AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Adult Macular Degeneration

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Age-related macular degeneration (AMD) is a leading cause of **severe, irreversible vision impairment** and **legal blindness** in adults over 65 in the United States, responsible for an estimated **46%** of cases of severe visual loss (VA 20/200 or worse) in people over age 40.[1,2] AMD progresses through **drusen accumulation** and **retinal pigment epithelium changes**; approximately **80%** of cases are nonexudative (**dry**) AMD, while the neovascular (**wet**) form, though less common, is responsible for nearly **90%** of severe vision loss from AMD due to choroidal neovascularization.[1,2]

Critically, dry AMD **is not a single, static diagnosis**: it spans a spectrum from **early** (medium drusen, no intervention) through **intermediate** (large drusen or pigmentary changes, warranting AREDS2 supplementation and monitoring) to **advanced geographic atrophy** (**GA**), which now has two FDA-approved complement inhibitors (pegcetacoplan (Syfovre) and avacincaptad pegol (Izervay)).[1,2]

Intermediate dry AMD carries meaningful **risk of conversion** to wet AMD, estimated at approximately **10% per year** in fellow eyes of patients with unilateral neovascular AMD, and that conversion is **time-sensitive**: treatment **within 14 days** of wet AMD onset substantially **preserves vision**, whereas in a prospective study of 185 patients, those treated within 7 weeks had a **38%** improvement rate at 6 months compared with **only 20%** when treatment was delayed beyond 21 weeks.[2,3]

ICD-10 Code:

H35.31xx (Nonexudative/Dry AMD) with 5th-character laterality and 6th-character stage; **H35.32xx** (Exudative/Wet AMD) with 5th-character laterality and 6th-character CNV activity status; **H35.30** (Unspecified) = **AVOID** (no HCC mapping, loses clinical specificity).[4] **Laterality**: **1**=right, **2**=left, **3**=bilateral, **9**=unspecified. **Dry AMD stages**: **0**=unspecified, **1**=early, **2**=intermediate, **3**=advanced atrophic w/o subfoveal GA, **4**=advanced atrophic w/ subfoveal GA.[4] **Wet AMD activity**: **0**=unspecified, **1**=active CNV, **2**=inactive CNV, **3**=inactive scar. **Example**: **H35.3122** = Nonexudative AMD, left eye, intermediate stage; **H35.3231** = Exudative AMD, bilateral, active CNV.[4] **When drusen are the sole finding without staged AMD**, report **H35.36-** (drusen, degenerative, macula) with laterality suffix; **once AMD is staged**, code to the specific **H35.31-** or **H35.32-** subcode instead.[4] Concurrent **functional vision loss codes** must also be documented: **H54.0X-** (blindness both eyes), **H54.1-** (blindness one eye/low vision other), **H54.2X-** (low vision both eyes), **H54.4-/H54.5-** (unilateral blindness or low vision), and **H54.8** (legal blindness USA, ≤20/200 or field ≤20°).[4] **Code concurrent complications**: **H53.411–H53.419** (central scotoma), **H53.15** (metamorphopsia/visual distortion), **H35.72-** (serous RPE detachment), **H35.73-** (hemorrhagic RPE detachment), and **H35.81** (retinal edema/CME) when documented.

Prevalence: Approximately **20 million** U.S. adults aged ≥40 years live with **any stage** of age-related macular degeneration, including **~1.49 million** with **vision-threatening late AMD**; prevalence rises to **~12–15%** among adults ≥65 and **~11.4%** among adults ≥85.[1,2,5,6] Most early and intermediate AMD is **asymptomatic** and is identified only on dilated fundus examination, creating a **meaningful awareness gap** that PCPs are positioned to close through **timely screening referral**.[6,10]