Implementing Photo-Screening for Vision: Start-Up Checklist

Preparing Your Team – Concepts and Workflow

- ☐ Explain that a quality screening can prevent blindness and/or learning issues[1]
- ☐ Identify person who will be responsible for initial and on-going staff training[2]
- ☐ Get practice-level agreement on screening criteria:
  - At which ages/visits will children be screened[3]
  - Which children (if any) should NOT be screened[4]
  - When to use eye charts, when to use automated screener[5]
  - Create a follow-up plan for untestable children[6]
  - How to handle screening results obtained elsewhere (Head Start, community fair, etc.)[7]
- ☐ Determine the process for data entry:
  - What data should be recorded in the medical record– pass/fail, acuity, other[8]
  - Who will code the procedure; who will bill
- ☐ Determine how the results will be communicated to the provider
- ☐ Determine who will communicate results with family & how[9]
  - Handouts?[10]
  - Will you provide a copy of the results – a print-out from device or written results?[11]

Equipment and Environment

- ☐ Establish criteria for proper equipment use[12]
- ☐ Use in a location where lighting can be dimmed
- ☐ Determine how you will manage device data[13]
- ☐ Equipment maintenance
  - Establish a routine storage[14] and maintenance plan[15]
  - Establish a malfunction/backup plan

Referral Process

- ☐ Determine criteria to close the loop on a "critical" referral – a child with a ***high-risk failure*** for whom you want to be sure they've seen the eye doctor[16]
- ☐ Determine the process for closing the loop on critical referrals – who will follow-up; how?
- ☐ Determine your referral network – ophthalmology and/or optometry[17]
- ☐ Create a list of resources for uninsured/underinsured[18]

Billing

- ☐ Determine which code(s) you should use for your screening instrument – 99174 vs. 99177[19]
- ☐ Communicate to parents about possible charges
  - Consider waiver of payment or cost of screening form for underinsured children[20]
  - Remember AHCCCS pays for one screening per child per lifetime (age 3,4,5 EPSDT visit)[21]

Document Process/Procedures Into Office Policy (1-2 months after implementation)

[1] https://www.aao.org/eye-health/tips-prevention/children-eye-screening

[2] Coming Soon

[3] Per 2017 *Bright Futures Guidelines* (https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)
A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).

[4] Establish an office policy on whether to screen ALL children as a routine process, or to NOT screen children with known vision problems who are already in treatment by an eye-care professional.

[5] See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596)

[6] Coming Soon

[7] Establish a routine process – will written results be accepted 'as-is'? will all children be rescreened in the office?

[8] Coming Soon

[9] Coming Soon

[10] Coming Soon

[11] If printed or written results are provided, explain that photoscreener results are not the same as a visual acuity (eye chart test) and that the results are not a prescription for glasses

[12] Always use the wrist strap as a safety precaution in case of dropping camera, turn camera off after use, put in the carrying case, etc.

[13] Will results be downloaded to the EMR? Deleted when memory is full? Options for the collection of data include: [1] custom data integration in to the practice's EHR, [2] exporting the data to a thumb drive and mailing the drive to a company that would provide the necessary services, or [3] exporting the data to Excel and either manually importing the results from the Excel spreadsheet or submitting the Excel file for importing by a company. If your practice is interested in providing deidentified results to the VisionQuest 20/20 HIPAA-compliant database for epidemiologic surveillance purposes, please contact VisionQuest 20/20.

[14] If the device is stored in a locked area or cabinet, who has the key and how do you get access if that person is out of the office?

[15] The equipment should be maintained by the user to ensure optimal operation including [1] store at room temperature and relative humidity as recommended (e.g. – don't leave device in your hot car), [2] replace battery when necessary (SPOT requires unit to be serviced by manufacturer, the PlusoptiX has user replaceable batteries), [3] periodically remove the screening data stored on the device to free up memory, [4] perform recommended software / firmware upgrades as provided by the manufacturer, and [5] have the device serviced by the manufacturer if the devices begins to behave erratically, is unable to provide reliable screening performance, operates at an excessively warm temperature to the touch, or has been dropped, submerged or otherwise appears damaged.

[16] Establish your office's criteria for what defines a 'high-risk' failure that you want to be certain gets to an eye care professional.

[17] Are there local eye care providers to whom you will refer YOUNG CHILDREN to? Is their health plan contract info up to date? Consider identifying providers that will see children less than 2, 2-3, other ages… Who is responsible for maintaining this list? For AHCCCS clients, if unable to identify an ophthalmologist or optometrist, here is a LINK to file a concern about lack of access to covered services.

[18] See http://eyesonlearning.org/vision-screening-eye-exams/what-does-insurance-cover/ "I don't have insurance"

[19] https://www.aap.org/en-us/Documents/coding_preventive_care.pdf

[20] Sample Waiver

[21] https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/430.pdf As of 4/2018, AHCCCS pays $24.80 once per child, lifetime for 99177 performed in conjunction with an EPSDT visit at 3,4, or 5 years old (use EP modifier). Other instances, AHCCCS fee schedule reports 99174 and 99177 values at $6.39

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