



**Samaritan
Health Plans**

InterCommunity Health Network Coordinated Care
Organization
Samaritan Advantage Health Plans (HMO)
Samaritan Choice Plans
Samaritan Employer Group Plans

Physical health clinical practice guideline name:	<i>Recommended Pediatric Preventive Screening Guideline</i>
Original date approved by QMC:	7/02 IHN
Original date approved by UM Committee	7/25 SHP
Dates re-reviewed by UM Committee	
Dates re-reviewed by QMC:	7/04 IHN; 5/06 Logo Change; 1/07 SHPO; 10/08 SHPO; 7/09 SHPO; 9/10 SHPO; 7/11 SHPO; 7/12 SHPO; 7/13 SHPO; 9/14 SHPO; 9/15 SHPO; 9/16 SHPO; 7/17 SHPO; 7/18 SHPO; 11/19 SHP; 9/20 SHP; 7/21 SHP; 9/22 SHP; 7/23 SHP; 7/24 SHP; 7/25 SHP

Guideline description:

This guideline provides a listing of various types of preventive screenings for pediatrics including specific time frames for the screening.

Reference:

Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics Updated February 2025

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

These recommendations are designed to be guidelines but do not guarantee coverage by each plan. For coverage/benefit information please contact our Customer Service department.