

Prevention Is Paramount



We developed the Paramount Preventive Health Care Guidelines to help you play an active role in your own and your family's health care. You can use the information in these tables to schedule services you need. Please check your benefit package to verify coverage of these services.

Regular visits to your Primary Care Physician may help prevent serious health problems. The information in these tables is appropriate for those with average risk for the conditions named. If you or your family member is at high or above-average risk or you have a chronic health condition such as

diabetes, talk with your health care provider to develop a plan that meets your personal health care needs.

Remember, you can also visit us on the Web at www.paramounthealthcare.com. Click on "Better Health for Life" and set up a reminder for yourself and your family for the appropriate preventive services.

Important notice: Coverage for services related to Paramount's Preventive Health Care Guidelines may vary by health benefit plan design. Please check your Summary of Benefits or Member Handbook for details.

Adult Preventive Health Care Guidelines, Paramount Care, Inc.

Female				
Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
20–64 years	Height Weight BMI (body mass index) Blood pressure Clinical breast exam Osteoporosis screening ages 60–64 (at risk)* Fecal occult blood ≥ age 50, series of three annually and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years	Pap smear* (age 21 or sexually active) annually Mammogram ≥ age 40 (every 1–2 years) Fasting lipoprotein profile ≥ age 20, every 5 years (total cholesterol, LDL, HDL, and triglycerides) Chlamydia ≤ age 25 Rubella serology/vaccination hx	History Injury prevention Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior/contraception Hormone prophylaxis Calcium intake Dental health Depression Abuse/neglect Aspirin therapy	Tdap (1 dose then Td) Influenza Pneumococcal Varicella Hepatitis A Hepatitis B HPV < 26 years PPD MMR Meningococcal * For information on at-risk groups, refer to www.cdc.gov/nip .
* Discuss your individual risks with your health care provider.				

Male				
Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
20–64 years	Height Weight BMI (body mass index) Blood pressure Fecal occult blood ≥ age 50, series of three annually and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years Prostate screening (as recommended by physician with informed consent)*	Fasting lipoprotein profile ≥ age 20, every 5 years (total cholesterol, LDL, HDL, and triglycerides)	History Injury prevention Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior Dental health Depression Abuse/neglect Aspirin therapy	Tdap (1 dose then Td) Influenza Pneumococcal Varicella Hepatitis A Hepatitis B PPD MMR Meningococcal * For information on at-risk groups, refer to www.cdc.gov/nip .
* Discuss your individual risks with your health care provider.				

Guidelines are recommendations for periodic assessments from the U.S. Preventive Services Task Force (USPSTF). Guidelines are based on recommendations from www.ahrq.gov/clinic/uspstfix.htm. National Cholesterol Education Program recommendations are the guidelines used for cholesterol screening. The immunization schedule is from the "Recommended Adult Immunization Schedule, United States, October 2006 to September 2007." These guidelines are for preventive health care; other services may be required based on individual members' needs and risk factors.



Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.

Infancy				
Age	Screenings	Immunizations	Assessment/Education	Patients At Risk*
Newborn by 1 week	Height and weight Head circumference Heredity/metabolic	Hep B #1 (in hospital)	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Sleep positioning Nutrition	Vision test Hearing test
By 1 month	Height and weight Head circumference Heredity/metabolic	Hep B #2 (Hep B #1)	Same as above	Vision test Hearing test
2 months	Height and weight Head circumference	DTaP #1 Hib #1 IPV #1 PCV #1 RotaTeq (Hep B #2)	Same as above	Vision test Hearing test
4 months	Height and weight Head circumference	DTaP #2 Hib #2 IPV #2 PCV #2 RotaTeq	Same as above	Vision test Hearing test
6 months	Height and weight Head circumference Lead screening	Hep B #3 DTaP #3 Hib #3 IPV #3 PCV #3 Influenza RotaTeq	Same as above	Vision test Hearing test
9 months	Height and weight Head circumference Hematocrit or hemoglobin Lead screening	(Hep B #3) (IPV #3) Influenza	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition	Vision test Hearing test
12 months	Height and weight (consider BMI) Head circumference (Hematocrit or hemoglobin) Blood lead level for Medicaid Lead screening	Hib #4 PCV #4 MMR #1 Hep A #1 Varicella #1 Influenza (IPV #3)	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition	PPD Vision test Hearing test Blood lead level

* Discuss your child's risks with his or her health care provider.
Immunizations/screenings in () may need to be given/performed if not given/performed previously.
Each visit should be an opportunity to update and complete immunizations.

