

OPHTHALMOLOGY

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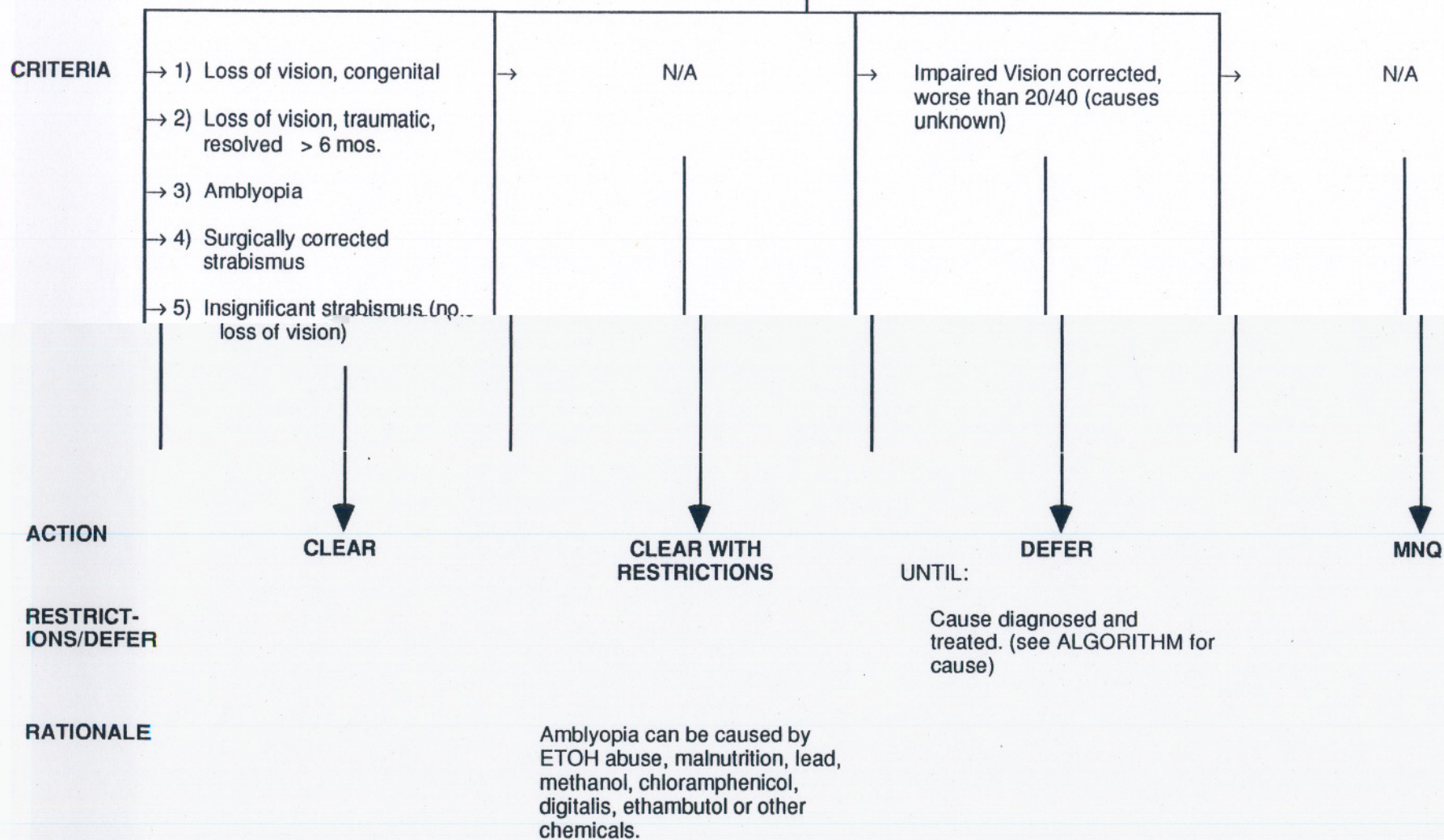
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III. ADDENDUM

AMBLYOPIA (368.0), IMPAIRED VISION (369.9), STRABISMUS (378.00)



MEDICAL INFORMATION NEEDED:

Generic information

CONJUNCTIVITIS (37

BLEPHARITIS (373.0)

CRITERIA

Acute
Resolved

Recurrent or
Chronic within 2 years

Acute

N/A

ACTION

CLEAR

CLEAR WITH
RESTRICTIONS

DEFER

MNQ

UNTIL:

RESTRICT- IONS/DEFER

Ophthalmology country

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.

