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III. ADDENDUM

Strabismus (378.00) • Uveitis (364.0)/Iritis (364.0)/Iridocyclitis (364.0)
CRITERIA

1) Loss of vision, congenital
2) Loss of vision, traumatic, resolved > 6 mos.
3) Amblyopia
4) Surgically corrected strabismus
5) Insignificant strabismus (no loss of vision)

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

RESTRICTIONS/DEFER

UNTIL:

Caused diagnosed and treated. (see ALGORITHM for cause)

RATIONALE

Amblyopia can be caused by ETOH abuse, malnutrition, lead, methanol, chloramphenicol, digitalis, ethambutol or other chemicals.

MEDICAL INFORMATION NEEDED:

Generic information

Ophthalmology

OPHTH-1

5/4/93
CONJUNCTIVITIS (373.8)  
BLEPHARITIS (373.0) 

**CRITERIA**
- Acute Resolved
- Recurrent or Chronic within 2 years
- Acute

**ACTION**
- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER
- N/A

**RESTRICTIONS/DEFER**
- Ophthalmology country
- Until: Treated and resolved

**RATIONALE**
Chronic conjunctivitis can return at anytime, usually with less severe symptoms. Is not a threat to sight.

**MEDICAL INFORMATION NEEDED:**
Generic information and Ophthalmologist evaluation.

Ophthalmology

OPHTH-2

5/4/93
CATARACT (366.9), CATARACT REPAIR (13.71), LENS IMPLANT (13.70)

**CRITERIA**
- Cataract present; Ophthalmologist does not predict significant vision loss (corrected vision 20/40 or better) in better eye, and no need for surgery in the next 3 years.

**ACTION**
- CLEAR
- CLEAR WITH RESTRICTIONS: Ophthalmologist for F/U as ordered.
- DEFER: Until:
  1) Surgery > 6 weeks, post, released from care.
  2) Cataract resolved (surgically candidate)

**RATIONALE**

**MEDICAL INFORMATION NEEDED:**
- Generic information;
- Ophthalmologist evaluation

7/12/93
CHALAZION (373.2)

CRITERIA

→ Resolved, surgically or spontaneously
→ N/A
→ Current
→ N/A

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

RESTRICTIONS/DEFER

UNTIL Resolved medically or surgically

RATIONALE

Benign condition, seldom with any complications or recurrences

MEDICAL INFORMATION NEEDED:

Generic Information
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Superficial punctate keratitis (resolved)</td>
<td>CLEAR</td>
<td>1) Complete healing usual; rarely any vision impairment</td>
</tr>
<tr>
<td>2) Corneal abrasion (healed)</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>2) Usually heals rapidly with proper care.</td>
</tr>
<tr>
<td>3) Corneal ulcer, resolved. Ophthalmology evaluation is vision 20/40 or better.</td>
<td>DEFER</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNTIL:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1) Resolved &gt; 1 yr.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Defer until &gt; 1 yr. post transplant</td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL INFORMATION NEEDED:**
Ophthalmologist evaluation unless simple abrasion, punctate keratitis, or healed ulcer > 1 yr.
**CRITERIA**

1) Enucleation for trauma > 1 mo. post vision 20/40 in remaining eye. (no implant desired)

2) 1 mo. post second implant

3) Malignant cause > 5 yr. post treatment

**ACTION**

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

**RESTRICTIONS/DEFER**

1) Trauma < 1 mo. post, (no implant desired)

2) Secondary procedure for implant, < 1 mo. post implant

3) Malignant cause > 5 yr. post treatment.

**RATIONAL**

Peace Corps policy: corrected vision in one eye must be 20/40

6 mos. after initial enucleation implant procedure is usually completed with a second surgery. Can be cleared 1 mo. after second procedure.

**MEDICAL INFORMATION NEEDED:**

Generic information and Ophthalmologist report, Need for implant replacement in next 2-3 years.

5/4/93
GLAUCOMA, INTRAOCULAR HY: TENSION (365.04) Open-Angle (365.10) Cortico-Steroid Induced (365.3), Congestive (Narrow Angle) (365.20)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RESTRICTIONS/DEFER</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Steroid induced, resolved</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>1 &amp; 3) Ophthalmologist for F/U</td>
<td>Intraocular hypertension is increased pressure within the eye WITHOUT damage to the eye. Glaucoma is increased pressure with concurrent damage to the eye. Intraocular hypertension can remain stable and not progress or it can progress and damage the eye, becoming Glaucoma.</td>
</tr>
<tr>
<td>2) Congenital, resolved with surgery in infancy</td>
<td>1) Intraocular pressure 22 -23</td>
<td>CLEAR</td>
<td>Smoking aggravates increased intraocular pressure. Glaucoma can be unilateral or bilateral. If unilateral, is much likelier to develop Glaucoma in contralateral eye.</td>
</tr>
<tr>
<td>3) Glaucoma post Laser Iridotomy - stable per opthalmologist, iridectomy &gt;6 mos.</td>
<td>2) Treated Intraocular Hypertension or Chronic Open-Angle (COAG), stable for 3 mos per Ophthalmologist</td>
<td>DEFER</td>
<td>Treated with systemic steroids. Places PCV at risk for severe infection.</td>
</tr>
<tr>
<td>4) Post iridectomy &gt; 6 mos., stable per ophthalmologist</td>
<td>3) Steroid induced</td>
<td>MNQ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL INFORMATION</th>
<th>EVALUATION PARAMETERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic information</td>
<td>Test Procedure</td>
</tr>
<tr>
<td>Glaucoma requires individual evaluation by Ophthalmologist.</td>
<td>Tonometry Vision Test</td>
</tr>
<tr>
<td>Charting of Visual Fields *</td>
<td>22 - 30</td>
</tr>
<tr>
<td>Intraocular Pressure</td>
<td>30 - 45</td>
</tr>
</tbody>
</table>

