



Guidance document for processing PM-JAY packages

Conjunctival Tumor Excision

Procedures covered: 1

Specialty: Ophthalmology

Package name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Conjunctival tumour excision including Amniotic Membrane Graft	S300033	SE009A	7,000

ALOS: 1 Day

Minimum qualification of the treating doctor:

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

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

For monitoring and administering the claim management process of **Conjunctival Tumor Excision**, 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 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:

Proceed for Conjunctival Tumor Excision only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination, preoperative histopathological evaluation (biopsy or impression cytology) wherever indicated and does not respond to conservative medical therapy. Surgical specimen should be sent for histopathology.

Definition:

Conjunctival tumors include a spectrum of benign and malignant neoplasms. More than approx. 50% of the conjunctival tumors are benign and remaining are pre-malignant/ malignant. The most common ones include:

Nevus, acitinic keratosis, ocular surface squamous neoplasia, primary acquired melanosis, melanoma and lymphoid tumor. Malignant tumors are seen most often in adults than children.

Risk factors: Chronic sun exposure, cigarette smoke exposure, HIV, HPV; Older patients age group 60-70 years; H.Pylori, etc.

Signs & Symptoms:

- Change in the colour or texture of an area of the conjunctiva (either by the presence of a dark pigment or blood vessels)
- Lumps or lesions on conjunctiva
- Eye irritation and discomfort
- Tearing
- Rapid progression in size of tumour

Classification of conjunctival malignant tumors (As per American Joint Committee on Cancer's 8th edition):

Definition of Primary Tumor	
CATEGORY	CRITERIA
TX	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma <i>in situ</i>
T1	Tumor (≤ 5 mm in greatest dimension) invades through the conjunctival basement membrane without invasion of adjacent structures
T2	Tumor (> 5 mm in greatest dimension), invades through the conjunctival basement membrane without invasion of adjacent structures
T3	Tumor invades adjacent structures excluding the orbit
T4	Tumor invades the orbit with or without further extension
<i>T4a</i>	Tumor invades orbital soft tissues, without bone invasion
<i>T4b</i>	Tumor invades bone
<i>T4c</i>	Tumor invades adjacent paranasal sinuses
<i>T4d</i>	Tumor invades brain

Investigations: Slit lamp biomicroscopy; CT/ MRI of the orbit

Management:

Depends upon the diagnosis, the size and extent of the lesion. It may involve serial observation, incisional biopsy, excisional biopsy, cryotherapy, chemotherapy, radiotherapy, modified enucleation, orbital exenteration or various combinations of these methods. If large areas of

conjunctiva are removed, mucous membrane grafts from the conjunctiva of the opposite eye, buccal mucosa, or amniotic membrane may be necessary.

Nonsurgical management involves using topical chemotherapy with Mitomycin C (MMC)/ 5-fluorouracil (5-FU)/ topical or injected immunotherapy with interferon alpha-2b (IFN), topical antiviral medication (cidofovir) or photodynamic therapy.

During surgical excision, the tumor is never touched to prevent seeding of tumor.

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	Conjunctival Tumor
i. At the time of Pre-authorization	
a. Clinical notes	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Operative/ procedure notes	Yes
c. Histopathology report	Yes
d. Intraoperative photograph with Patient ID, time and date stamp (optional)	Yes
e. Postoperative photograph after excision	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc., in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:

2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):

- Detailed Clinical notes (including history), clinical symptoms (abnormal growth on the conjunctiva, etc.), eye examination (such as slit lamp biomicroscope) and visual acuity? Yes
- Clinical photo of affected part with Proper labelling of affected eye whether R or L with full face photograph? Yes

- c. Detailed admission notes? Yes

2.2.2 At the time of claim processing- For claims processing doctor (CPD)

- a. Do OT notes detail the steps of surgery performed (including amniotic membrane grafting) and outcomes of surgery? Yes
- b. Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- c. Was the intra operative photograph submitted? Yes
- d. Is the Histopathology report submitted? Yes

PART III: GUIDELINES FOR IT

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:

- a. Did the clinical symptoms & eye examination suggest presence of conjunctival tumor? Yes

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

References:

- i. A Guide to Conjunctival Tumors, Review of Optometry, May 2019, <https://www.reviewofoptometry.com/article/a-guide-to-conjunctival-tumors>
- ii. Conjunctival tumor surgery, Institut de Microcirugia ocular (IMO) Foundation, <https://www.imo.es/en/conjunctival-tumour-surgery>
- iii. Conjunctiva Tumor, Adleff's clinical oncology, 5th edition, 2014, <https://www.sciencedirect.com/topics/medicine-and-dentistry/conjunctiva-tumor>
- iv. Tumor of the ocular surface: A review, Indian Journal of Ophthalmology, 2015, <http://www.ijo.in/article.asp?issn=0301-4738;year=2015;volume=63;issue=3;spage=187;epage=203;aulast=Honavar>
- v. Tumors of the conjunctiva and cornea, Indian Journal of Ophthalmology, Dec 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6896532/>
- vi. Conjunctival Tumors: Review of Clinical Features, Risks, Biomarkers, and Outcomes--The 2017 J. Donald M. Gass Lecture, Asia Pacific Journal of Ophthalmology, Mar-Apr 2017, <https://pubmed.ncbi.nlm.nih.gov/28399347/>
- vii. Differentiating benign and malignant conjunctival tumors, American Academy of Ophthalmology, Feb 2017, <https://www.aao.org/editors-choice/differentiating-benign-malignant-conjunctival-tumo>