CATARACT (366.9), CATARACT REPAIR (13.71), LENS IMPLANT (13.70)

CRITERIA	<p>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.</p>	<p>Post surgery ^{3 mos} > 6 wks. no complications. Vision corrected to 20/40 or better.</p>	<p>→ 1) Surgery < ^{3 mos} 6 wks. ago → 2) Vision worse than 20/40 with correction. 2) <i>Surgical candidate</i></p>	N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICT-IONS/DEFER		Ophthalmologist for F/U as ordered.	UNTIL: 1) Surgery > ^{3 mos} 6 wks. post, released from care. 2) Cataract resolved surgically <i>surgically</i> (candidate)	
RATIONALE				

MEDICAL INFORMATION NEEDED:

Generic Information;
Ophthalmologist evaluation

CHALAZION (373.2)

CRITERIA	→	Resolved, surgically or spontaneously	→	N/A	→	Current	→	N/A
ACTION		↓ CLEAR		↓ CLEAR WITH RESTRICTIONS		↓ DEFER		↓ MNQ
RESTRICT- IONS/DEFER					UNTIL Resolved medically or surgically			
RATIONALE		Benign condition, seldom with any complications or recurrences						

MEDICAL INFORMATION NEEDED:

Generic Information

5/4/93

CORNEAL DISEASE

(Keratitis (370.9), Abrasions (980.1), Ulcers (370.0), Transplants (11.6), Other or Unspecified (371.9))

CRITERIA	<ul style="list-style-type: none"> → 1) Superficial punctate keratitis (resolved) → 2) Corneal abrasion (healed) → 3) Corneal ulcer, resolved. Ophthalmology evaluation is vision 20/40 or better. 	→	Corneal transplant > 1 yr. vision stable treatment completed	→	<ul style="list-style-type: none"> → 1) Corneal ulcer chronic → 2) Corneal transplant < 1 yr. 	→	N/A
ACTION	↓ CLEAR		↓ CLEAR WITH RESTRICTIONS		↓ DEFER		↓ MNQ
RESTRICTIONS/DEFER			Ophthalmologist Consult for 70.		UNTIL: 1) Resolved > 1 yr. 2) Defer until > 1 yr. post transplant		
RATIONALE	<ul style="list-style-type: none"> 1) Complete healing usual; rarely any vision impairment 2) Usually heals rapidly with proper care. 						

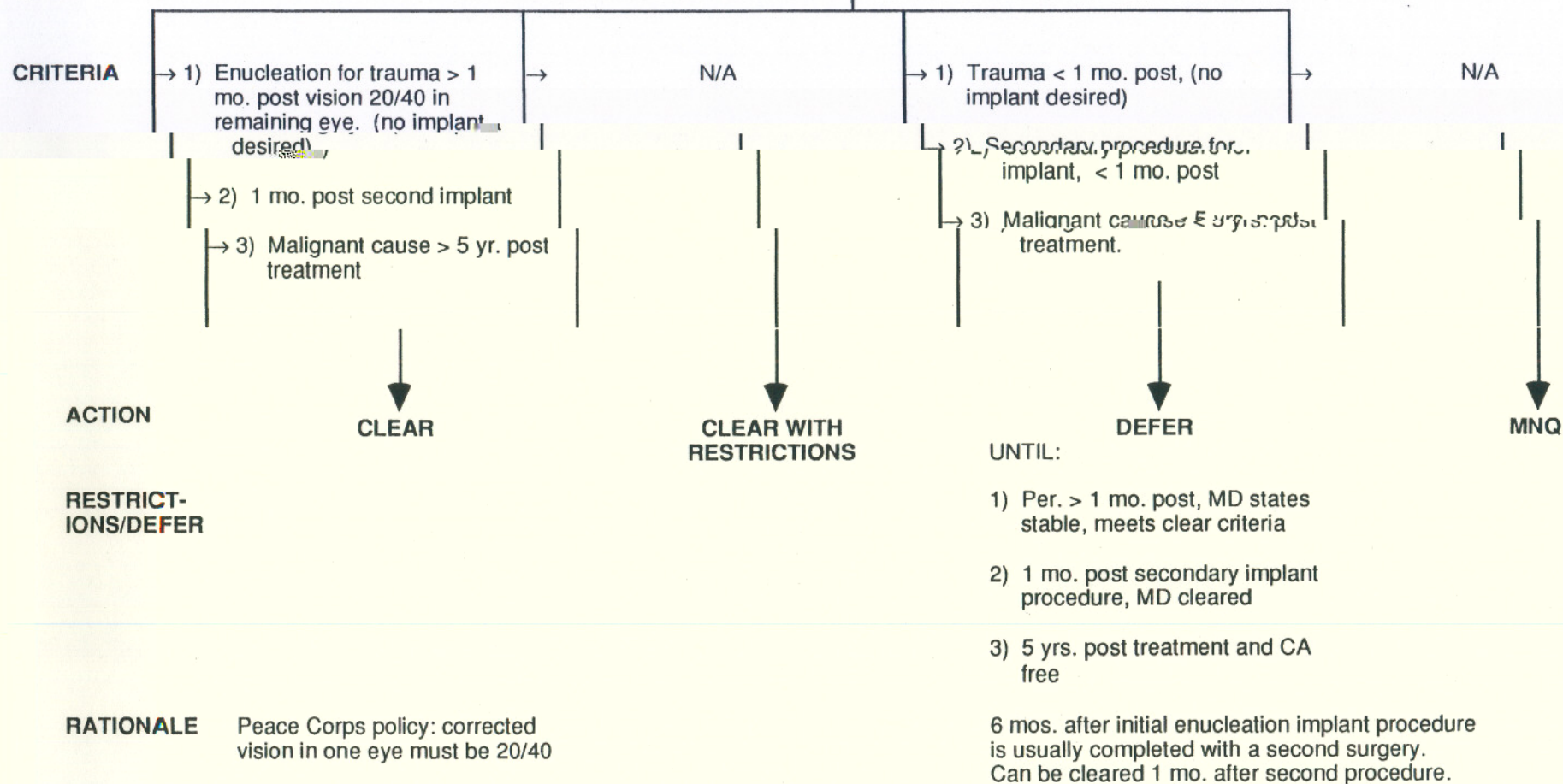
MEDICAL INFORMATION NEEDED:

