



CLINICAL PREVENTIVE SERVICES 2020

Maryland Physicians Care utilizes the U.S. Preventive Services Task Force (USPSTF) evidence-based recommendations that have in effect a rating of “A” or “B” in the current recommendation of the USPSTF (a full list of the most current screening recommendations can be found on the USPSTF website (<https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>), in addition to other recognized guidelines/recommendations, for clinical preventive services. The guidelines serve as recommendations for individuals at “normal risk”. Maryland Physicians Care’s Preventive Health Guidelines will also include individuals with “risk factors” that impact a large number of members and/or have potential for significant adverse health outcomes. Clinicians and patients should work together to make decisions about which preventive services are most appropriate for individual patients. Some individuals in certain higher risk categories may require earlier or more frequent screening exams and this should be discussed with their physicians.

Health Resources and Services Administration/Bright Futures/American Academy of Pediatrics, 2008 U.S. Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, Updates: 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011, 2012 and 2013, American Academy of Pediatrics (AAP) Policy, American Medical Association (AMA) Policy, United States Department of Agriculture (USDA), 2010		
CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (BIRTH TO 10 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Autism Spectrum Disorder Screening	Screen for autism at 18 and 24 months of age	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Behavioral Assessments	Perform psychosocial/behavioral assessment at the newborn, 3 to 5 days, and 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 month well-baby visits. Repeat at age 3 and yearly thereafter through age 21.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Blood Pressure Screening	Blood pressure measurements for infants and children with specific risk conditions should be performed prior to age 3. Yearly screening should be performed at 3 through 21 years of age.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Chemoprophylaxis Gonorrhea prophylactic medication: newborns	Recommend prophylactic ocular topical medication for all newborn infants against gonococcal ophthalmia neonatorum.	U.S. Preventive Services Task Force (USPSTF) Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication Release Date of Current Recommendation January 2019



CLINICAL PREVENTIVE SERVICES 2020

Health Resources and Services Administration/Bright Futures/American Academy of Pediatrics, 2008 U.S. Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, Updates: 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011, 2012 and 2013, American Academy of Pediatrics (AAP) Policy, American Medical Association (AMA) Policy, United States Department of Agriculture (USDA), 2010

CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (BIRTH TO 10 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Developmental Screening and Surveillance	-Screen at the 9, 18, and 30 month well-baby visit. -Surveillance at newborn, age 3 to 5 days; 1, 2, 4, 6, 12, 15 and 24 months; age 3, and yearly thereafter through age 21	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Dyslipidemia Screening	Risk Assessment to be performed and action to follow if positive at age 24mo, 4yrs, 6yrs, 8yrs, 10yrs, Then yearly ages 11 through 17 and once ages 18 through 21. If screening conducted as part of the action, and results are normal repeat every 3-5 years	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Hearing Loss Screening	-Screen for hearing loss in all newborn infants, 3-5 days- 2 months of age, 4 yrs, 5yrs, 6yrs, 8yrs, 10yrs, once between 11 and 14 yrs, once between 15 and 17 yrs, and once between 18 and 21 yrs. -Risk Assessment to be performed and action to follow if positive at age 4, 6, 9, 12, 15, 18, 24, 30 months of age and 3yrs, 7yrs and 9yrs.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Hematocrit or Hemoglobin Screening	-Screen for iron deficiency anemia at 12 months. -Risk assessment to be performed and action to follow if positive at 4, 15, 18, 24, 30 months and yearly ages 3 through 21	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Lead Screening & Testing	Administer Lead Risk Assessment at each well child visit interval 6 months through 6 years, earlier or more frequent as indicated. Routine Blood Lead Testing at age 1yo and 2yo, earlier or more frequent depending on risk.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care Maryland Healthy Kids Program (EPSDT) Maryland Healthy Kids Preventive Health Schedule
Pediatric Preventive Care (EPSDT)	Age specific screenings for members Birth through age 20yo (under 21yo)	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care Maryland Healthy Kids Program (EPSDT) Maryland Healthy Kids Preventive Health Schedule



CLINICAL PREVENTIVE SERVICES 2020

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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (11 TO 21 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Alcohol and Drug Use Assessment	Perform risk assessment with appropriate follow-up action if needed for adolescent age 11 through 21.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Assess for Problem Drinking	Recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	U.S. Preventive Services Task Force (USPSTF) Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions Release Date of Current Recommendation November 2018
Behavioral Assessments	Perform psychosocial/behavioral assessment at the newborn, 3 to 5 days, and 1, 2, 4, 6, 9, 12, 15,18, 24, and 30 month well-baby visits. Repeat at age 3 and yearly thereafter through age 21.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Blood Pressure Screening	Yearly screening should be performed for all persons>3 years of age.	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care
Breast (Ovarian) Cancer Screening	Recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	U.S. Preventive Services Task Force (USPSTF) BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing Release Date of Current Recommendation August 2019



