

OPHTHALMOLOGY

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III. ADDENDUM

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

CRITERIA	<ul style="list-style-type: none"> → 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) 	→ N/A	→ Impaired Vision corrected, worse than 20/40 (causes unknown)	→ N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICTIONS/DEFER			UNTIL: Cause 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

CONJUNCTIVITIS (37)

BLEPHARITIS (373.0)

CRITERIA

Acute
Resolved

Recurrent or
Chronic within 2 years

Acute

N/A

ACTION

CLEAR

**CLEAR WITH
RESTRICTIONS**

DEFER

MNQ

RESTRICT- IONS/DEFER

Ophthalmology country

UNTIL:

Treated and resolved

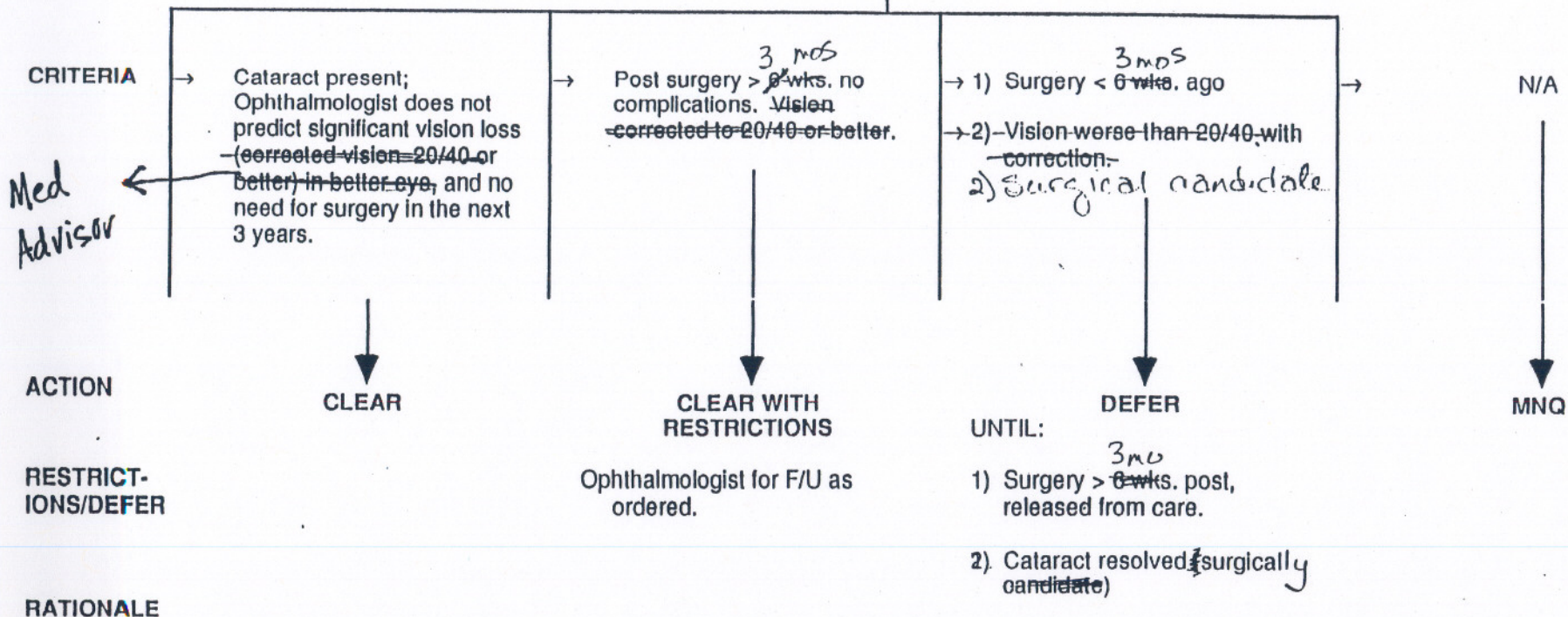
RATIONALE

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.

