

# Western Australian Coding Rule

## 0318/08 Intra-operative floppy iris syndrome (IFIS)

WA Coding Rule 0811/02 Intra-operative floppy iris syndrome (IFIS) is superseded by ACCD Coding Rule Intraoperative floppy iris syndrome (IFIS) (Ref No: Q2786) effective 1 April 2014; (log in to view on the ACCD CLIP portal).

### **DECISION**

WA Coding Rule 0811/02 Intra-operative floppy iris syndrome (IFIS) is retired.

[Effective 01 Apr 2014, ICD-10-AM/ACHI/ACS 8th Ed.]



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## 0811/02 Intra-operative Floppy Iris Syndrome (IFIS)

#### Q.

A patient was admitted for cataract surgery and on the operation report it was noted that the patient had IFIS. What is the correct diagnosis code for this condition?

### Α.

Intra-operative Floppy Iris Syndrome is characterised by a flaccid iris, propensity for the iris to prolapse, and papillary constriction during surgery. IFIS is related to certain types of drug types such as systemic alpha-1 blockers and anti-psychotics. IFIS affects the management of the cataract procedure as the surgeon is required to keep the pupil open and restrain the iris from prolapsing. It does not usually cause significant changes in postoperative outcomes however patients may experience more pain, a longer recovery period and less improvement in there visual acuity.

As there is no specific code for Intra-operative Floppy Iris Syndrome it is appropriate to code the relevant manifestations of the syndrome. Assign H21.8 Other specified disorder of iris and ciliary body and H57.0 Anomalies of papillary function. If there is a documented causal link between IFIS and an adverse effect of medication, also code the relevant external cause codes.

#### **DECISION**

A public submission will be sent to the NCCC. In the meantime, as there is no code for Intraoperative Floppy Iris Syndrome, the manifestations should be coded. These are:

H21.8 Other specified disorders of iris and ciliary body H57.0 Anomalies of papillary function

[Effective 17 Aug 2011, ICD-10-AM/ACHI/ASC 7<sup>th</sup> Ed.]