

# Preventive Health Guidelines

## Guide to Clinical Preventive Services—Adult

LifeWise has adopted the United States Preventive Services Task Force (USPSTF) *Guide to Clinical Preventive Services*. The guideline is evidence-based, relying on current scientific studies. For additional clinical considerations, please refer to the full text of the USPSTF guideline available at the [Agency for Healthcare Research and Quality's website](#).

Each of the preventive services included in the guideline is a service that the USPSTF recommends and has suggested that clinicians offer or provide in the practice setting. All services listed have received an “A” or “B” grade unless otherwise noted, which means there is a moderate to high certainty that these services have a net benefit that is substantial or moderate.

Immunizations are part of USPSTF recommendations for Preventive Health Services. LifeWise recommends following the immunization schedule from the Centers for Disease Control & Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP). You'll find the [adult immunization schedule on the CDC website](#).

All USPSTF services rated as A or B are covered in full in accordance with federal healthcare reform or are covered at a reduced out-of-pocket cost for members who are enrolled in grandfathered plans. **Please verify benefits** by checking our website or calling the LifeWise Customer Service number listed on the back of the patient's ID card.

This guideline was reviewed and approved by LifeWise's Clinical Quality Improvement Committee as a resource for providers who treat our members. **Although the guidelines reflect national recommendations, they're not a substitute for the clinical judgment of practitioners advising and caring for individual patients.** LifeWise reviews and updates practice guidelines at least every two years. The committee's composition reflects various medical specialties and geographic regions served by LifeWise.

## Recommended Adult Preventive Services

All recommended USPSTF services rated as A or B are covered in full in accordance with federal healthcare reform.

### Recommended Periodic Health Visits

19 to 64 years	Every 1-3 years. Coverage is up to 1 visit per calendar year. Immunizations as recommended by ACIP.
65+	Annually. Immunizations as recommended by ACIP.

### Recommended Screening Exams

#### Abdominal Aortic Aneurysm (AAA) Screening

Men ages 65 to 75 years who have ever smoked	One-time ultrasonography screening for AAA in men who have a history of smoking.
--	--

#### Asymptomatic Bacteriuria

Pregnant persons	Screen persons who are pregnant for asymptomatic bacteriuria with a urine culture.
------------------	--

#### Unhealthy Alcohol Use in Adolescents & Adults

Adults 18 and older, including pregnant women	Screen for unhealthy alcohol use in the primary care setting and provide for persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
---	---

#### Breast Cancer Screening

Women with average risk of breast cancer	Regular screening mammography, every other year, between ages 50 to 74, is the minimum recommended program (USPSTF). Women should talk to their doctor to decide about their personal risks and concerns (shared decision making); some professional societies recommend starting at a younger age with annual mammography, and some studies show cancer screening benefits beyond 74 old. Coverage is up to 1 mammogram per calendar year.
--	---

#### Cervical Cancer Screening (PAP and HPV)

Women younger than 21	Women younger than 21 should not be screened for cervical cancer.
Women 21 to 29	Screen for cervical cancer every 3 years with cytology alone.
Women 30 to 65	Screen for cervical cancer with cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with co-testing (hrHPV and cytology).
Women over 65	Discontinue screening women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

#### Chlamydia Infection Screening

Women	Screen all sexually active women age 24 and younger and older women at increased risk for infection.
-------	--

#### Colorectal Cancer Screening

Ages 50 to 75	All men and women should be screened, using one of the following options: <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) – annually</li> <li>• Annual Fecal Immunochemical Test (FIT) plus flexible sigmoidoscopy every five years</li> <li>• Colonoscopy every 10 years</li> <li>• CT colonography every five years</li> <li>• FIT-DNA every three years</li> </ul>
---------------	---

#### Depression Screening

Adults 18 and older	Screen for depression in the general adult population. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
---------------------	---