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



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
RESTRICTIONS/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 (918.1), Ulcers (370.0), Transplants (11.6), Other or Unspecified (371.9))

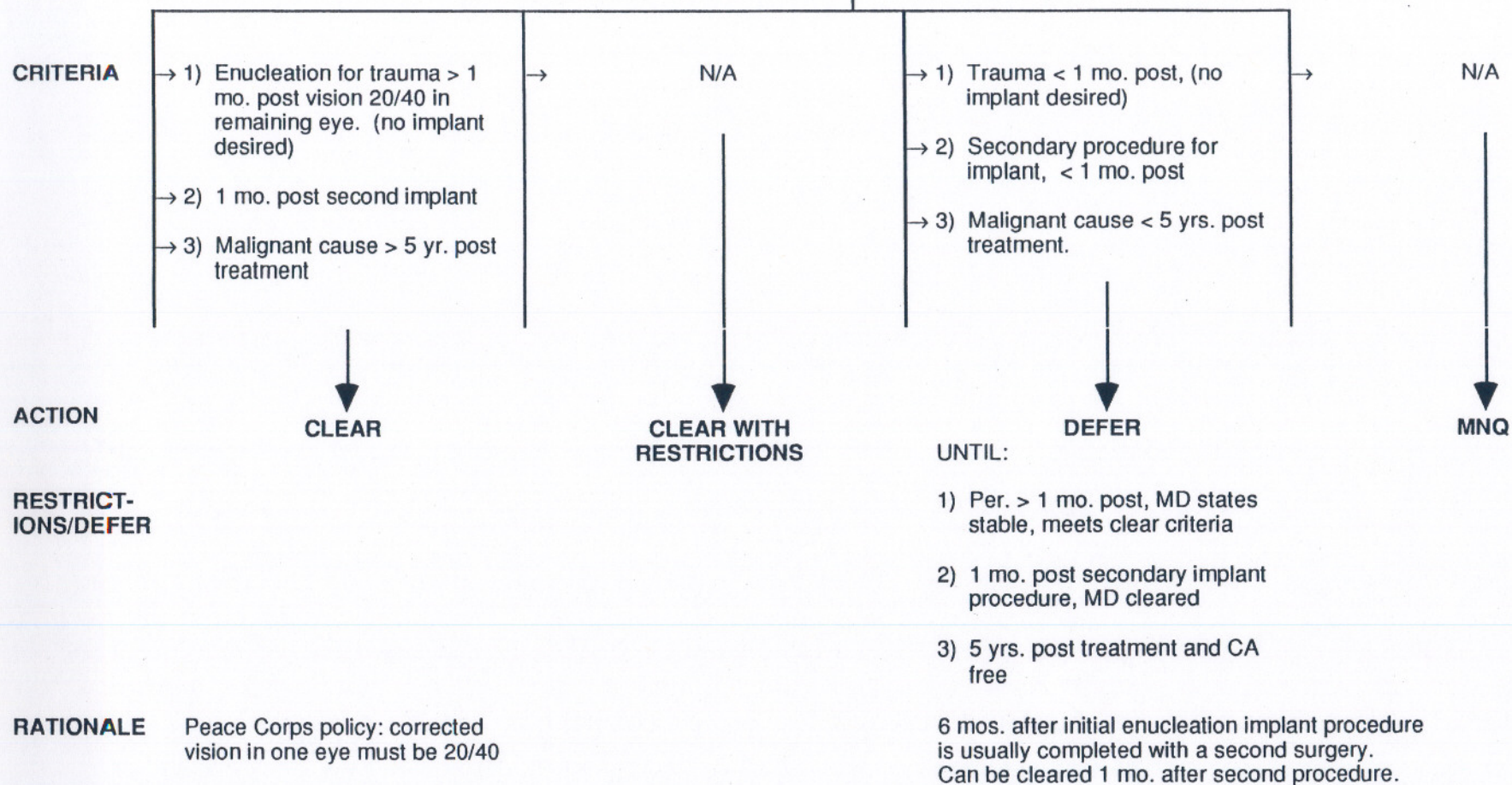
CRITERIA	→ 1) Superficial punctate keratitis (resolved) → 2) Corneal abrasion (healed) → 3) Corneal ulcer, resolved. Ophthalmology evaluation is vision 20/40 or better.	→	Corneal transplant > 1 yr. vision stable treatment completed	→	1) Corneal ulcer chronic 2) Corneal transplant < 1 yr.	→	N/A
ACTION	↓ CLEAR		↓ CLEAR WITH RESTRICTIONS		↓ DEFER		↓ MNQ
RESTRICTIONS/DEFER			Ophthalmologist Country for F/U.		UNTIL: 1) Resolved > 1 yr. 2) Defer until > 1 yr. post transplant		
RATIONALE	1) Complete healing usual; rarely any vision impairment 2) Usually heals rapidly with proper care.						

