

## **Risk List for Combined Vision and Hearing Loss in Infants and Toddlers** **Associated Etiologies with Corresponding ICD-10 Codes**

*This list has been developed for use by Part C Service Coordinators in identifying children who are eligible for referral to their state’s deaf-blind project. When one or more of the conditions in the tables below are present in infants and toddlers who have been determined eligible for Part C services, or who are being evaluated for eligibility, it is important that Service Coordinators work closely with families, early intervention providers and medical professionals to obtain accurate vision and hearing evaluations. These evaluations should include functional vision and hearing assessments in addition to medical assessments.*

Referring a child birth through two years of age to the state deaf-blind project begins the process of determining whether the child is considered deaf-blind. It is important to remember that “deaf-blindness” encompasses a wide diversity of children and conditions. The term describes any combination of vision and hearing loss that negatively impacts a child’s ability to access environmental information, communicate and interact with others. Only a small percentage of children considered deaf-blind are totally deaf and blind. Most have varying degrees of residual vision and hearing and over 90% have additional disabilities.

Referral to a state deaf-blind project allows for children who qualify as deaf-blind to be counted in an annual National Child Count that is shared with Project Directors from the Office of Special Education (OSEP) Technical Assistance & Dissemination Network. Referral also qualifies early intervention providers and families to receive a variety of technical assistance services, including print and web resources, family support and consultation with experts on effective early intervention practices for children birth through two who have conditions that affect both hearing and vision.

**Please review this list carefully to identify children who may have both vision and hearing loss. For additional information please contact:**

***The New York DeafBlind Collaborative***  
***Queens College, JH 206***  
***65-30 Kissena Blvd, Queens, NY 11367-1597***  
***<https://nydeafblind.org>***



The information provided was developed under a grant from the U.S. Department of Education #H326T130013. However, those contents do not necessarily represent the policy of the Teaching Research Institute, nor the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer, Jo Ann McCann.



*This resource was developed by a collaborative Early Identification & Referral Work Group. Thank you to Diane Haynes (KY Services for Children and Youth Who Are Deaf-Blind), Ruth Ann King (WV SenseAbilities), Sam Morgan (NY Deaf-Blind Collaborative), Gail Olson (IL Hearing/Vision Early Intervention Outreach), Karen Windy (IL Project Reach), and Mark Schalock (NCDB). With special appreciation to Kentucky CHFS OATS MSMP ICD-10 Project Manager.*

***Risk List for Combined Vision and Hearing Loss in Infants and Toddlers***  
***Etiologies Associated with Combined Vision and Hearing Loss***

**Section A: Diagnoses Associated with Sensory Loss**

These tables include ICD-10-CM Codes, which are scheduled to replace ICD-9-CM in the United States in October 2015. Until then ICD-10-CM codes should only be used for training or planning purposes. Tables with ICD-9-CM codes can be found at <https://nationaldb.org/materials/page/1966/8>

<b>Dual Sensory Impairment</b>			
<i>This code indicates that both vision and hearing or absent or affected, which would qualify a child as deaf-blind. Immediate referral to your state's deaf-blind project is recommended to ensure appropriate intervention strategies and family support.</i>			
<b>ICD Code</b>			
Z73.82	Dual Sensory Impairment		
<b>Blindness/Vision Impairment</b>		<b>Deafness/Hearing Loss</b>	
<b>ICD Code</b>		<b>ICD Code</b>	
H54.0	Blindness (acquired) (congenital) (both eyes)	H91.9	Deafness (acquired) (complete) (hereditary) (partial)
H54.3	Vision Impairment or Vision Loss (both eyes)	H90.2	Deafness – conductive
H54.8	Legal blindness (both eyes) (USA definition)	H90.5	Deafness – congenital or sensorineural
H47.619	Cortical blindness (also known as cortical visual impairment)	H90.8	Deafness – mixed conductive and sensorineural
H35.10	Retinopathy of prematurity	H90.5	Hearing Loss or Hearing Impairment – congenital or sensorineural
H53.003	Amblyopia (bilateral) (both eyes)		
E70.3	Albinism		

## Section B: Hereditary/Chromosomal Syndromes and Disorders

These tables include ICD-10-CM Codes, which are scheduled to replace ICD-9-CM in the United States in October 2015. Until then ICD-10-CM codes should only be used for training or planning purposes. Tables with ICD-9-CM codes can be found at <https://nationaldb.org/materials/page/1966/8>

