



ADOPTED NATIONAL GUIDELINES FOR

Adult Routine Preventive Care

Adopted January 2013

REVISION DATES:
1/13, 1/15, 3/19/ 3/21, 3/23, 3/25

Neighborhood reviews Clinical Practice Guidelines every two years.

Please Follow the Links Below for Full Guideline Details:

[US Preventive Services Task Force: Primary Care Recommendations](#)

[US Preventive Services Task Force: A/B Grade Recommendations](#)

[CDC: Adult Vaccine Schedule](#)

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 Health Plan of RI Clinical Practice Guideline Effective Date: 03/19/1999

Previous Revision Dates: July 2000, July 2002, July 2004, July 2006, June 2008, July 2010, March 2019, March 2021, March 2023, March 2025

Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.