MEDICAL INFORMATION NEEDED:

Generic information

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

**ENUCLEATION (16.49)
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)**

CRITERIA	→ 1) Steroid induced, resolved → 2) Congenital, resolved with surgery in infancy ↓ CLEAR	→ 1) Intraocular pressure 22 -23 → 2) Treated Intraocular Hypertension or Chronic Open-Angle (COAG), stable for 3 mos per Ophthalmologist → 3) Glaucoma post Laser Iridotomy - stable per ophthalmologist, iridectomy >6 mos. → 4) Post iridectomy > 6 mos., stable per ophthalmologist ↓ CLEAR WITH RESTRICTIONS 1 & 3) Ophthalmologist for F/U	→ 1) IOP > 30, untreated → 2) Congestive Glaucoma or COAG unstable → 3) Steroid induced ↓ DEFER UNTIL: 1) Treated IOP < 30 for 3 mos 2) Well maintained on meds, for 3 mos or post iridectomy 6 mos. 3) Off steroids and intraocular pressure returns to normal. Smoking aggravates increased intraocular pressure. Glaucoma can be unilateral or bilateral. If unilateral, is much likelier to develop Glaucoma in contralateral eye.	→ Secondary Glaucoma ↓ MNQ Treated with systemic steroids. Places PCV at risk for severe infection.
ACTION				
RESTRICTIONS/DEFER				
RATIONALE	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			

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.

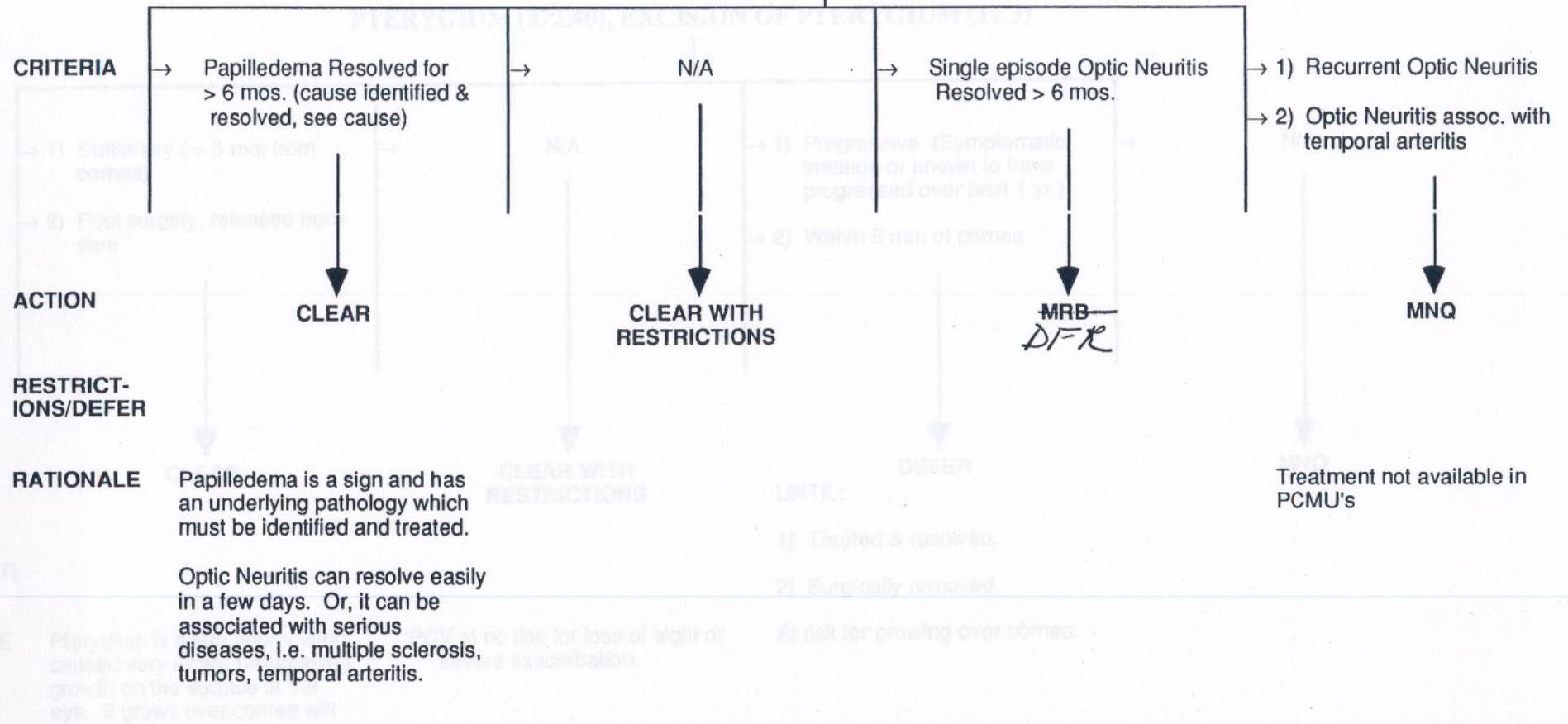
HORDEOLUM (STY) (373.11)

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)**



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
 Size and site

Ophthalmology

OPHTH-12

5/4/93

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	DEFER	MNQ
RESTRICT- IONS/DEFER		1-2) Ophthalmology, non-malarial country 3) Ophthalmologist country	UNTIL: 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. - <i>only for 1 & 2</i> 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.

