



**NEIGHBORHOOD HEALTH PLAN OF RI ADOPTED NATIONAL GUIDELINES FOR**

## **Adolescent Routine Preventive Care**

Adopted March 2014

**REVIEW DATES:**

March 2014, February 2016, February 2018, February 2020

Neighborhood reviews Clinical Practice Guidelines every two years.

**Please Follow the Link Below for Full Guideline Details:**

<http://www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx>

**Disclaimer:**

This clinical practice guideline is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. These guidelines are current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.