CLINICAL PREVENTIVE SERVICES 2020

Health Resources and Services Administration/Bright Futures/American Academy of Pediatrics, 2012 US .Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, Updates: 2003, 2004, 2005, 2007, 2008, 2009, 2010, 201, 2012 and 2013 American Academy of Pediatrics (AAP) Policy American Medical Association (AMA) Policy American Dental Association (ADA) Policy United States Department of Agriculture (USDA), 2010 Institute for Clinical Systems Improvement Preventive Health guidelines 2012Centers for Medicare & Medicaid Services 2011		
CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (11 TO 21 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Breast Cancer Preventive Medication	Recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	U.S. Preventive Services Task Force (USPSTF) Breast Cancer: Medication Use to Reduce Risk Release Date of Current Recommendation September 2019
Cervical cancer/dysplasia screening (Papanicolaou (Pap) Test (Women)	Recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting)	Bright Futures/American Academy of Pediatrics 2020 Recommendations for Preventive Pediatric Health Care U.S. Preventive Services Task Force (USPSTF) Cervical Cancer: Screening Release Date of Current Recommendation August 2018



CLINICAL PREVENTIVE SERVICES 2020

US .Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, Updates: 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011, 2012 and 2013 American Association of Pediatrics (AAP) Policy American Medical Association (AMA) Policy American Congress of Obstetricians and Gynecologists 2012 American Dental Association (ADA) Policy United States Department of Agriculture (USDA), 2010 Institute for Clinical Systems Improvement Preventive Health guidelines 2011, 2012 Centers for Medicare & Medicaid Services 2011		
CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (21 TO 64 YEARS)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Aspirin for the Prevention of Cardiovascular Disease	Recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.	U.S. Preventive Services Task Force (USPSTF) Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication Release Date of Current Recommendation April 2016
Assess for Obesity	Recommends that clinicians offer or refer adults with a body mass index (BMI) of 30 or higher (calculated as weight in kilograms divided by height in meters squared) to intensive, multicomponent behavioral interventions.	U.S. Preventive Services Task Force (USPSTF) Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions Release Date of Current Recommendation September 2018



CLINICAL PREVENTIVE SERVICES 2020

US Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, Updates: 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011, 2012 and 2013
 American Association of Pediatrics (AAP) Policy American Medical Association (AMA) Policy American Congress of Obstetricians and Gynecologists 2012
 American Dental Association (ADA) Policy United States Department of Agriculture (USDA), 2010 Institute for Clinical Systems Improvement Preventive Health
 guidelines 2011, 2012 Centers for Medicare & Medicaid Services 2011

CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (21 TO 64 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Assess for Problem Drinking	Recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.	U.S. Preventive Services Task Force (USPSTF) Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions Release Date of Current Recommendation November 2018
Blood Pressure	-Recommends screening for high blood pressure in adults aged 18 years or older.	U.S. Preventive Services Task Force (USPSTF) High Blood Pressure in Adults: Screening Release Date of Current Recommendation October 2015
Breast (Ovarian) Cancer Screening	Recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (<i>BRCA1/2</i>) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing.	U.S. Preventive Services Task Force (USPSTF) BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing Release Date of Current Recommendation August 2019
Breast Cancer Preventive Medication	Recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to women who are at increased risk for breast cancer and at low risk for adverse medication effects.	U.S. Preventive Services Task Force (USPSTF) Breast Cancer: Medication Use to Reduce Risk Release Date of Current Recommendation September 2019



CLINICAL PREVENTIVE SERVICES 2020

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 American Association of Pediatrics (AAP) Policy American Medical Association (AMA) Policy American Congress of Obstetricians and Gynecologists 2012
 American Dental Association (ADA) Policy United States Department of Agriculture (USDA), 2010 Institute for Clinical Systems Improvement Preventive Health
 guidelines 2011, 2012 Centers for Medicare & Medicaid Services 2011

CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (21 TO 64 YEARS)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Cervical Cancer/Dysplasia (Papanicolaou (Pap) Test (Women)	Screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).	U.S. Preventive Services Task Force (USPSTF) Cervical Cancer: Screening Release Date of Current Recommendation August 2018
Chlamydia Screen v(addition)	Screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	U.S. Preventive Services Task Force (USPSTF) Chlamydia and Gonorrhea: Screening Release Date of Current Recommendation Septemeber 2014

