

Macular Degeneration - Referral Management

RMG: R-0031 (AC)
[Link to Codes](#)

- Clinical Indications
- Evidence Summary
 - Criteria
 - Rationale
 - Related CMS Coverage Guidance
- References
- Footnotes
- Codes

Clinical Indications

- Referral for macular degeneration may be indicated for **1 or more** of the following(1)(2)(3)(4)(5)(6):
 - Behavioral health referral for evaluation or management of **1 or more** of the following:
 - Depression associated with visual loss(7)
 - Visual hallucinations (eg, Charles Bonnet syndrome)[A]
 - Nutrition referral for dietary counseling for patient with intermediate or advanced age-related macular degeneration[B](8)(12)
 - Ophthalmology referral for evaluation or management of **1 or more** of the following(13)(14):
 - Intravitreal injection of vascular endothelial growth factor inhibitor needed(11)(12)(15)(16)
 - Laser photocoagulation of choroidal neovascularization needed(17)
 - Low-vision aids or training needed to maximize remaining vision(11)(18)
 - Macular degeneration, suspected, as indicated by **1 or more** of the following:
 - Acute central visual loss
 - Choroidal neovascularization
 - Persistent distorted or blurred vision
 - Screening of adult older than 55 years with risk factors, as indicated by **1 or more** of the following(19)(20):
 - Current or previous cigarette smoker[C]
 - Macular degeneration in one eye
 - Positive family history of macular degeneration
 - Photodynamic therapy needed (eg, verteporfin sensitizer and laser)(16)(21)
 - Visual hallucinations (eg, Charles Bonnet syndrome)[A](22)(23)

Evidence Summary

Criteria

The evidence for the clinical indications found in this guideline includes 18 published peer reviewed articles, 2 specialty society or other evidence-based guidelines, and 3 Cochrane systematic reviews.

Rationale

Use of this MCG care guideline helps the clinician identify specific complex factors of a patient's condition that may need specialist consultation. It provides evidence-based clinical criteria to help decide when a patient should be referred to a specialist, ensuring timely specialty care. Additionally, this guideline can help limit unnecessary differences in treatment, like variable criteria for emergency or subspecialist referral, thereby promoting equal access and quality of care for similar patients, regardless of location, facility, or clinician.

Related CMS Coverage Guidance

None applicable

References

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Footnotes

[A] Patients with macular degeneration may experience visual hallucinations that can last many years and are not a sign of mental illness.(1)(2) [A in Context Link 1, 2]

[B] Antioxidant multivitamins and mineral supplements may delay disease progression in patients with established intermediate or advanced age-related macular degeneration. Foods high in omega-3 fatty acids may reduce the risk of developing visual loss due to age-related macular degeneration. However, dietary supplements containing omega-3 fatty acids, beta carotene, vitamin C, and vitamin E do not appear to prevent or delay the onset of age-related macular degeneration in high-risk patients. Furthermore, beta-carotene supplements may increase the risk of lung cancer in patients who are smokers.(1)(8)(9)(10)(11) [B in Context Link 1]

[C] Smoking increases the risk of developing macular degeneration.(1)(2)(11) [C in Context Link 1]

Codes

ICD-10 Diagnosis: H35.30, H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, H35.3134, H35.3190, H35.3191, H35.3192, H35.3193, H35.3194, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.3290, H35.3291, H35.3292, H35.3293, H35.33, H35.341, H35.342, H35.343, H35.349, H35.351, H35.352, H35.353, H35.359, H35.361, H35.362, H35.363, H35.369, H35.371, H35.372, H35.373, H35.379, H35.381, H35.382, H35.383, H35.389 [Hide]

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