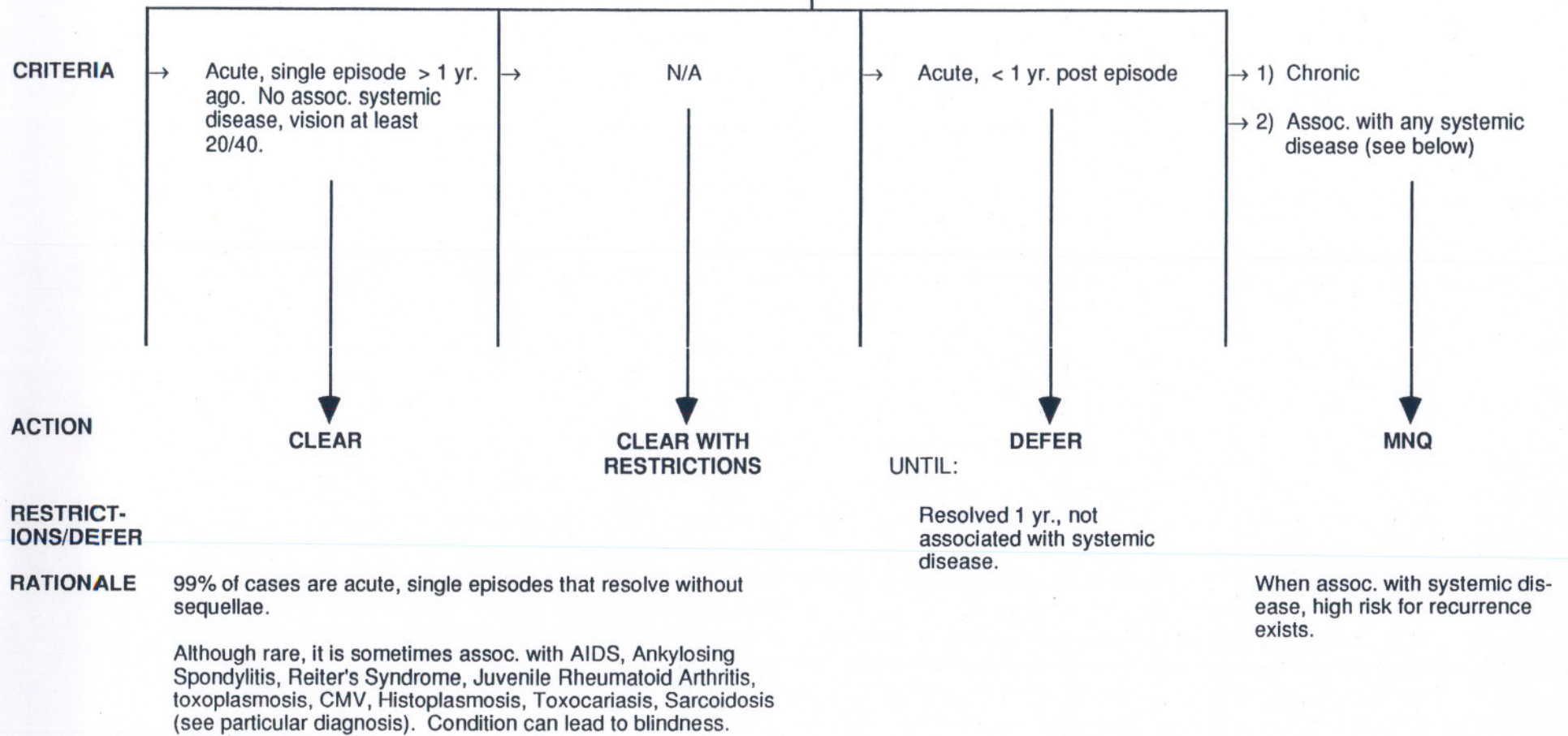
**MEDICAL
INFORMATION
NEEDED:**

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)



MEDICAL INFORMATION NEEDED:

Generic information;
Ophthalmology evaluation required
Any associated systemic diseases identified