

## Covered Preventive Services

### CHILDREN



Indicates for ages 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years

1. **Alcohol, tobacco, and drug use assessments** for adolescents
2. **Autism screening** for children at 18 and 24 months
3. **Behavioral assessments** ●
4. **Bilirubin concentration screening** for newborns
5. **Blood pressure screening** ●
6. **Blood screening** for newborns
7. **Cervical dysplasia screening** for sexually active females
8. **Depression screening** for adolescents beginning routinely at age 12
9. **Developmental screening** for children under age 3
10. **Dyslipidemia screening** for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
11. **Fluoride chemoprevention supplements** for children without fluoride in their water source
12. **Fluoride varnish** for all infants and children as soon as teeth are present
13. **Gonorrhea preventive medication** for the eyes of all newborns
14. **Hearing screening** for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
15. **Height, weight and body mass index (BMI) measurements** ●
16. **Hematocrit or hemoglobin screening** for all children
17. **Hemoglobinopathies or sickle cell screening** for newborns
18. **Hepatitis B screening** for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11–17 years
19. **HIV screening** for adolescents at higher risk
20. **Hypothyroidism screening** for newborns
21. **Immunization vaccines** for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
 

Diphtheria, Tetanus, Pertussis (Whooping Cough)	Varicella (Chickenpox)
Haemophilus influenza type b	Influenza (flu shot)
Hepatitis A	Measles Meningococcal
Hepatitis B	Pneumococcal
Human Papillomavirus (HPV)	Rotavirus
Inactivated Poliovirus	COVID 19
22. **Iron supplements** for children ages 6 to 12 months at risk for anemia
23. **Lead screening** for children at risk of exposure
24. **Maternal depression screening** for mothers of infants at 1, 2, 4, and 6-month visits
25. **Medical history** for all children throughout development ages. ●
26. **Obesity screening and counseling**
27. **Oral health risk assessment** for young children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
28. **Phenylketonuria (PKU) screening** for newborns
29. **Sexually transmitted infection (STI) prevention counseling and screening** for adolescents at higher risk
30. **Tuberculin testing** for children at higher risk of tuberculosis ages. ●
31. **Vision screening** for all children

\*The list of covered Immunizations and vaccinations are subject to periodic change. Please refer to [www.hhs.gov](http://www.hhs.gov) for an real time list of covered services.