



Adult Macular Degeneration

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT	3
HCC/RAF V28 Mapping	4
2. RECOGNITION AND DIAGNOSIS	6
Medicare Diagnostic Workup and Surveillance (Older Adults, At-Risk Population)	6
Dry (Nonexudative) vs. Wet (Neovascular) AMD — Key Differences for PCPs	7
Subtle Early Signs in Older Adults	9
Geriatric Risk Factors	10
Diagnostic Thresholds	11
Common Oversights	16
Key Differentials in Elderly	16
Comorbidity Screening	18
3. MEAT DOCUMENTATION ESSENTIALS	20
Clinical Documentation Elements	21
Reframing Common Documentation Shortcuts	22
4. TREATMENT AND REFERRAL QUICK GUIDE	22
Therapy Escalation Criteria	23
AAO PPP 2025-Aligned Treatment Recommendations	24
Non-Pharmacologic Treatment and Lifestyle Modification	24
Medication Safety and Dose Adjustments	25
When to Refer	26
Follow-Up Timing	27
Comorbidity Management	28
Cost-Smart Options	29
Patient Education and Adherence	31
Quality Metrics Tie-In	32
5. CODING REMINDERS AND CASE EXAMPLES	34
Documentation Specificity	34
Annual Clinical Review and Confirmation	35
Good Documentation is Comprehensive Coding	35
EHR Workflow Tips	36
Brief Case Examples	37
REFERENCES	38

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}

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