

Immunizations and Screening Tests for Healthy Children

Screening Tests	0-1 year (Infancy)	1-4 years (Early Childhood)	5–10 years (Middle Childhood)	11–18 years (Adolescence)	19-21 years (Young Adult)		
Routine Well Visits including developmental milestones, behavioral assessments, anticipatory guidance, physical activity, and nutrition	1–2 weeks; and 1, 2, 4, 6, 9, and 12 months. Assess breastfeeding infants between 2–5 days of age.	15, 18, and 24 months; and 3 and 4 years	Annually	Annually	Annually		
Anemia	Once between 9–12 months	11-21. starting at age 12, screen all non-pregnant females every 5-10 years during well visit. Annually screen for anemia if at high risk.					
Cholesterol			Ages 9-11 and 18-21 obtain universal lipid screen. Ages 1-17 obtain fasting lipid profile at least once if there is a family history of premature cardiovascular disease (CVD) or parent with known lipid disorder and/or parent with a high-risk condition				
Blood Test for Lead	Initial screening between 9–12 months	2 years. and, if in areas of high risk, also at 3 and 4 years.	If never screened, prior to kindergarten entry				
Hepatitis C	1-10 years anti-hepai	titis C virus test in children with Hepatitis C					
Growth and Body Mass Index	Assess growth parameters using length, weight and head circumference.	Assess growth parameters using height, weight, and head circumference. BMI at 24 months and 30 months. Annual BMI starting at age 3. Screen annually for eating disorders starting in middle childhood.					
Blood Pressure		Annually, beginning at 3					
Hearing	Assess prior to Newborn discharge Subjective assessment at all other routine checkups.	Conduct objective hearing screening at 4, 5, 6, 8, and 10. Conduct audiologic monitoring every 6 months until 3 years if there is a language delay or a risk of hearing loss. Subjective assessment at all other routine checkups.					
Vision	Assess prior to Newborn discharge. Screen for strabismus (lazy eye) at every visit.	Visual acuity test at ag strabismus (lazy eye) a					
Oral Health	Periodic oral health risk assessment. Supervised use of fluoride toothpaste for children with teeth. Establish dental home by age 1. Fluoride varnish application if significant risk for dental caries and inability to establish dental home.						
Pap (Females)					At 21 years of age. Annually if a patient has immune suppression or infection with HIV, starting at the onset of sexual activity		

Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed. These guidelines are generally for healthy children with no current symptoms or prior history of medical condition. Parents of children with medical conditions or a family history of certain diseases should talk to their doctor about the right recommendations for their children.

These guidelines were developed by Massachusetts Health Quality Partners (MHQP), a broad-based coalition of health Care providers, plans and purchasers working together to promote improvement in the quality of health care services in Massachusetts. Blue Cross Blue Shield of Massachusetts is an MHQP member.

Screening Tests (continued)	0-1 year (Infancy)	1-4 years (Early Childhood)	5-10 years (Middle Childhood)	11–18 years (Adolescence)	19-21 years (Young Adult)				
Tests for Sexually Transmitted Diseases (STI)/ HIV				For HIV: routine screed by 16 to 18 years. For chlamydia and gounnually if sexually are for syphilis: screen in	onorrhea: screen ctive.				
Immunizations									
Hepatitis A		2 doses between 12–2 after the first	23 months. Second dose	e 6 months					
Hepatitis B	3 doses: at birth, 1-2 r	ses: at birth, 1-2 months, 6-18 months							
Diphtheria, Tetanus, Pertussis (DTaP) Tetanus, Diphtheria, and Acellular Pertussis (Tdap) [Note: replaces Tetanus Diphtheria (Td)]	5 doses of DTaP at 2, 4, 6 months; 15–18 months and 4–6 years			1 dose of Tdap between ages 11-12					
Inactivated Polio (IPV)	4 doses at 2 and 4 months, 6–18 months, and 4–6 years								
Haemophilus (Hib)	3 or 4 doses, depending on formulation: at 2 and 4 or 6 months; and between 12–15 months								
Measles, Mumps, Rubella (MMR)		1 dose: between 12–15 months	1 dose between 4-6 years						
Varicella (Chicken Pox)	2 doses between 12–15 months; 4 and 6 years								
Pneumococcal Conjugate (PVC13)	4 doses: at 2, 4, and 6 months and 12–15 months								
Meningococcal Vaccine				2 doses: between 11–12 years and 16 years					
HPV (males & females)				3 doses between ago can receive up to ago					
Flu Vaccine	Annually during flu season for all children starting at age 6 months								
Rotavirus	2 or 3 doses depending on formulation: at 2, and 4 months, and 6 months								
Tuberculosis (TB)	Tuberculin skin testing for all patients at high risk								

Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed. These guidelines are generally for healthy children with no current symptoms or prior history of medical condition. Parents of children with medical conditions or a family history of certain diseases should talk to their doctor about the right recommendations for their children.

These guidelines were developed by Massachusetts Health Quality Partners (MHQP), a broad-based coalition of health Care providers, plans and purchasers working together to promote improvement in the quality of health care services in Massachusetts. Blue Cross Blue Shield of Massachusetts is an MHQP member.



Nondiscrimination Notice & Translation Resources

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).