<b>Abnormal Blood Glucose and Type 2 Diabetes Mellitus Screening</b>		
	Adults	Screen adults with hypertension or hyperlipidemia for type 2 diabetes mellitus.
	Adults aged 40 to 70	Screen for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
<b>Falls Prevention in Community-Dwelling Older Adults</b>		
	Adults 65 years or older without osteoporosis or vitamin D deficiency	Recommend exercise interventions to prevent falls in adults who are at increased risk for falls.
<b>Gonorrhea Screening</b>		
	Women	Screen all sexually active women age 24 years or younger and older women at increased risk for infection.
<b>Hepatitis B Screening</b>		
	Non-pregnant Adults	Screen for hepatitis B virus infection in persons at high risk for infection.
<b>Hepatitis C Virus Infection Screening (HCV)</b>		
	Adults aged 18 to 79 years	Screen all asymptomatic adults (including pregnant persons) 18 to 79 years without known liver disease.
<b>High Blood Pressure Screening</b>		
	Adults age 18 years or older	Screen for high blood pressure in adults 18 years and older. Obtain measurements outside of the clinical setting for diagnostic confirmation before starting treatment. Adults aged ≥40 years and persons at increased risk for high blood pressure should be screened annually. Adults aged 18 to 39 years with normal blood pressure (<130/85 mm Hg) who do not have other risk factors should be rescreened every 3 to 5 years. Ambulatory and home blood pressure monitoring can be used to confirm a diagnosis of hypertension after initial screening.
<b>HIV Counseling and Screening</b>		
	Adolescents and adults aged 15 to 65 years	Screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.
<b>Lipid Disorder Screening</b>		
	Men, beginning at age 35 Women, beginning at age 45 Adults at increased risk for coronary heart disease, beginning at age 20	<ol style="list-style-type: none"> <li>1. Screen every five years for high blood cholesterol using fasting or non-fasting specimen.</li> <li>2. Consider shorter or longer screening intervals based on lipid levels and risk status.</li> </ol>
<b>Lung Cancer Screening</b>		
	Adults age 55 to 80 years	Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a history of smoking a pack of cigarettes a day for 30 years and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
<b>Obesity Screening</b>		
	Adults	Screen all adults for obesity. Offer or refer patients with a BMI of 30 or higher to intensive, multicomponent behavioral interventions.
<b>Osteoporosis to Prevent Fractures Screening</b>		
	Women 65 years and older	Screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older.
	Postmenopausal women younger than 65 years at increased risk of osteoporosis	Screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in postmenopausal women younger than 65 years who are at an increased risk of osteoporosis, as determined by a formal clinical risk assessment tool.
<b>Skin Cancer Prevention Counseling</b>		
	Young adults, adolescents, children, and parents of young children	Counseling about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types.
<b>Syphilis Infection Screening</b>		

	Adults	Screen for syphilis infection in asymptomatic, non-pregnant persons who are at increased risk for infection.
<b>Tobacco Use Counseling</b>		
	Adults	Ask all adults about tobacco use, advise to stop using tobacco, provide behavioral interventions and USFDA approved pharmacotherapy for cessation to adults who use tobacco.
<b>Tuberculosis Screening</b>		
	Adults	Screen for latent tuberculosis infection in populations at increased risk.
<b>Preventive Medication</b>		
<b>Aspirin Preventive Medication</b>		
	Adults 50 to 59 years with a cardiovascular risk	Initiate low-dose aspirin use for the primary prevention of cardiovascular and colorectal cancer in adults aged 50 to 59 who have a 10% or greater 10-year cardiovascular 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.
<b>Folic Acid Supplementation</b>		
	Women who are planning or capable of pregnancy	For the prevention of neural tube defects; all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg of folic acid.
<b>Prevention of HIV Infection: Preexposure Prophylaxis</b>		
	Persons at high risk of HIV acquisition	Offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.
<b>Breast Cancer: Medication Use to Reduce Risk</b>		
	Women aged $\geq 35$ years at increased risk for breast cancer	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.
<b>Preventive Care During Pregnancy</b>		
<b>Asymptomatic Bacteremia</b>		
	12 to 16 weeks gestation	Screen for bacteremia using urine culture at 12 to 16 weeks gestation or at the first prenatal visit if care begins after 16 weeks.
<b>Breastfeeding</b>		
	Adults	Promote breastfeeding using structured education and behavioral counseling.
<b>Chlamydia Infection Screening</b>		
	Adults	Screen all sexually active women age 24 and younger, and older pregnant women who are at increased risk.
<b>Depression Screening</b>		
	Pregnant and postpartum	Screen for depression in pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
<b>Perinatal Depression: Preventive Interventions</b>		
	Pregnant and postpartum persons	Provide or refer pregnant or postpartum persons who are at increased risk of perinatal depression to counseling interventions.
<b>Gestational Diabetes Screening</b>		
	After 24 weeks gestation	Screen for gestational diabetes in asymptomatic pregnant women.
<b>Gonorrhea Screening</b>		
	Adults	Screen all pregnant women at increased risk for infection.
<b>Group B Strep Screening</b>		
	35-37 weeks gestation	Screen for vaginal and rectal group B strep colonization.
<b>Hepatitis B Virus Infection</b>		
	Pregnant women	Screen for Hepatitis B virus (HBV) infection using HBsAg at first prenatal visit. Screen regardless of previous HBV vaccination or previous negative HBsAg test results.
<b>Human Immunodeficiency Virus (HIV) Infection Screening</b>		

