

SECTION	Approval date:	
Preventive Services	Approved by:	
POLICY AND PROCEDURE	Effective date:	
Preventive Care Screening Equipment	Revision date:	

POLICY:

Preventive health care services and health appraisal examinations are provided on a periodic basis for detection of asymptomatic diseases. Examination equipment, appropriate for primary care services is required to be available at the Primary Care Physician office site.

PROCEDURE:

- I. The following equipment shall be maintained on site and will be appropriate to the population served.
 - A. Examination table:
 - The examination table has a protective barrier to cover the exam table surface that is changed between patients contact. The exam table is in “good repair” (i.e., is clean, well maintained, and in proper working order).
 - B. Scales:
 - Infant scales are marked and accurate to increments of one (1) ounce or less, and have a capacity of at least 35 pounds. Infants and children are weighed undressed or wearing indoor minimal clothing. If the child resists to the extent that s/he cannot be weighed accurately, document in the medical record that the child resisted and the weight measurement is imprecise.
 - Standing floor scales are marked and are accurate to increments of one-fourth (¼) pound or less with a capacity of at least 300.
 - Balance beam or electronic scales are appropriate for clinic use.
 - Electronic or digital scales have automatic zeroing and lock-in weight features.
 - Spring balance scales (e.g., bathroom scales) are UNSATISFACTORY for clinical use.
 - C. Measuring stature devices: (includes length, height, and head circumference)
 - Rigid 90° right angle headboard block that is perpendicular to the recumbent measurement surface or vertical to the wall mounted standing measurement surface.
 - Flat, paper or plastic, non-stretchable tape or yardstick marked to one-eighth inch (1/8 or 1mm) or less. The “0” of the tape is exactly as the base of the headboard for recumbent measurement, or exactly at foot level for standing measurement.
 - Non-flexible footboard at 90° right angle perpendicular to the recumbent measurement surface or flat floor surfaces for standing. Adult scale height measuring devices are unacceptable.
 - Head circumference measurement uses a non-stretchable tape measuring device marked to (1/8 or 1mm) or less (up to 24 months of age)

D. Basic exam equipment available for use in exam rooms:

- Thermometers: oral and/or tympanic
- Stethoscope and sphygmomanometer with various sized cuffs (e.g., small, regular, extra large/obese/thigh)
- Percussion hammer
- Tongue blades
- Patient gowns are appropriate to the population served on site
- Ophthalmoscope
- Otoscope with adult and pediatric ear speculums

E. Vision testing:

- Members who are 3 to 20 years old and are seen for pediatric preventive services shall have a visual acuity screening using eye charts recommended by the American Academy of Pediatrics (AAP). Both literate (e.g., Sloan or Snellen) and illiterate (e.g., HOTV or LEA) eye charts are available.
- Wall mounted eye charts are height adjustable and positioned at the eye-level of the patient.
- Heel lines are clearly established and aligned with the center of the eye chart at a distance of 10 or 20 feet depending on the 10-foot or 20-foot vision chart used. Examiners shall stand their patients with their heels to the line unless the eye chart that is being used to screen specifically instructs the patient to be positioned elsewhere.
- Eye charts are located in an area with adequate lighting and at height appropriate to patient (adjustable).
- Effective occlusion, such as with tape or an occlusive patch of the eye not being tested, is important to eliminate the possibility of peeking. If patch is not available or tolerated, acceptable occluders include specially designed occlusion glasses and for children 10 years and older, an occlusive paddle with a hole for the child to look through.
- For infection control purposes, disposable occlusive devices are preferred because they minimize the risk of transmitting infection between patients.

Please visit the AAP link for more detailed requirements:

<https://pediatrics.aappublications.org/content/137/1/e20153597>

F. Audiometric Testing:

- Members who are 4 to 20 years old and are seen for pediatric preventive services shall have an audiometric screening with a pure tone, air conduction audiometer available. Members that are referred to another provider for audiometric testing shall have a copy of their test results/report available in the member's medical record for review.
- The pure tone audiometer shall have the minimum ability to:
 - a. Produce intensities between 0 to 80 dB;
 - b. Have a headset with right and left earphones;
 - c. Be operated manually; and
 - d. Produce frequencies at 1000, 2000, 3000, 4000, 6000, and 8000 Hz.

Please visit the following links for more detailed requirements:

https://pediatriccare.solutions.aap.org/DocumentLibrary/periodicity_schedule.pdf

<https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483>