

Dell Children's Ophthalmology and Adult Strabismus Clinic



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Dell Children's Ophthalmology and Adult Strabismus Clinic

Office hours: Varies by location
Main office number: 512-324-6755
Fax number: 512-324-6753
After-hours contact: Medlink, 512-323-5465

Please use the main office number to reach our staff regardless of office location.

Our clinic locations

Dell Children's - Eye Center Cedar Park

1301 Medical Parkway, 2nd Floor
Cedar Park, TX 78613
Tuesday-Friday, 8 a.m.-4:30 p.m.

[Megan M. Geloneck, MD](#)

First Wednesday of each month

Dell Children's - Comprehensive Care Clinic

7506 Pineleaf Place
Austin, TX 78757
First Wednesday of each month only, 8 a.m.-4:30 p.m.

Dell Children's - Eye Center Far West

6811 Austin Center Blvd.
Far West Medical Tower, Suite 410
Austin, TX 78731
Monday-Friday, 8 a.m.-4:30 p.m.

[Amber S. Fenton, MD](#)

Monday, Wednesday, Thursday

[Megan M. Geloneck, MD](#)

Thursday, Friday

[Lan T. Hoang, MD](#)

Tuesday, Wednesday

[Kathryn Maier, MD](#)

Monday, Friday

[Saraniya \(Nia\) Sathiamoorthi, MD](#)

Monday, Tuesday

Our providers



**Amber S.
Fenton, MD**



**Megan M.
Geloneck, MD**



**Lan T.
Hoang, MD**



**Kathryn
Maier, MD**



**Saraniya (Nia)
Sathiamoorthi,
MD**

Common indications for referral

Indication	Abnormal red reflex
ICD-10 codes	Abnormal red reflex, R29.2 Leukocoria, H44.539
Considerations	<ul style="list-style-type: none"> • Examination of the red reflex is an essential part of healthy baby/child visits in nonverbal children. This examination should be performed before discharge from the newborn nursery and during all subsequent routine health supervision visits. • An abnormal red reflex may indicate the presence of any number of diseases, including cataracts, retinal diseases, and retinoblastoma. • Infantile cataracts that are not extracted in the first six to eight weeks of life may be associated with irreversible visual loss and nystagmus.
Referral recommendations	<ul style="list-style-type: none"> • If there is a white reflex (leukocoria), an emergency referral should be made to rule out possible retinoblastoma. • Anytime there is a dull or asymmetric red reflex, an urgent referral should be made.

Indication	Anisocoria
ICD-10 codes	Anisocoria, H57.02
Considerations	<ul style="list-style-type: none"> • A difference in pupil size that is less than 1 mm in both light and dark is usually benign. • Association of mild ptosis (droopy eyelid) with a smaller pupil on the same side (more pronounced in the dark) requires evaluation for Horner's Syndrome. Horner's Syndrome can rarely be caused by neuroblastoma. • A dilated pupil with limitation of eye movement requires evaluation of a 3rd nerve palsy.
Referral recommendations	<ul style="list-style-type: none"> • Any pupillary difference of 1 mm or greater should be evaluated by ophthalmology urgently.

Indication	Chronic conjunctivitis
ICD-10 codes	Unspecified chronic conjunctivitis, unspecified eye, H10.409
Considerations	<ul style="list-style-type: none"> • The most common cause is allergic conjunctivitis; however, other (more serious) etiologies should always be considered. • Persistent conjunctivitis/red eye associated with photophobia and corneal scarring are potential signs of herpetic (HSV) eye disease and require prompt evaluation.
Referral recommendations	<ul style="list-style-type: none"> • Persistent eye redness with photophobia should be an emergent referral. • Concern for HSV should be an emergent referral. • Persistent eye redness not responding to topical antibiotics or allergy medications should be an urgent referral.

Indication	Concern about visual behaviors
ICD-10 codes	Amblyopia suspect, H53.04 Unspecified disorder of visual pathways, H47.9
Considerations	<ul style="list-style-type: none"> By 3 months of age, infants should demonstrate social smile and make eye contact. In premature babies, the corrected age should be used.
Referral recommendations	<ul style="list-style-type: none"> Absence of a social smile or eye contact by 3 months of age should prompt an urgent referral.

Indication	Congenital dacryocele/dacryocystocele
ICD-10 codes	Other changes to the lacrimal passages, H04.69
Considerations	<ul style="list-style-type: none"> A dacryocele is a complication of congenital nasolacrimal duct obstruction and is often noted in the first weeks of life by enlargement of the lacrimal sac with a bluish discoloration of the overlying skin. Secondary dacryocystitis commonly develops in the first few days or weeks of life.
Referral recommendations	<ul style="list-style-type: none"> Emergent referral is needed as there is a risk for secondary infection.

Indication	Congenital nasolacrimal duct obstruction/dacryostenosis
ICD-10 codes	Neonatal obstruction of the nasolacrimal duct, H04.539
Considerations	<ul style="list-style-type: none"> Excessive tearing and eyelid crusting in young infants is usually related to nasolacrimal duct obstruction. Symptoms become apparent in the first few weeks to months of life. Conservative management (e.g., tear duct massage and topical antibiotics when needed) is recommended as it often resolves in the first year of life.
Referral recommendations	<ul style="list-style-type: none"> Continued symptoms past 12 months of age requires a routine referral. If there is recurrent nasolacrimal sac infection (dacryocystitis), earlier referral is appropriate.

Indication	Eyelid disorders
ICD-10 codes	Unspecified nystagmus, H55.00 Congenital nystagmus, H55.01
Considerations	<ul style="list-style-type: none"> Mechanical obstruction of vision can produce severe visual loss (deprivational amblyopia). Drooping of the eyelid (ptosis) or an eyelid hemangioma can also cause visually significant astigmatism that can result in refractive amblyopia.
Referral recommendations	<ul style="list-style-type: none"> Any child with ptosis or an eyelid mass should be referred for an urgent evaluation.

Indication	Glaucoma
ICD-10 codes	Congenital glaucoma, Q15.0 Unspecified glaucoma, H40.9
Considerations	<ul style="list-style-type: none"> • Excess tearing that is associated with photophobia (light aversion), corneal enlargement, and clouding could represent glaucoma. • Congenital glaucoma commonly presents between the ages of 3-9 months, but the most severe form is the newborn onset form. • Though rare, other forms of glaucoma can present at any age.
Referral recommendations	<ul style="list-style-type: none"> • These patients should be seen emergently. Delays can cause irreversible optic nerve damage, permanent corneal enlargement, irregular astigmatism, and amblyopia.

Indication	Headaches
ICD-10 codes	Headache, R51
Considerations	<ul style="list-style-type: none"> • Headaches can be secondary to refractive errors or ocular motility issues like convergence insufficiency.
Referral recommendations	<ul style="list-style-type: none"> • Any child with chronic headaches or complaining of headache after prolonged reading should have a comprehensive eye examination. This can be done by an optometrist in children over age 6. • Headaches that are worse at night when lying down, associated with nausea/vomiting, ringing in ears, or blurry vision should be evaluated urgently with ophthalmology or neurology.

Indication	Nystagmus
ICD-10 codes	Unspecified nystagmus, H55.00 Congenital nystagmus, H55.01
Considerations	<ul style="list-style-type: none"> • Nystagmus is the presence of oscillating eye movements.
Referral recommendations	<ul style="list-style-type: none"> • Any child with nystagmus should be evaluated by ophthalmology. • New-onset nystagmus requires urgent evaluation.

Indication	Prematurity
ICD-10 codes	Preterm newborn (other), P07.3
Considerations	<ul style="list-style-type: none"> • Very premature infants, <1,500 g or <32 weeks, are at risk for development of strabismus and refractive errors — even in the absence of retinopathy of prematurity (ROP).
Referral recommendations	<ul style="list-style-type: none"> • Request a routine referral for patients born prematurely. • These infants should be examined at minimum three and six months post-discharge from the NICU (or more frequently if there is a history of retinopathy of prematurity).

Indication	Screening in systemic disorders or congenital syndromes
ICD-10 codes	ICD-10 code is based on underlying disorder
Considerations	<ul style="list-style-type: none"> • Children with systemic disorders are at risk of ocular disease. Examples include autoimmune disorders, Down syndrome, diabetes mellitus, Marfan syndrome, NF-1, sickle cell disease, albinism, hypertension, thyroid malfunction, and Sturge-Weber syndrome. • Children with craniofacial abnormalities are also at risk of eye disease. Craniosynostosis can be associated with compression of the optic nerve which can cause irreversible vision loss. Bony abnormalities of the orbit can be associated with strabismus.
Referral recommendations	<ul style="list-style-type: none"> • Patients with autoimmune disorders, diabetes mellitus, and other disorders associated with ocular disease should be referred for routine screening evaluations. • Patients with JIA who have a red or painful eye or photophobia should have an urgent referral.

Indication	Strabismus
ICD-10 codes	Unspecified strabismus, H50.9
Considerations	<ul style="list-style-type: none"> • By 4 months of age, infants should be able to demonstrate ocular alignment. • Disruption of binocular vision development in the first 3-6 months of life may produce permanent loss of stereo-vision. • Amblyopia related to strabismus is often irreversible if not treated by age 7-8. • Acute onset misalignment of eye (strabismus) or double vision (diplopia) can be a manifestation of more serious neurological issues like brain tumor or elevated intracranial pressure.
Referral recommendations	<ul style="list-style-type: none"> • Any infant with constant ocular deviation should be evaluated, even prior to 4 months of age. • Any infant older than 4 months of age with a new constant ocular deviation should be evaluated urgently. • Any child with suspected pseudostrabismus or intermittent ocular deviation should be evaluated within a few months (routine).



Contact us

512-324-6755
DellChildrens.org

Updated May 2026
For the most up-to-date information,
scan the code to view the Dell Children's
Ophthalmology and
Adult Strabismus Clinic website.

