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February 16, 2016

Dear Medical Director:

The American Academy of Pediatrics (AAP) is a professional medical society of over 64,000 pediatricians, pediatric medical sub-specialists and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults. The AAP is advocating for coverage and payment for vision screening, particularly instrument based screening, based on newly published recommendations.

The AAP has published a new clinical report and policy statement on updated guidance for eye examination and vision assessment, including frequency of procedures as well as detailing validated methods pediatricians can use for examining the eyes and visual system of patients from newborns to adolescents.

The policy statement *Visual System Assessment in Infants, Children and Young Adults by Pediatricians* is available at www.pediatrics.org/cgi/doi/10.1542/peds.2015-3596, and the clinical report *Procedures for the Evaluation of the Visual System by Pediatricians* is at www.pediatrics.org/cgi/doi/10.1542/peds.2015-3597. Both are published in the January 2016 issue of *Pediatrics*. The policy statement articulates the screening criteria and screening methods, and the clinical report explains the various evaluation procedures that are available for use by the pediatrician or primary care physician.

The guidance is included in the 2016 Bright Futures/AAP *Recommendations for Preventive Pediatric Health Care*, or Periodicity Schedule and supplants the following AAP policies: *Eye Examination in Infants, Children and Young Adults by Pediatricians* (2003); *Red Reflex Examination in Neonates, Infants and Children* (2008); and *Instrument-Based Pediatric Vision Screening* (2012). The 2016 Bright Futures-AAP *Recommendations for Preventive Pediatric Health Care*, or Periodicity Schedule, reflects the new guidance on vision screening and may be accessed at: <http://pediatrics.aappublications.org/content/pediatrics/137/1/1.64.full.pdf>

The AAP encourages payers to revise their policies to provide coverage and payment for vision screening and assessment as per these recommendations. We seek your feedback regarding how your standard certificate of coverage and payment policies will be updated to reflect these updated guidelines:

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- Instrument based screening, if available, can be used at any age and can be attempted beginning at age 12 months,¹ and a previous study has demonstrated better eventual outcomes for children undergoing their first photoscreening before 2 years of age.²
Instrument based screening at any age is suggested if unable to test visual acuity monocularly with age-appropriate ototypes.
- Instrument-based screening can be repeated at each annual preventive medicine encounter through 5 years of age or until visual acuity can be assessed reliably using optotypes. Using these techniques in children younger than 6 years can enhance detection of conditions that may lead to amblyopia and/or strabismus compared with traditional methods of assessment.³
- Instrument-based screening may be a helpful alternative in screening developmentally delayed children of any age.⁴

As noted in the AAP clinical report, instrument-based screening can be relatively quick and requires less attention from the child compared with traditional visual acuity screening. Further, as stated in the AAP documents, instrument based screening is an approved technology that is endorsed by the United States Preventative Services Task Force (USPSTF).

Payers are also urged to pay for the visual acuity screening (CPT code 99173) and instrument based ocular screening (CPT codes 99174 and 99177). For the former, payers may utilize 2016

Medicare RBRVS values to pay for visual acuity screening as a separately reported service. However, the ocular screening codes do not yet have values published on RBRVS. The American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) has submitted valuation recommendations to CMS for CPT codes 99174 and 99177 but CMS has failed to publish them in the current iteration of RBRVS. Therefore, in the interim, public and private payers are urged to provide coverage benefits and to pay appropriately for instrument based ocular screening as a separately reported service, apart from the reported office visit and other preventive care services.

We look forward to your response on coverage and payment for visual screening as this is a critical preventive service with substantial health and cost implications.

If you have questions or need additional information, please contact Lou Terranova, Senior Health Policy Analyst at lterranova@aap.org or 847-434-7633.

Sincerely,

/s/

Benard P. Dreyer, MD, FAAP
President

BPD/lt

February 3, 2016

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References

1. Longmuir SQ, Boese EA, Pfeifer W, Zimmerman B, Short L, Scott WE. Practical community photoscreening in very young children. *Pediatrics*. 2013;131(3). Available at: www.pediatrics.org/cgi/content/full/131/2/e764pmid:23400603
2. Kirk VG, Clausen MM, Armitage MD, Arnold RW. Preverbal photoscreening for amblyogenic factors and outcomes in amblyopia treatment: early objective screening and visual acuities. *Arch Ophthalmol*. 2008;126(4):489–492pmid:18413517
3. Salcido AA, Bradley J, Donahue SP. Predictive value of photoscreening and traditional screening of preschool children. *J AAPOS*. 2005;9(2):114–120pmid:15838437
4. Singman E, Matta N, Fairward A, Silbert D. Evaluation of plusoptiX photoscreening during examinations of children with autism. *Strabismus*. 2013;21(2):103–105