



Guidance document for processing PM-JAY packages

Corneal surgeries& Corneal/ Scleral tear repair (Except limbal dermoid removal)

Procedures covered: 6

Specialty: Ophthalmology

Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (in days)
I. Corneal Ulcer Management	New Package	SE011A	4,000	5
II. Corneal Grafting	S300004	SE012A	8,500	1
III. Corneal Grafting- Follow-up	New Package	SE012B	2,000	1
IV. Corneal Collagen Crosslinking	New Package	SE013A	9,000	1
V. Corneo / Scleral / Corneo scleral tear repair	S300018	SE015A	11,500	2
VI. Corneal / Scleral Patch Graft	New Package	SE016A	3,000	3

ALOS- Average length of stay in the hospital

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 **Corneal Ulcer Management; Corneal Grafting; Corneal Grafting (follow-up); Corneal Collagen Crosslinking, Corneo / Scleral / Corneo scleral tear repair, Corneal / Scleral Patch Graft**, 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 Corneal Surgery for above mentioned procedures only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.

Corneal ulcer/ Keratitis may be defined as a discontinuation in the normal epithelial surface of the cornea associated with necrosis of the surrounding tissue and is pathologically characterized by oedema and cellular infiltration.

Etiology: It happens as a result of an eye infection, severe dry eye, disorders of the eyelid or trauma to the eye

Risk factors:

- Wearing contact lens
- Having chicken pox or shingles
- Using steroid eye drops
- Having dry eye
- Eyelid disorders that prevent proper functioning of the eyelid
- Injury to the cornea
- Systemic disease like Diabetes Mellitus

Symptoms of corneal ulcers (one or more of the following):

- Redness of the eye
- Severe pain and soreness of the eye
- Foreign body sensation in the eye
- Tears/ pus or other discharge
- Blurred vision
- Sensitivity to light
- Swelling of the eyelids
- White spot on the cornea

Investigations:

- Slit lamp microscopic examination
- Fluorescein staining and examination under cobalt blue filter
- Microbiological examination of the sample from cornea (incase infection is suspected)

Management:

- **Conservative:** Eye drops to control infection (Antifungal/ antibacterial/ antiviral)
- **Surgical (Keratoplasty/ patch graft):**
 - Only in cases where there is no improvement with conservation/ medical management
 - Significant scar on cornea post medical treatment
 - Descemetocoele (extreme thinning of cornea)
 - Corneal perforation (as in case of a penetrating trauma/ injury)

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	Corneal Ulcer Management	Corneal Grafting	Corneal Graft - Follow Up	Corneal Collagen Crosslinking	Corneo / Scleral / Corneo scleral tear repair	Corneal/ Scleral Patch Graft
i. At the time of Pre-authorisation						
a. Clinical notes	Yes	Yes	Yes	Yes	Yes	Yes
b. Admission Notes	Yes/No	Yes	No	Yes	Yes	Yes
c. History of corneal grafting in the same eye	No	Yes/No	Yes	No	No	Yes/No
d. Clinical Photograph of the affected eye	Yes	Yes	Yes	Yes	Yes	Yes
e. Pentacam progression maps 3 to 6 months apart	No	No	No	Yes	No	No
f. Ultrasound B-scan	Yes	Yes	Yes	No	Yes	Yes
g. Slit lamp examination	Yes	Yes	Yes	Yes	Yes	Yes
ii. At the time of claim submission						
a. Detailed Discharge summary	Yes/No	Yes	Yes/No	Yes	Yes	Yes
b. Operative/ procedure notes	Yes	Yes	Yes	Yes	Yes	Yes
c. Histopathology/ Microbiology report of the host tissue/sample	Yes	Yes	No	No	No	No
d. Details of donor cornea	No	Yes	No	No	No	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:

Mandatory document	Corneal Ulcer Management	Corneal Grafting	Corneal Graft - Follow Up	Corneal Collagen Crosslinking	Corneo / Scleral / Corneo scleral tear repair	Corneal/ Scleral Patch Graft
2.2.1 At the time of pre-authorization processing- For pre-authorisation processing doctor (PPD):						
a. Detailed Clinical notes including clinical signs, symptoms, examination findings suggestive of corneal/ scleral ulcer or history of corneal/ scleral ulcer and visual acuity?	Yes	Yes	Yes	Yes	Yes	Yes
b. Detailed Admission Notes?	Yes	Yes	Yes/No	Yes	Yes	Yes
c. History of corneal grafting in the same eye?	No	No	Yes	No	No	No
d. Clinical photo of Affected part with Proper labelling of	Yes	Yes	Yes	Yes	Yes	Yes

Affected Eye whether R or L with full face photograph?						
e. Pentacam progression maps 3 to 6 months apart	No	No	No	Yes	No	No
f. Ultrasound B-scan	Yes	Yes	Yes	No	Yes	Yes
g. Slit lamp examination	Yes	Yes	Yes	Yes	Yes	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 and outcomes of the surgery?	Yes	Yes	Yes	Yes	Yes	Yes
b. Are the documents available to show appropriate post-op care, advise including for follow-up?	Yes	Yes	Yes	Yes	Yes	Yes
c. Is a detailed Discharge summary available?	Yes	Yes	Yes/No	Yes	Yes	Yes
d. Histopathology/ Microbiology report of the host tissue available?	Yes	Yes	No	No	No	Yes
e. Details of donor cornea	No	Yes	No	No	No	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 signs, symptoms & examination suggest presence of corneal/ scleral ulcer? Yes
- b. If yes, was conservation management tried? Yes

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

References:

- i. What Is a Corneal Ulcer (Keratitis)?, American Academy of Ophthalmology, Nov 2019, <https://www.aao.org/eye-health/diseases/corneal-ulcer>
- i. Corneal ulcer- causes and treatment, All about Vision, <https://www.allaboutvision.com/conditions/corneal-ulcer.htm>
- ii. Keratoconjunctivitis, <https://www.sciencedirect.com/topics/immunology-and-microbiology/keratoconjunctivitis>
- iii. Management of Descemetocoele and Corneal Perforation, American Academy of Ophthalmology, Mar 2020, https://eyewiki.aao.org/Management_of_Descemetocoele_and_Corneal_Perforation
- iv. Operational Guidelines, Clinical Protocol Guidelines, Ophthalmology Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>