

To: Health and Vision Plans

The American Optometric Association (AOA) writes to you with an important request to assure access to clinical care during the COVID-19 public health emergency. Patients are increasingly turning to doctors of optometry for essential eye health and vision care, including urgent and emergency care, during the national pandemic.¹ Meanwhile, doctors and patients who delayed previously scheduled eye care as instructed by national, state and local public health officials are looking forward to the resumption of regular comprehensive care. Doctors of optometry are adjusting to new and important safety protocols – such as the need for personal protective equipment (PPE) – to deliver this range of services.

Doctors of optometry have played and will continue to play an important role during the COVID-19 pandemic by providing essential, sight-saving care, including urgent and emergency services, that meets the needs of patients and reduces demand on local emergency departments.² Last year, the AOA Health Policy Institute found that most eye emergencies in emergency departments could be addressed in optometry offices.³ Preserving access to urgent and emergency eye care provided by community doctors of optometry is critical to ensuring that patients need not add to the burden facing our hospital emergency departments nor needlessly increase their risk of potential exposure to COVID-19 in critical care settings during this public health crisis. To provide these services safely, our members are following the important infection control protocols recommended by the AOA⁴ and the Centers for Disease Control and Prevention (CDC).⁵

Doctors of optometry are also following guidance from the Centers for Medicare & Medicaid Services (CMS) as well as state and local public health officials on the resumption of regular eye health and vision care in their offices.⁶ The AOA developed recommendations⁷ to assist our member doctors who are eager to resume comprehensive eye care that is so critical to patients' overall health and wellbeing. As CMS has recognized, "comprehensive eye exams are relatively low-cost interventions and early detection of conditions that can be identified through an eye exam may reduce more costly treatment later."⁸ Both the CDC and the National Eye Institute have previously acknowledged that the only way to know whether our eyes or our children's eyes are healthy is by getting a comprehensive eye exam. Eye health and vision care provided by doctors of optometry is essential care⁹ that is and will continue to be necessary to support our national recovery and to keep our communities healthy. For these services, our members are following the important infection control protocols.

¹ <https://www.aoa.org/news/inside-optometry/aoa-doctors-frontline-care>

² <https://www.aoa.org/coronavirus/health-policy-institute-covid-19/covid-19-preparedness-response-recovery>

³ https://www.aoa.org/documents/HPI/HCUP%20HPI%20December_2019.pdf

⁴ <https://www.aoa.org/coronavirus/health-policy-institute-covid-19/fda-face-mask-guidance-to-support-response-efforts-covid-19-pandemic>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

⁶ <https://www.aoa.org/news/practice-management/aoa-offers-guidance-for-post-covid-19-reactivation>

⁷ <https://www.aoa.org/optometry-practice-reactivation-preparedness-guide>

⁸ <https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>

⁹ <https://www.aoa.org/coronavirus/health-policy-institute-covid-19/doctors-of-optometry-essential-care-guidelines-for-covid-19-pandemic>

The AOA has provided guidance to doctors on infection control, including office sterilization, patient intake and protection procedures, physical separation of staff and patients alike, cleaning between and after patients, and more. We routinely steer our members to check the latest information from the CDC,¹⁰ Occupational Safety and Health Administration (OSHA),¹¹ the Food and Drug Administration (FDA)¹² and other authorities. We recommend practices ensure clinical and non-clinical staff have appropriate personal protective equipment (PPE) including facemasks, gloves and eye protection; have access to germicidal wipes; and have an ample supply of hand sanitizer and soap and water, among other supplies.¹³ Doctors also need to have PPE available for patients who may arrive at the office without their own protection, and may need additional devices such as thermometers and pulse oximeters. Our members understand and appreciate the need for these precautions.

Due to the increased demand for PPE, however, doctors are having difficulty procuring the needed equipment, which has become more expensive. According to the Society for Healthcare Organization Procurement Professionals, the cost of many PPE items increased more than 1000 percent since the COVID-19 public health emergency began.¹⁴ The necessary use of PPE and other supplies for patient care will significantly increase the cost of each patient encounter. Given the nationwide efforts to protect patients from the unexpected cost of COVID-19 care, such as eliminating patient cost sharing for services or obligating doctors not to balance bill patients, doctors do not seek to pass this burden on to patients.

The suddenly and indefinitely increased cost of care for doctors is not reflected in the reimbursement amounts from vision plans and health insurance plans. Therefore, the AOA requests vision plans and health plans immediately take one of two steps to enable doctors to report these added costs for coverage and reimbursement:

- 1) Cover an add on per patient surcharge, billed by doctors using Current Procedural Terminology code 99070 for special supplies necessary to protect public health and safety during the national COVID-19 pandemic, OR
- 2) Implement a per-patient encounter increased payment for services that require additional supplies and time to protect public health and safety during the national COVID-19 pandemic.

The AOA believes these options would better reflect the increased cost of each patient encounter due to the need for PPE and other supplies. In addition, we remind you that each patient encounter will require more staff time to follow the new protocols, including cleaning and sanitizing, as well as time and distance spacing of patients and appointments. When adjudicating claims, the AOA believes that it is inappropriate for any third party payer, vision plan or health plan, to unfairly place the cost burden on doctors of optometry or patients by disallowing or bundling charges for PPE and COVID-19 prevention supplies on the pretext that such expenses were already calculated or included in the payment for any service or procedure billed during the visit. Taking no action to account for these significant costs is, in effect, an automatic reduction in coverage.

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

¹¹ <https://www.osha.gov/SLTC/covid-19/controlprevention.html#health>

¹² <https://www.aoa.org/coronavirus/health-policy-institute-covid-19/fda-face-mask-guidance-to-support-response-efforts-covid-19-pandemic>

¹³ <https://www.aoa.org/coronavirus>

¹⁴ http://cdn.cnn.com/cnn/2020/images/04/16/shopp.covid.ppd.costs.analysis_.pdf

The higher cost of care also threatens to reduce patient access to care far beyond the reduced availability of appointments. When patients cannot safely get eye health and vision care from doctors of optometry, they will turn to more expensive and riskier settings, such as local emergency departments. Our members report¹⁵ that 60 percent of the patients they treated for urgent and emergency care during the pandemic would have otherwise sought care at urgent or emergency care settings. Therefore, increasing reimbursement per patient or per service could be offset by the savings for patients not needing to go to the emergency department.

Please let us know which of the two options outlined above your plan will be able to implement. We look forward to your response so that we can notify our members and their patients accordingly. Please contact Rodney Peele, Director, AOA Third Party Center at rpeele@aoa.org.

Sincerely,

A handwritten signature in black ink that reads "Barbara Horn, O.D." with a stylized flourish at the end.

Barbara Horn, O.D.
President
American Optometric Association

¹⁵ Unpublished data from the AOA Health Policy Institute.