



Guidance document for processing PM-JAY packages

Retinal Cryopexy

Procedures covered: 1

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Retinal Cryopexy	Retinal Cryopexy	S300005	SE031A	3,800

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 **Retinal Cryopexy**, 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 Retinal Cryopexy only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.

Retinal cryopexy/ cryotherapy is the use of extreme cold therapy primarily used for the treatment of retinal tears and other retinal conditions such as Retinopathy of Prematurity (Stage 4 & 5) which if left untreated may lead to retinal detachment. This procedure helps create a scar tissue preventing further extension of the tear.



Indications:

- Retinal breaks or detachments
- Retinal ischemia (retinal tissue that lacks oxygen)
- Neovascularization (proliferation of blood vessels in the retina)
- Coats' disease (abnormal retinal blood vessels that cause loss of vision)
- Retinoblastoma (intraocular tumors)

Etiology: Injury to the eye/ head; spontaneously due to Posterior Vitreous Detachment (PVD) as the person ages

Risk factors:

- Advanced age
- Degree of myopia (nearsightedness)
- Associated lattice degeneration (thin patches in the retina)
- Trauma
- Family history of retinal tears or detachment
- Prior eye surgery

Signs & Symptoms:

- Sudden onset of Floaters (black spots), photopsia (flashes of light), in the affected eye

Investigations: 360-degree fundus examination using Indirect ophthalmoscopy; B-scan ultrasound (if fundus view is obscured for reasons such as dense cataract or vitreous hemorrhage).

Follow-up: After treatment of retinal tear, there is a high risk of developing additional tears in future. Hence, continued monitoring and follow-up is important.

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	Retinal Cryopexy
i. At the time of Pre-authorization	
a. Clinical notes with indication for procedure	Yes
b. Admission Notes	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes

b. Operative/ procedure notes	Yes
c. Intraoperative photograph with Patient ID, time and date (optional)	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:**

- Do the clinical symptoms (like floaters, flashes of light), history, examination findings, investigations (B-scan/ Fundus examination), suggest Retinal tear? Yes

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

References:

- Retinal tears, Retina Health Series, American Society of Retina Specialists (ASRS), 2016, <https://www.asrs.org/patients/retinal-diseases/26/retinal-tears>
- Posterior Vitreous Detachment, Retinal Breaks, and Lattice Degeneration Preferred Practice Pattern, American Academy of Ophthalmology, 2019, [https://www.aaojournal.org/article/S0161-6420\(19\)32094-9/pdf](https://www.aaojournal.org/article/S0161-6420(19)32094-9/pdf)
- Treatment of Retinal Detachment of the Course of Retinopathy of Prematurity, National Library of Medicine, 2003, <https://pubmed.ncbi.nlm.nih.gov/14746190/>
- Retinal cryopexy, <https://www.surgeryencyclopedia.com/Pa-St/Retinal-Cryopexy.html>