

1 **Clinical Practice Guideline:**            **Disease Screening Procedures**

2  
3 **Date of Implementation:**            **February 20, 2014**

4  
5 **Product:**                                    **Specialty**

6  
7  
8 **GUIDELINES**

9 Practitioners, as appropriate to their education, training, experience, and scope of practice,  
10 can provide valuable screening for common risk factors and health conditions.

11  
12 Among portal-of-entry practitioners, screening at risk and/or symptomatic patients for the  
13 conditions listed below is considered best practice. Providing a direct intervention (e.g.,  
14 lifestyle and/or dietary changes) for patients for whom the screening results indicate a need  
15 for intervention, will depend upon the practitioner’s education, training, experience, and  
16 scope of practice. In the absence of such a direct intervention, providing a referral  
17 intervention (e.g., to the patient’s medical physician) is considered necessary. In the  
18 context of best practices for these practitioners, a level of awareness that risk factors and/or  
19 signs/symptoms of the below conditions are present is required and a subsequent referral  
20 for appropriate evaluation is necessary and within the purview of all.

21  
22 Other CPGs related to specific screening and preventive care recommendations are  
23 available on [ashlink.com](http://ashlink.com).

24  
25 **INTRODUCTION**

26 Health issues identified through appropriate screening provide patients with earlier  
27 detection and increase the likelihood of successful treatment. In some cases, the detrimental  
28 effects of a disease or health condition can be mitigated or possibly reversed with  
29 appropriate early detection and care (e.g., Type 2 diabetes or cardiovascular disease). These  
30 guidelines will provide an overview of some common conditions for which screening is  
31 beneficial and, in some cases, vital to a patient’s health and well-being. Applicable  
32 recommendations for preventive health screenings are based on the United States  
33 Preventive Services Task Force (USPSTF).

34  
35 The Agency for Healthcare Research and Quality (AHRQ) is under the U.S. Department  
36 of Health and Human Services (HHS) and sponsors the USPSTF, a leading independent  
37 panel of private-sector experts in prevention and primary care. The USPSTF conducts  
38 rigorous assessments of the scientific evidence for the effectiveness of a broad range of  
39 clinical preventive services, including screening and counseling.

1 The USPSTF makes recommendations about which preventive services should be  
 2 incorporated routinely into health care and for which particular populations. The guidelines  
 3 covered in this policy focus on “recommended” screenings by the USPSTF. These are  
 4 services/screenings which have an A or B rating as defined below.

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF <i>recommends</i> the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF <i>recommends</i> the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	The USPSTF recommends <i>selectively</i> offering or providing this service based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on circumstances.
<b>D</b>	The USPSTF recommends <i>against</i> the service. There is moderate or high certainty of either no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I</b>	The USPSTF concludes that the current evidence is <i>insufficient</i> to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

6  
 7 A comprehensive review of the USPSTF rating process can be found in the ASH policy  
 8 *Preventive Care Guidelines* (CPG 140 – S) or at the USPSTF website:  
 9 <http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions>.

### 10 **Disease Screening**

11 All published preventative services and disease screening recommendations can be found  
 12 at:

13 [https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=)

14 P  
 15

1 **References**  
2 American Medical Association. (current year). *Current Procedural Terminology (CPT)*  
3 *current year* (rev. ed.). Chicago: AMA  
4  
5 U.S. Preventive Services Task Force. All recommendations retrieved on November 19,  
6 2024 from  
7 <https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>  
8  
9 U.S. Preventive Services Task Force. *Methods and Processes*. Retrieved November 19,  
10 2024 from: [https://www.uspreventiveservicestaskforce.org/uspstf/about-  
uspstf/methods-and-processes](https://www.uspreventiveservicestaskforce.org/uspstf/about-<br/>uspstf/methods-and-processes)  
11