



## Guidance document for processing PM-JAY packages

### Limbal Dermoid Removal

Procedures covered: 1

Specialty: Ophthalmology

Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Limbal Dermoid Removal	S300016	SE019A	1,000

**ALOS:** 1 Day

**Minimum qualification of the treating doctor:**

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

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Limbal Dermoid Removal**, 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 Limbal Dermoid Removal Surgery only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.

Limbal dermoid is a cyst that is present at the intersection of the cornea and the sclera. They are congenital benign tumors that affect vision and cause visual abnormalities due to the development of astigmatism, encroachment on the visual axis, and fatty component infiltration into the cornea. If left untreated they may lead to irreversible anisometropic amblyopia in children.

These are classified into 3 grades-

Grade I (superficial tumor measuring <5 mm)

Grade II (larger size and extend into the corneal stroma)

Grade III (involve the whole cornea and structures of the anterior chamber)

**Signs & Symptoms:** A dome shaped growth on the intersection of the cornea and sclera, with a keratinized surface, sometimes with hair follicles and cilia. It is associated with ocular abnormalities such as lid coloboma (embryologic cleft in the eyelid). Other congenital anomalies may also be present along with limbal dermoid like auricular appendages and vertebral changes.

**Investigations:** Ophthalmic examination (Slit lamp/ torchlight/under anaesthesia in case of children)

#### Indications for surgery:

- When the lesion becomes progressive and starts to increase in size or cause irritative symptoms.
- When it threatens to affect or has affected vision due to astigmatism.
- Cosmetic excision

Earlier the surgery is undertaken the simpler is the procedure and better are the overall results.

#### 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	Limbal Dermoid Removal
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes with indication	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Discharge summary	Yes
b. Procedure/ operative notes	Yes
c. Intraoperative photograph with Patient ID, time and date (optional)	Yes
d. Evidence of submission of removed tissue for histopathology examination	Yes



## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **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. Is there a presence of a congenital growth at the intersection of cornea and sclera? Yes

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

#### **References:**

- i. Surgical management of corneal limbal dermoids: retrospective study of different techniques and use of Mitomycin C, Eye (The scientific journal of the Royal college of Ophthalmologists), July 2014, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094805/>
- ii. New Grading System for Limbal Dermoid- A Retrospective Analysis of 261 Cases Over a 10-Year Period, CORNEA, The Journal of Cornea and External Disease, Jan 2018, [https://journals.lww.com/corneajrnl/Fulltext/2018/01000/New\\_Grading\\_System\\_for\\_Limbal\\_Dermoid\\_A.12.aspx](https://journals.lww.com/corneajrnl/Fulltext/2018/01000/New_Grading_System_for_Limbal_Dermoid_A.12.aspx)
- iii. Clinical evaluation and surgical intervention of limbal dermoid, Indian Journal of Ophthalmology, 1981, <http://www.ijo.in/article.asp?issn=0301-4738;year=1981;volume=29;issue=2;spage=69;epage=73;aulast=Mohan#:~:text=Simple%20excision%20and%20excision%20with,lamellar%20keratoplasty%20in%20such%20cases.>
- iv. Management of pediatric corneal limbal dermoids, Clinical Ophthalmology, Auckland, March 2013, [https://www.researchgate.net/publication/236193456\\_Management\\_of\\_pediatric\\_corneal\\_limbal\\_dermoids](https://www.researchgate.net/publication/236193456_Management_of_pediatric_corneal_limbal_dermoids)