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 0-6 Years, United States, 2007."

Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.



Early Childhood

Age	Screenings	Immunizations	Assessment/Education	Patients At Risk*
15 months	Height and weight Head circumference	DTaP #4 Influenza (Hib #4) (PCV #4) (MMR #1) (IPV #3) (Varicella #1)	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition Dental referral	Vision test Hearing test PPD Hematocrit or hemoglobin
18 months	Height and weight Head circumference	Hep A #2 Influenza (Hep B #3) (DTaP #4) (IPV #3) (Varicella #1) (Hib #4)	Same as above	Vision test Hearing test PPD Hematocrit or hemoglobin
24 months	Height and weight (consider BMI) Head circumference Blood lead level for Medicaid Lead screening	Influenza (PCV) (Hep A #2) (Varicella #1)	Same as above	Vision test Hearing test PPD Cholesterol screening Hematocrit or hemoglobin Pneumovax
3 years	Height and weight (consider BMI) Blood pressure Lead screening	Influenza (Hep A) (PCV) (Varicella #1)	Same as above	Vision test Hearing test PPD Cholesterol screening Hematocrit or hemoglobin Pneumovax
4 years	Height and weight (consider BMI) Blood pressure Lead screening	DTaP #5 IPV #4 MMR #2 Influenza Varicella #2 (PCV) (Hep A)	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition	Vision test Hearing test PPD Cholesterol screening Hematocrit or hemoglobin Pneumovax

* Discuss your child's risks with his or her health care provider.

Immunizations/screenings in () may need to be given/performed if not given/performed previously.

Each visit should be an opportunity to update and complete immunizations.

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 0-6 Years, United States, 2007."



Pediatric Preventive Health Care Guidelines, Paramount Care, Inc.

Middle Childhood

Age	Screenings	Immunizations	Assessment/Education	Patients At Risk*
5 years	Height, weight, and BMI Blood pressure Hematocrit or hemoglobin Urinalysis Vision test Hearing test Lead screening	DTaP #5 IPV #4 MMR #2 Influenza (Varicella #2) (Hep A) (PCV)	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition	PPD Cholesterol screening
6–10 years	Height, weight, and BMI Blood pressure	Influenza (at risk)* (Hep A) (Varicella #2)	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition	Vision test Hearing test PPD Cholesterol screening * For information on at-risk groups, refer to www.cdc.gov/nip .

* Discuss your child's risks with his or her health care provider.

The American Academy of Pediatrics recommends annual visits. Other services may be required based on an individual member's needs or risk factors. Immunizations/screenings in () may need to be given/performed if not given/performed previously.

Each visit should be an opportunity to update and complete immunizations.

Adolescence

Age	Screenings	Immunizations	Assessment/Education	Patients At Risk*
11–21 years	Height, weight, and BMI Blood pressure Hematocrit or hemoglobin Urinalysis	Tdap Meningococcal HPV Series (Hep B Series) (MMR #2) (Varicella #2) (Hep A) Influenza (at risk)*	Physical examination History Development/behavioral Injury prevention/safety Violence prevention Nutrition	Vision test Hearing test PPD Cholesterol screening STD screening (chlamydia screening) Pap smear * For information on at-risk groups, refer to www.cdc.gov/nip .

* Discuss your child's risks with his or her health care provider.

The American Academy of Pediatrics recommends annual visits. Other services may be required based on an individual member's needs or risk factors. Immunizations/screenings in () may need to be given/performed if not given/performed previously.

Each visit should be an opportunity to update and complete immunizations.

Guidelines are from the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care." These guidelines are for preventive care; other services may be required based on members' needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for Persons Aged 7–18 Years, United States, 2007."

Prenatal-Postpartum Care Guidelines, Paramount Care, Inc.

Initial Evaluation		
Screenings	Lab Studies	Assessment/Education
Height Weight—current and prepregnancy Blood pressure Physical examination Ultrasound (if indicated)	Hematocrit or hemoglobin levels Urine for culture and sensitivity Pap smear ABO/Rh typing with antibody screening Rubella antibody titer VDRL or RPR, FTA, if reactive Hepatitis B surface antigen HIV antibody testing One-hour glucose tolerance test (at risk) Test for gonorrhea and chlamydia (if indicated) Cystic fibrosis screening (optional) (offered to Caucasians and if not done prior to pregnancy) Sickle-cell screening offered to African-Americans	Complete history Estimated date of delivery Current medication (prescription and over-the-counter) Tobacco use Substance use Signs and symptoms to report to provider Nutrition Environmental exposure Hot-tub warning Exercise Evaluate risk for domestic violence Genetic risk assessment and counseling
During the initial evaluation, the physician or certified nurse-midwife needs to perform a risk assessment. At-risk pregnancies may be referred to Paramount's Case Management Program for follow-up.		