<i>Presence of a listed etiology does not automatically qualify a child as deaf-blind; rather it indicates further evaluation to determine whether a combined vision and hearing loss exists. Immediate referral to your state's deaf-blind project can help make that determination.</i>					
(Column 1 = NCDB National Child Count Code, Column 2 = Corresponding ICD-10 Code)			(Column 1 = NCDB National Child Count Code, Column 2 = Corresponding ICD-10 Code)		
Code	ICD Code	Primary Identified Etiology	Code	ICD Code	Primary Identified Etiology
101	Q04.0	Aicardi syndrome	130	Q87.0	Marshall syndrome
102	Q87.81	Alport syndrome	131	E76.29	Maroteaux-Lamy syndrome (MPS VI)
103	Q87.8	Alstrom syndrome	132	Q87.0	Moebius syndrome
104	Q87.0	Apert syndrome (Acrocephalosyndactyly, Type 1)	133	Q93.0	Monosomy 10p
105	Q87.89	Bardet-Biedl syndrome (Laurence Moon-Biedl)	134	E76.219	Morquio syndrome (MPS IV-B)(
106	E75.4	Batten disease	135	Q85.01	NF1 - Neurofibromatosis (von Recklinghausen disease)
107	Q89.8	CHARGE Syndrome	136	Q85.02	NF2 - Bilateral Acoustic Neurofibromatosis
108	Q93.2	Chromosome 18, Ring 18	137	H35.5	Norrie disease
109	Q87.1	Cockayne syndrome	138	G25.9	Optico-Cochleo-Dentate Degeneration
110	H16.32	Cogan Syndrome	139	Q87.0	Pfeiffer syndrome
111	Q87.1	Cornelia de Lange	140	Q87.1	Prader-Willi
112	Q93.4	Cri du chat syndrome (Chromosome 5p- syndrome)	141	Q87.0	Pierre-Robin syndrome
113	E80.5	Crigler-Najjar syndrome	142	G60.1	Refsum syndrome
114	Q75.1	Crouzon syndrome (Craniofacial Dysostosis	143	E76.03	Scheie syndrome (MPS I-S)
115	Q03.1	Dandy Walker syndrome	144	E78.72	Smith-Lemli-Opitz (SLO) syndrome
116	Q90.9	Down syndrome (Trisomy 21 syndrome)	145	Q8709	Stickler syndrome)
117	Q87.0.	Goldenhar syndrome	146	Q85.8	Sturge-Weber syndrome
118	C96.5	Hand-Schuller-Christian (Histiocytosis X	147	Q75.4	Treacher Collins syndrome
119	H35.5	Hallgren syndrome	148	Q91.7	Trisomy 13 (Trisomy 13-15, Patau syndrome)
120	B02	Herpes-Zoster (or Hunt)	149	Q91.3	Trisomy 18 (Edwards syndrome)
121	E76.1	Hunter Syndrome (MPS II)	150	Q96.9	Turner syndrome
122	E76.01	Hurler syndrome (MPS I-H	151	H35.5	Usher I syndrome
123	H49.81	Kearns-Sayre syndrome	152	H35.5	Usher II syndrome
124	Q76.1	Klippel-Feil sequence	153	H35.5	Usher III syndrome
125	Q87.2	Klippel-Trenaunay-Weber syndrome	154	H20.829	Vogt-Koyanagi-Harada syndrome
126	Q77.8	Kniest Dysplasia	155	E70.3	Waardenburg syndrome
127	H35.50	Leber congenital amaurosis	156	Q75.4	Wildervanck syndrome
128	G31.82	Leigh Disease	157	Q93.3	Wolf-Hirschhorn syndrome (Trisomy 4p)
129	Q87.40	Marfan syndrome	199		Other _____

## Section C: Pre-Natal Complications, Post-Natal Complications and Complications of Prematurity

These tables include ICD-10-CM Codes, which are scheduled to replace ICD-9-CM in the United States in October 2015. Until then ICD-10-CM codes should only be used for training or planning purposes. Tables with ICD-9-CM codes can be found at <https://nationaldb.org/materials/page/1966/8>

Pre-Natal/Congenital Complications			Post-Natal/Non-Congenital Complications		
(Column 1 = NCDB National Child Count Code, Column 2 = Corresponding ICD-10 Code)			(Column 1 = NCDB National Child Count Code, Column 2 = Corresponding ICD-10 Code)		
<i>Presence of a listed etiology does not automatically qualify a child as deaf-blind; rather it indicates further evaluation to determine whether a combined vision and hearing loss exists. Immediate referral to your state's deaf-blind project can help make that determination.</i>					
Code	ICD Code	Primary Identified Etiology	Code	ICD Code	Etiology
201	P35.0	Congenital Rubella	301	R09.01	Asphyxia
202	A50	Congenital Syphilis	302	H93.19	Direct Trauma to the eye and/or ear
203	P37.1	Congenital Toxoplasmosis	303	G04.81	Encephalitis
204	B25.9	Cytomegalovirus (CMV)	304	P00.2	Infections
205	Q86.0	Fetal Alcohol syndrome	305	G03.9	Meningitis
206	G91.9	Hydrocephaly	306	S09.8XXA	Severe Head Injury
207	P04.49	Maternal Drug Use	307	O99.43	Stroke
208	Q02	Microcephaly	308	O48.0	Tumors
209	P35.2	Neonatal Herpes Simplex (HSV)	309	E09.22	Chemically Induced
299	O99	Other_____	399	O99	Other_____
Related to Prematurity					
Code	ICD Code		Code	ICD Code	
401	O60.10X0	Complications of Prematurity		H35.10	Retinopathy of prematurity (any stage)

*This resource was developed by a collaborative Early Identification & Referral Work Group. Thank you to Diane Haynes (KY Services for Children and Youth Who Are Deaf-Blind), Ruth Ann King (WV SenseAbilities), Sam Morgan (NY Deaf-Blind Collaborative), Gail Olson (IL Hearing/Vision Early Intervention Outreach), Karen Windy (IL Project Reach), and Mark Schalock (NCDB). With special appreciation to Kentucky CHFS OATS MSMP ICD-10 Project Manager.*

**For additional information please contact:**

***The New York DeafBlind Collaborative***  
***Queens College, JH 206***  
***65-30 Kissena Blvd, Queens, NY 11367-1597***  
***<https://nydeafblind.org/>***



The information provided was developed under a grant from the U.S. Department of Education #H326T130013. However, those contents do not necessarily represent the policy of the Teaching Research Institute, nor the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer, Jo Ann McCann.