	Pregnant persons	Screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.
<b>Iron Deficiency Anemia</b>		
	Adults	Routine screening for iron deficiency anemia in asymptomatic pregnant women.
<b>Rh (D) Incompatibility</b>		
	First prenatal visit 24-48 weeks gestation	Screen for Rh (D) blood typing and antibody testing. Repeat Rh (D) antibody testing for all un-sensitized Rh (D)-negative women, unless the biological father is known to be Rh (D)-negative.
<b>Syphilis Infection in Pregnant Women Screening</b>		
	Pregnant women	Early screening for syphilis infection in all pregnant women.
<b>Tobacco Use Counseling</b>		
	Adults	Ask all pregnant women about tobacco use, advise to stop using tobacco, provide behavioral interventions for cessation to pregnant women who use tobacco.
<b>Preeclampsia Prevention</b>		
	After 12 weeks gestation	Low dose aspirin (81mg/d) as preventive medication for women at high risk for preeclampsia.
<b>Preeclampsia Screening</b>		
	Pregnant women without known diagnosis of preeclampsia or hypertension	Screen for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.
<b>High Risk Counseling</b>		
<b>Breast Cancer–Chemoprevention</b>		
	High-risk women	Identify women at high risk for breast cancer and refer to an oncologist.
<b>Cerebrovascular Disease–Chemoprevention</b>		
	Women ages 55 to 79	Counsel women about aspirin to reduce the risk of ischemic strokes.
<b>Coronary Heart Disease–Chemoprevention</b>		
	Men ages 45 to 79	Counsel men about aspirin to reduce the risk of coronary heart disease (CHD).
<b>Contraceptive Methods and Counseling</b>		
	Women	Counsel women with reproductive capacity on all Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures, and patient education.
<b>Folic Acid to Prevent Neural Tube Defects</b>		
	All women who may become pregnant	Counsel women to take a daily supplement containing 0.4 to 0.8 mg of folic acid.
<b>BRCA Risk Assessment and Genetic Counseling/Testing</b>		
	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with BRCA1/2 gene mutations	Assess women 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.
<b>Weight Loss to Prevent Obesity-Related Morbidity &amp; Mortality in Adults</b>		
	Adults with a BMI $\geq$ 30	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.
<b>Intimate Partner Violence (IPV)</b>		
	Women of reproductive age	Screen for IPV and provide or refer screen-positive women to ongoing support services.
<b>Sexually Transmitted Infections</b>		
	Adults	Intensive behavioral counseling for all sexually active adults at increased risk for sexually transmitted infections.

# 2020 Recommended Adult Immunization Schedule for Adults Aged 19 and Older

## [Recommended Adult Immunization Schedule](#) (United States, 2020)

- **By vaccine and age group**
- **By medical indications**

### Notes

---

The U.S. Preventive Services Task Force (USPSTF) grades its recommendations based on the strength of evidence and magnitude of net benefit (benefits minus harms).

**Grade A:** The USPSTF recommends the service. There is high certainty that the net benefit is substantial. *Suggestions for practice:* Offer or provide this service.

**Grade B:** The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. *Suggestions for practice:* Offer or provide this service.

**Grade C:** The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. *Suggestions for practice:* Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.

**Grade D:** The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. *Suggestions for practice:* Discourage the use of this service.

**Grade I:** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined. *Suggestions for practice:* Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.