U.S. Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011,2012 and 2013 American Academy of Pediatrics (AAP) Policy American Medical Association (AMA) Policy United States Department of Agriculture (USDA), 2010 American College of Obstetricians and Gynecologist (ACOG), Institute for Clinical Systems Improvement Preventive Health guidelines 2011, 2012

CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Assess for Problem Drinking	Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women.	American College of Obstetricians and Gynecologists (ACOG), Prenatal Care **Available online for ACOG members only** American College of Obstetricians and Gynecologists (ACOG), Prenatal Care



CLINICAL PREVENTIVE SERVICES 2020

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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Assess Tobacco use and Tobacco-Caused Disease	Ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke.	<p>U.S. Preventive Services Task Force (USPSTF) Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions</p> <p>Release Date of Current Recommendation September 2015</p>
Blood Pressure	Screen for high blood pressure	<p>U.S. Preventive Services Task Force (USPSTF) Preeclampsia: Screening</p> <p>Release Date of Current Recommendation April 2017</p>
CBC	Perform a CBC at the first prenatal visit	<p>AAP and ACOG Joint Committee 2017 American Academy of Pediatrics Committee on Fetus and Newborn and American College of Obstetricians and Gynecologists Committee on Obstetric Practice. Guidelines for Perinatal Care, 8th, Kilpatrick SJ, Papile L (Eds), 2017.</p> <p>http://ebooks.aapublications.org/content/guidelines-for-perinatal-care-8th-edition</p>
Chlamydia Screen	Screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	<p>CDC: 2015 Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>U.S. Preventive Services Task Force (USPSTF) Chlamydia and Gonorrhea: Screening</p> <p>Release Date of Current Recommendation September 2014</p>
Gonorrhea Screen	Screening for gonorrhea in sexually active women age 24 years and younger and in older women who are at increased risk for infection.	<p>CDC: 2015 Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>U.S. Preventive Services Task Force (USPSTF) Chlamydia and Gonorrhea: Screening</p> <p>Release Date of Current Recommendation September 2014</p>
Hepatitis B Surface Antigen	Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit	<p>CDC: 2015 Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>U.S. Preventive Services Task Force (USPSTF) Hepatitis B Virus Infection in Pregnant Women: Screening</p> <p>Release Date of Current Recommendation July 2019</p>



CLINICAL PREVENTIVE SERVICES 2020

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CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)		
PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
HIV Screening	Screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	CDC: 2015 Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources U.S. Preventive Services Task Force (USPSTF) Human Immunodeficiency Virus (HIV) Infection: Screening Release Date of Current Recommendation June 2019
Iron Deficiency Anemia Screen	Routine screening for iron deficiency anemia in asymptomatic pregnant women.	U.S. Preventive Services Task Force (USPSTF) Iron Deficiency Anemia in Pregnant Women: Screening and Supplementation Release Date of Current Recommendation September 2015
Offer Hemoglobinopathy Screening	Offer screening for hemoglobinopathies with hemoglobin electrophoresis or other tests of comparable accuracy to appropriate pregnant women at the first prenatal visit.	American College of Obstetricians and Gynecologists (ACOG), Prenatal Care **Available online for ACOG members only** American College of Obstetricians and Gynecologists (ACOG), Prenatal Care
Rh (D) Typing, Antibody Screen	Strongly recommends Rh(D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. Negative Pregnant Women- recommends repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh(D)-negative.	U.S. Preventive Services Task Force (USPSTF) Rh(D) Incompatibility: Screening Release Date of Current Recommendation February 2004



CLINICAL PREVENTIVE SERVICES 2020

U.S. Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2003, 2004, 2005, 2007, 2008, 2009, 2010, 2011, 2012 and 2013 American Academy of Pediatrics (AAP) Policy American Medical Association (AMA) Policy United States Department of Agriculture (USDA), 2010 American College of Obstetricians and Gynecologist (ACOG), Institute for Clinical Systems Improvement Preventive Health guidelines 2011, 2012

CLINICAL PREVENTIVE SERVICES RECOMMENDATIONS (PREGNANT WOMEN)

PREVENTIVE SERVICES	RECOMMENDATION	REFERENCE
Syphilis Screening	Early screening for syphilis infection in all pregnant women.	<p>CDC: 2015 Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>U.S. Preventive Services Task Force (USPSTF) Syphilis Infection in Pregnant Women: Screening</p> <p>Release Date of Current Recommendation September 2018</p>
Screening for Aneuploidy (extra or missing Chromosome)	Counsel on screening and invasive testing for aneuploidy to all pregnant women who present for prenatal care before 20 weeks of gestation. Offer screening and diagnostic testing based on risk factors.	<p>American College of Obstetricians and Gynecologists (ACOG), Prenatal Care **Available online for ACOG members only**</p> <p>American College of Obstetricians and Gynecologists (ACOG), Prenatal Care</p>