Follow-Up Visits		
Screenings	Lab Studies	Assessment/Education
Weight Blood pressure Fundal height Fetal heart tones Fetal movement (to be recorded each visit during the 2nd and 3rd trimester) Dipstick urinalysis Presence of contractions Presence of edema Ultrasound (at risk)	Quadruple screen (Alpha-fetoprotein, 6-HCG, Unconjugated Estriol, Inhibin A) at 15–20 weeks offered Antibody screening at 28 weeks (if Rh-negative; prior to giving RhoGAM) Hemoglobin or hematocrit (to be recorded at 28–32 weeks gestation) CBC with differential (if hemoglobin <10 or hematocrit <32) Iron studies if low MCV Hemoglobin electrophoreses recommended if indicated (Consult with laboratory for further recommendations.) One-hour glucose tolerance test at 28 weeks Group B strep, gonorrhea, chlamydia at 34–35 weeks Genetic studies (if appropriate)	Childbirth process Infant feeding Choosing child's physician WIC/nutrition Birth control Prenatal risk factors RhoGAM (if appropriate) Working Air travel during pregnancy Postpartum tubal ligation Circumcision Vaginal birth after cesarean (if indicated) Umbilical cord blood banking
Follow-up visits are scheduled every four weeks for the first 28 weeks of gestation, every two weeks until 36 weeks of gestation, and weekly thereafter. The frequency of follow-up visits is determined by the individual needs of the woman and assessment of her risks.		

Postpartum Visits			
Screenings		Assessment/Education	
Weight Blood pressure Breasts Abdomen	Pelvic exam Episiotomy repair Uterine involution Pap smear (if needed)	Interval history Assess adaptation to newborn Physical exam to evaluate status Breast-feeding	Evaluate for postpartum depression Birth control Return to work
Postpartum visits should be scheduled approximately four to six weeks after delivery. A visit within seven to 14 days of delivery may be advisable after a cesarean delivery or complicated gestation.			

Guidelines are recommendations from "Guidelines for Perinatal Care," the American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics, 2002. Updated from ACOG 2007. These are guidelines for members with an uncomplicated pregnancy. Other services may be required based on an individual member's needs or risk factors.

Paramount offers two postpartum home visits for all Paramount Advantage™ members.



Senior Adult Preventive Health Care Guidelines, Paramount Care, Inc.

Female

Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
65 and older	Height Weight BMI (body mass index) Blood pressure Clinical breast exam annually Fecal occult blood, series of three annually and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years Osteoporosis screening Hearing screening Vision screening	Pap smear [†] Mammogram (every 1–2 years) Fasting lipoprotein profile every 5 years (total cholesterol, LDL, HDL, and triglycerides)	History Injury prevention (especially fall prevention) Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior Hormone-replacement therapy Calcium intake Dental health Depression Abuse/neglect Aspirin therapy	Td Influenza Pneumococcal Varicella Hepatitis A Hepatitis B PPD MMR Meningococcal * For information on at-risk groups, refer to www.cdc.gov/nip .

[†] Consider discontinuation of testing after age 65 if previous regular screening results were consistently normal.

* Discuss your individual risks with your health care provider.

Male

Age	Screenings	Lab Studies	Assessment/Education	Immunizations*
65 and older	Height Weight BMI (body mass index) Blood pressure Fecal occult blood, series of three annually and/or Flexible sigmoidoscopy every 5 years or Colonoscopy every 10 years or Double-contrast barium enema every 5 years Hearing screening Vision screening Prostate screening (as recommended by physician with informed consent)* Abdominal aortic aneurysm	Fasting lipoprotein profile every 5 years (total cholesterol, LDL, HDL, and triglycerides)	History Injury prevention (especially fall prevention) Drug/alcohol use Tobacco cessation Diet and exercise Sexual behavior Dental health Depression Abuse/neglect Aspirin therapy	Td Influenza Pneumococcal Varicella Hepatitis A Hepatitis B PPD MMR * For information on at-risk groups, refer to www.cdc.gov/nip .

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