* if diagnosed with glaucoma

Ophthalmology

3/7/94
**CRITERIA**
- Floaters/flashers diagnosed as no significance
- N/A
- Flashes diagnosed as Retinal Detachment < 6 mos. ago
- Flashes & Floaters, not diagnosed

**ACTION**
- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER
- MNQ

**RATIONALE**
Floaters/flashers are common symptoms that increase with age. The cause should be identified. Both can be insignificant or a symptom of Retinal Disease.

**MEDICAL INFORMATION NEEDED:**
Generic information and Ophthalmologist evaluation to R/O Retinal Disease.
HERPES KERATITIS (054.43)

**CRITERIA**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Restrictions/Deferral</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>CLEAR</td>
<td>CLEAR WITH RESTRICTIONS</td>
</tr>
<tr>
<td>Past, inactive for 2 years</td>
<td>DEFER</td>
<td>UNTIL: two years post last episode without recurrence.</td>
</tr>
<tr>
<td>1) Current, initial episodes</td>
<td>MNQ</td>
<td></td>
</tr>
<tr>
<td>2) 1 or 2 episodes &lt; 2 yrs post</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or more episodes</td>
<td></td>
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</tbody>
</table>

**RATIONALE**

Initial infection is sometimes self-limiting, more frequently recurs, sometimes with ulcerations & permanent scarring of the cornea. Herpes Keratitis is one of the leading causes of adult-acquired blindness.

Likelihood for frequent recurrences.

**MEDICAL INFORMATION NEEDED:**

Generic Information and Ophthalmologist report if within 10 years.
HORDEOLUM (STY) (373.11)

CRITERIA
- Resolved
- N/A
- Active
- N/A

ACTION
- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER
- MNQ

RESTRICTIONS/DEFER

RATIONALE
Relatively benign condition.
No consequences

MEDICAL INFORMATION NEEDED:
Generic Information

Ophthalmology

OPHTH-10

5/4/93
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l
CRITERIA
ACTION
RESTRICTIONS/DEFER
RATIONALES/DEFER
RATIONALE
Papilledema is a sign and has an underlying pathology which must be identified and treated.
Optic Neuritis can resolve easily in a few days. Or, it can be associated with serious diseases, i.e. multiple sclerosis, tumors, temporal arteritis.
MEDICAL INFORMATION NEEDED:
Generic information
Disease is individual and variable, requires individual evaluation and clearance by Ophthalmologist.
CRITERIA
- 1) Retinal Detachment, Traumatic, > 6 mos. resolved
- 2) History of Lattice * Degeneration with no risk factors.

ACTION
CLEAR

RESTRICTIONS/DEFER
1-2) Ophthalmology, non-malarial country
- 3) Ophthalmologist country

RATIONALE
Chloroquine contraindicated, has potential to exacerbate retinal disease. - ONLY FOR 1 & 2
Retinitis pigmentosa - a hereditary degeneration of the retina, results in poor night and peripheral vision.

MEDICAL INFORMATION NEEDED:
- Generic information; Individual Ophthalmology evaluation required.
- B.C. Ophthalmologist states disease stable, not likely to progress. Risk factors

OPHTH-14

Ophthalmology

5/4/93
UVEITIS (364.0)/IRITIS (364.0)/IRIDOCYCLITIS (364.0),

CRITERIA
- Acute, single episode > 1 yr. ago. No assoc. systemic disease, vision at least 20/40.
- N/A
- Acute, < 1 yr. post episode
- 1) Chronic
- 2) Assoc. with any systemic disease (see below)

ACTION
- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER
- MNQ

RESTRICTIONS/DEFER
- Resolved 1 yr., not associated with systemic disease.
- When assoc. with systemic disease, high risk for recurrence exists.

RATIONALE
99% of cases are acute, single episodes that resolve without sequellae.

Although rare, it is sometimes assoc. with AIDS, Ankylosing Spondylitis, Reiter's Syndrome, Juvenile Rheumatoid Arthritis, toxoplasmosis, CMV, Histoplasmosis, Toxocariasis, Sarcoidosis (see particular diagnosis). Condition can lead to blindness.

MEDICAL INFORMATION NEEDED:
- Generic information;
- Ophthalmology evaluation required
- Any associated systemic diseases identified