General information:

Ophthalmology evaluation unless simple abrasion, punctate keratitis, or healed ulcer > 1 yr.

5/21/93

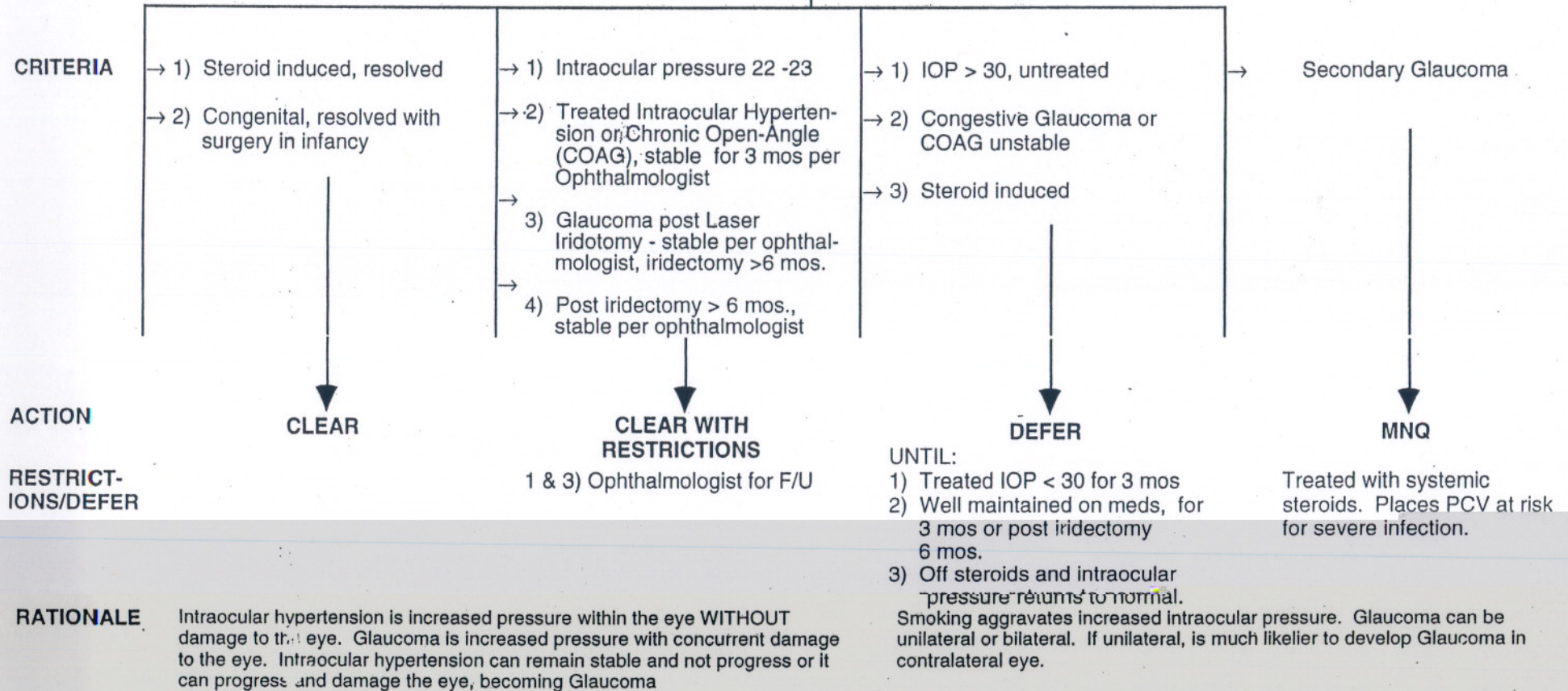
ENUCLEATION FOR TRAUMA (871.3), MALIGNANT CAUSE (190.), WITH IMPLANT (16.41,16.42))



