The Need for Vision Screening in Primary Care Offices

Vision plays an important role in children’s physical, cognitive, and social development. Uncorrected vision problems can impair child development, interfere with learning, and even lead to permanent vision loss; thus, early detection and treatment are critical. Visual functioning is a strong predictor of academic performance in school-age children, and vision disorders of childhood may continue to affect health and well-being throughout the adult years. The economic costs of children’s vision disorders are significant, amounting to $10 billion annually in the United States.

Routine vision screening and/or eye examinations are vitally important to detect problems before child development is compromised. Estimates of the proportion of U.S. children who receive vision screening vary depending on the data source and type of screenings studied.

Vision screening, eye examinations, population-based data systems, and measures of accountability are the cornerstones of a comprehensive system to ensure children’s vision and eye health.

Amblyopia is found in 2 percent of children ages 6 to 72 months. Treatment is most successful when initiated before the age of 7 years. Untreated, or treated too late, amblyopia can lead to permanent vision loss.

Between 2 and 4 percent of children under the age of 6 years have strabismus, a misalignment of the eyes that can lead to the development of amblyopia.

The prevalence of refractive errors varies by age and race/ethnicity. Overall, 4 percent of children 6 to 72 months of age have myopia (nearsightedness), and 21 percent have hyperopia (farsightedness).

All children should receive a comprehensive eye examination. Since that is not commonplace, a vision screening will identify those at higher risk of a vision problem and direct the child and their families to the proper eye care provider. Parents rely on the screening results and referrals they receive from their child’s primary care doctor. Referral directions given by the clinical staff are vitally important.

The American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) both support vision screening as complementary to eye examinations. According to the AAP policy “Procedures for the Evaluation of the Visual System by Pediatricians” (January 2016) “Vision screening is crucial for the detection of visual and systemic disorders. It should begin in the newborn nursery and continue throughout childhood.” If more primary health professionals routinely provided vision screening at well-child visits, the percent of children with undetected and untreated vision problems upon school entry will decrease.

Thorough education about children’s developing visual system and common eye problems is imperative for family practice residents, pediatric residents and nursing students. Teaching vision screening skills to up and coming professionals early in their education helps to ensure that routine screenings will be emphasized once they are established in a practice.
Medicaid recently updated and increased their reimbursement rates for children’s vision screenings. This change emphasizes Medicaid’s recognition of the importance of having vision screenings completed in primary care offices. Reimbursement amounts range from $2.40 (CPT 99173) to $9.66 facility/$10.42 non-facility (CPT 99174, 99177). Modifiers may apply.

Resources:


