

Guidance document for processing PM-JAY packages

Orbital fracture repair under GA

Procedures covered: 1

Specialty: Ophthalmology

Package name	Procedure name	HBP 2.0 code	HBP 2.1 code	Package price (INR)
Orbital fracture repair	Orbital fracture repair under GA	New Package	SE041A	10,500

ALOS (In days): 3 Days

Minimum qualification of the treating doctor:

Essential: MD/MS/ DNB/ PG Diploma/ equivalent (in Ophthalmology)

Special empanelment criteria/linkage to empanelment module: Secondary Care Facilities

Disclaimer:

For monitoring and administering the claim management process of **Orbital fracture repair under GA** NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS

1.1 Objective:

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

1.2 Clinical key pointers:

Fractures to the orbital walls commonly result after blunt trauma to the mid face.

Clinical examination findings indicating possible orbital fractures

- Periorbital ecchymosis or edema
- Palpable bony "step-off" (malunion) along orbital rim

- Point tenderness along the orbital rim
- Restricted extraocular movements
- Numbness along distribution of the inferior orbital nerve
- Asymmetry of globe position
- Enophthalmos (posterior displacement of the eyeball within the orbit) on exophthalmometry

Indications for Orbital fracture repair

- Persistent diplopia, especially in primary or downgaze, or concern for orbital restriction
- Enophthalmos > 2 mm
- Malposition of the globe, either posterior or inferior displacement
- A large orbital floor fracture (greater than 50% of orbital floor) or significant increase in orbital volume in which enophthalmos is predicted
- Associated rim or facial fractures causing disfigurement or other facial pathophysiology (e.g., oral malocclusion in low maxillofacial fracture, trismus with zygomaticomaxillary complex fracture)

1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Orbital fracture repair under GA
i. At the time of Pre-authorization	
a. Clinical notes with indication and admission notes.	Yes
b. Clinical photograph of the affected eye	Yes
c. Relevant investigations like X-ray / CT / MRI	Yes
ii. At the time of claim submission	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed procedure/ operative notes	Yes
c. Post-op photograph	Yes
d. Detailed discharge summary	Yes

PART II: GUIDELINES FOR PROCESSING TEAM



PART III: GUIDELINES FOR TRANSACTION MANAGEMENT SYSTEM (TMS)

3.1 Objective: To enable setting up of cross check mechanisms/rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:

- I. Were patient's X-ray / CT / MRI report suggestive of the diagnosis? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

References:

Grob S, Yonkers M, Tao J. Orbital Fracture Repair. Semin Plast Surg. 2017 Feb;31(1):31-39. doi: 10.1055/s-0037-1598191. PMID: 28255287; PMCID: PMC5330799.