
- Dental visit twice a year.
- STI screening to be performed for sexually active individuals, as appropriate.
- Cervical dysplasia screening for sexually active females.***

* Well-baby, -child and -adolescent checkups may include the following: physical exam (with infant totally unclothed or older child undressed and suitably covered), health history, developmental and psychosocial/behavioral assessment, health education (sleep position counseling from 0–9 months, injury/violence prevention and nutrition counseling), height, weight, test for obesity (known as BMI), vision and hearing screening, head circumference at 0–24 months, and blood pressure at least every year beginning at age 3.
** Dental visits may be recommended beginning at age 6 months. ***Females should have a pelvic exam and Pap smear between age 18-21 (sooner if sexually active).

Related WellCare Guidelines

WellCare has a library of CPGs on a variety of conditions. In addition to the information contained in this document, please reference the following age-specific Preventive Health CPGs: Adolescent (HS-1051), Adult (HS-1018), and Older Adult (HS-1063). The CPG Behavioral Health Screening in Primary Care Settings: HS-1036 addresses common mental health concerns. In addition, WellCare has created the Claims Edit Guideline (CEG) Preventive Health Services: HS-335 to emphasize the Plan’s commitment to preventive health screening.

Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

References

Disclaimer

Clinical Practice Guidelines (CPGs) made available by WellCare are informational in nature and are not a substitute for the professional medical judgment of treating physicians or other health care practitioners. CPGs are based on information available at the time and may not be updated with the most current information available at subsequent times. Individuals should consult with their physician(s) regarding the appropriateness of care or treatment options to meet their specific needs or medical condition. Disclosure of a CPG is not a guarantee of coverage and is not intended to be used for Utilization Management Decisions or for claims.

Members of WellCare Health Plans should consult their individual coverage documents for information regarding covered benefits. WellCare does not offer medical advice or provide medical care, and therefore cannot guarantee any results or outcomes. WellCare does not warrant or guarantee, and shall not be liable for any deficiencies in the information contained herein or for any inaccuracies or recommendations made by independent third parties from whom any of the information contained herein was obtained. Links are current at time of approval of the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines.”

Medical Policy Committee Approval History

<table>
<thead>
<tr>
<th>Date</th>
<th>History and Revisions by the Medical Policy Committee</th>
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<tbody>
<tr>
<td>3/1/2018</td>
<td>- Approved by MPC. Updated immunization tables.</td>
</tr>
<tr>
<td>10/15/2017</td>
<td>- Approved by MPC. Enhanced Care Management and Measures of Compliance sections. Revised with OM, DM, OI, UM, BH and the Chief Medical Directors.</td>
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<tr>
<td>4/15/2016</td>
<td>- Approved by MPC. Updated immunization schedules, inclusion of USPSTF items.</td>
</tr>
<tr>
<td>5/7/2015, 2/17/2014, 3/7/2013, 6/7/2012</td>
<td>- Approved by MPC. Updated immunization schedules.</td>
</tr>
<tr>
<td>5/2011</td>
<td>- Approved by MPC. New</td>
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