MEDICAL INFORMATION NEEDED:

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

**GLAUCOMA, INTRAOCULAR HYPERTENSION (365.04) Open-Angle (365.10)
Cortico-Steroid Induced (365.3), Congestive (Narrow Angle) (365.20)**



MEDICAL

INFORMATION Generic information

NEEDED: Glaucoma requires individual evaluation by Ophthalmologist.

EVALUATION PARAMETERS

Test Procedure	Intraocular Press. mm/Hg	Interpretation
Tonometry Vision Test	< 22	WNL
Charting of Visual Fields *	22 - 30	Slightly Elevated
Intraocular Pressure	30 - 45	Elevated

* if diagnosed with glaucoma

FLOATERS (379.24) & FLASHES

CRITERIA	→ Floaters/flashers diagnosed as no significance	→	N/A	→	1) Flashes diagnosed as Retinal Detachment < 6 mos. ago 2) Flashes & Floaters, not diagnosed	→	N/A
ACTION	↓ CLEAR		↓ CLEAR WITH RESTRICTIONS		↓ DEFER		↓ MNQ
RESTRICTIONS/DEFER					UNTIL: 1) Until 6 mos. post detachment with ophthalmologist evaluation. 2) R/O Retinal Disease		
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	→ N/A	→ Past, inactive for 2 years	→ 1) Current, Initial episodes → 2) 1 or 2 episodes < 2 yrs post	→ 3 or more episodes
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICTIONS/DEFER		Ophthalmology Country.	UNTIL: 1 & 2) two years post last episode without recurrence.	
RATIONALE		Initial infection is sometimes self-limiting, more frequently recurs, sometimes w/ 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
RESTRICT- IONS/DEFER			UNTIL: Resolved	
RATIONALE	Relatively benign condition. No consequences			

**MEDICAL
INFORMATION
NEEDED:**

Generic Information

**OPTIC NERVE DISEASE
OPTIC NEURITIS (377.0) PAPILLEDEMA (377.0)**

CRITERIA	Papilledema Resolved for > 6 mos. (cause identified & resolved, see cause)	N/A	Single episode Optic Neuritis Resolved > 6 mos.	1) Recurrent Optic Neuritis. 2) Optic Neuritis assoc. with temporal arteritis
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB D/F/R	MNQ
RESTRICTIONS/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.			Treatment not available in PCMU's

MEDICAL INFORMATION NEEDED: Generic information
Disease is individual and variable, requires individual evaluation and clearance by Ophthalmologist.

MEDICAL INFORMATION NEEDED: Generic information and Ophthalmologist evaluation
Likelihood of progression
Says and are

CRITERIA

- 1) Retinal Detachment, Traumatic, > 6 mos.resolved
- 2) History of Lattice * Degeneration with no risk factors.

- 1) Retinitis pigmentosa
- 2) Macular degeneration, non Exudative(DRY) type
- 3) Retinal Detachment * Non-traumatic, > 6 mos. resolved

- 1) Retinal Detachment < 6 mos. ago.
- 2) Retinal Repair < 6 mos.

- 1) Diabetic Retinopathy
- 2) Macular Degeneration
- 3) History of lattice degeneration w/ ONE risk factor

ACTION

CLEAR

CLEAR WITH
RESTRICTIONS

UNTIL:

DEFER

MNQ

RESTRICT-
IONS/DEFER

- 1-2) Ophthalmology, non-malarial country
- 3) Ophthalmologist country

- 1-2):
At least 6 mos. post episode or treatment, current evaluation by Ophthalmologist states low risk for additional detachment.

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.

RISK FACTORS FOR RETINAL DETACHMENT

- 1) History of Retinal detachment, either eye
- 2) Retinal breaks.
- 3) Is highly myopic
- 4) Family history of retinal detachment.

MEDICAL
INFORMATION
NEEDED:

Generic information; Individual Ophthalmology evaluation required.

B.C. Ophthalmologist states disease stable, not likely to progress.

Risk factors

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
RESTRICT- IONS/DEFER			UNTIL: Resolved 1 yr., not associated with systemic disease.	
RATIONALE	<p>99% of cases are acute, single episodes that resolve without sequelae.</p> <p>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.</p> <p>When assoc. with systemic disease, high risk for recurrence exists.</p>			

MEDICAL INFORMATION NEEDED:

Generic information;
Ophthalmology evaluation required
Any associated systemic diseases identified