**{USE YOUR OFFICE LETTERHEAD IF MAILING HARD COPY}**

[*Date*]

Attn:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Appeals Department

[*Address*]

[*City, State, ZIP Code*]

**RE: Claim Appeal for Denial of Ocular Photoscreening**

Insured/Plan Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Plan Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear [*Health Insurer*]:

I am appealing the above-referenced claim denial for Ocular Photoscreening, coded as Current Procedural Terminology (CPT®) code 99174 *(Instrument-based ocular screening (e.g., photoscreening, automated refraction), bilateral; with remote analysis and report).* I strongly disagree with the denial rationale listed below:

[Insert information from the EOB, including the denial code and explanation, or any information conveyed by a customer service associate. If none, remove this highlighted section]

In my experience, ocular photoscreening is an effective method of vision screening to detect vision problems in young children. Under today’s standard of care, pediatricians perform annual eye exams using visual acuity tests. However, in young children, such as this patient aged \_\_ years old, who are not yet equipped to engage in this type of interactive testing, ocular photoscreening is a proven, safe and effective procedure.

***Recommendation from the American Academy of Pediatrics (AAP), American Association of Pediatric Ophthalmology and Strabismus (AAPOS) and the American Academy of Ophthalmology (AAO).[[1]](#footnote-1)***

The AAP, AAPOS and AAO jointly recommend instrument-based visual acuity screening for patients aged 1-3 years old. The AAP stated that instrument-based screening devices for vision screening have had extensive validation, both in field studies and, more recently, in pediatricians’ offices. Screening instruments detect amblyopia, high refractive error, and strabismus, the most common conditions producing visual impairment in children. The statements from the three specialty societies reference peer-reviewed studies and strongly contradict [insurer’s name] position that instrument-based ocular screening is investigative or experimental.

***Recommendation from the United States Preventive Services Task Force (USPSTF)[[2]](#footnote-2)***

Eye screening or vision assessment is an important part of medical care for children. An estimated one to four percent of preschool-age children suffer from amblyopia, an alteration in the visual neural pathway of the developing brain that can lead to permanent loss of vision in the affected eye. Early detection of vision problems provides actionable information and can lead to effective interventions to correct these problems and prevent permanent visual disability. As the AAP Policy Statement noted, numerous studies have found patients who suffer from visual impairments, such as refractive errors and strabismus, can benefit from early interventions to prevent the onset of amblyopia.

The USPSTF, both in its 2011 Visual Impairment in Children Ages 1-5: Screening and its 2017 updated recommendation[[3]](#footnote-3) issued a B rating for vision screening of 3 to 5 year-olds, meaning that the procedure is recommended. The USPSTF found adequate evidence that vision screening tools, including instrument-based photoscreening, have reasonable accuracy in detecting visual impairment (refractive errors, strabismus, and amblyopia).

The USPSTF notes that “[i]nstrument-based vision screening (i.e., autorefractors and photoscreeners) may be used in very young children, including infants. Autorefractors are computerized instruments that detect refractive errors; photoscreeners detect amblyopia risk factors (ocular alignment and media opacity) and refractive errors. .

*IF FINDINGS WERE NORMAL INCLUDE THE FOLLOWING PARAGRAPH*:

On [Date] I saw [patient name], a [patient age]-year-old patient. My initial clinical examination revealed no visible eye abnormalities. I screened the patient with the GoCheck Kids device for strabismus and other known risk factors for amblyopia and found no indications of either from the test.

*IF FINDINGS REQUIRED REFERRAL*: *INCLUDE THE FOLLOWING PARAGRAPH*

On [Date] I saw [patient name], a [patient age]-year-old patient. My initial clinical examination revealed no visible eye abnormalities. I screened the patient with the GoCheck Kids device for strabismus and other known risk factors for amblyopia and found [*DESCRIBE FINDINGS – Include any subjective findings, and/or objective findings confirming strabismus or other risk factors for amblyopia*], which led to referral to a pediatric ophthalmologist.

***Medical Necessity / Clinical Utility***

I used the GoCheck Kids screening device, which received clearance from the Food and Drug Administration (FDA) as a Class IIe ocular photoscreener. GoCheck Kids is a proven method for determination of amblyopia risk factors.

Current statute specifically requires qualified health plans to cover preventive health care services receiving a Grade B recommendation from the USPSTF.[[4]](#footnote-4) Further, given the strong breadth of clinical studies, product validation, professional recommendations and ACA regulations, I am aware all National Insurers (United, Aetna, Cigna, Humana), Anthem and most state BCBS organizations have determined ocular photoscreening to be medically necessary and reimburse for the procedure in addition to a well-visit.

To summarize, in my experience, ocular photoscreening is an effective method of vision screening to detect vision problems in young children that leads directly to effective treatments, improved outcomes, and prevention of significant disability in the pediatric population when performed by pediatricians in conjunction with preventive care office visits.

Copies of the medical records including test results are enclosed for your review. I am requesting that the ocular photoscreening be reconsidered for payment since medical necessity was established. Should further information be required during a medical review, please contact [*practice staff*] at [*phone number*] in my office.

Sincerely,

Physician Name, MD

Enclosed:

Patient medical records

1. http://pediatrics.aappublications.org/content/137/1/e20153596 [↑](#footnote-ref-1)
2. US Preventive Services Task Force. “Screening for Visual Impairment in Children Younger Than Age 5 Years: Recommendation Statement.” <http://www.uspreventiveservicestaskforce.org/uspstf11/vischildren/vischildrs.htm> [↑](#footnote-ref-2)
3. https://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement/vision-in-children-ages-6-months-to-5-years-screening [↑](#footnote-ref-3)
4. Centers for Disease Control and Prevention. “Health Plan Implementation of US Preventive Services Task Force A and B Recommendations.” Morbidity and Mortality Weekly Report. 2011: 60(39). p. 1349-1350. Also available online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6039a3.htm> [↑](#footnote-ref-4)