



## Guidance document for processing PM-JAY packages

### Scleral Buckling Surgery/ Removal

Procedures covered: 2

Specialty: Ophthalmology

Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Scleral buckling surgery	S300021	SE017A	15,000
Scleral Buckle Removal	S300001	SE018A	5,500

**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 **Scleral Buckling Surgery & Scleral Buckle 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 Surgery only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination.

Scleral buckling is an ophthalmic surgical technique used for repair of rhegmatogenous (retinal break/ tear) retinal detachments.

Retinal detachment (RD) is a condition in which the neurosensory retina is separated from the retinal pigment epithelium. May lead to permanent loss of vision if left untreated. Types of retinal detachment include- rhegmatogenous, exudative, tractional, combined tractional-

rhegmatogenous, and macular hole–associated detachment. Rhegmatogenous retinal detachment (RRD) is the most common amongst these. The pathogenesis of RRD involves vitreoretinal tractional forces that result in a full-thickness retinal break. Liquefied vitreous gel then enters the subretinal space through the break, causing separation of the neurosensory retina from the underlying retinal pigment epithelium.

Total Retinal Detachment refers to separation of the entire retina & subtotal RD refers to detachment of most of it.

**Risk factors:** Include high myopia, trauma to the eye or head, advanced diabetics, RD in the other eye, underlying hereditary vitreoretinopathy, previous intraocular surgeries, and previous viral retinitis.

### Signs & Symptoms:

- Floaters, photopsia (visual distortion), and/or a “curtain” defect that obscures part of the visual field
- Visual acuity (VA) ranges from excellent to poor, depending on whether the macula is still attached. Patients in whom macula is also detached, vision usually is decreased
- Intra-ocular pressure (IOP) can be high or low (Schwartz-Matsuo syndrome)

**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).

**Management:** Various management techniques include:

Barrier laser retinopexy in select situations (subclinical retinal detachment), pneumatic retinopexy, **primary scleral buckle**, primary pars plana vitrectomy (PPV) with intraocular tamponade or combined scleral buckle and vitrectomy.

**Scleral buckle surgery:** This is an extraocular procedure usually considered for young, phakic patients with tear(s) anterior to the equator. It is not suitable for patients with a giant retinal tear or proliferative vitreoretinopathy (PVR).

**Indications for Scleral buckle removal:** After scleral buckling surgery for the treatment of retinal detachment, surgery related complications may arise. These may include- extrusion, infection and pain

### 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	Scleral Buckling Surgery	Scleral Buckle removal
i. At the time of Pre-authorization		

a. Clinical notes with indication for surgery	Yes	Yes
b. Admission Notes	Yes	Yes
c. Clinical Photograph of the affected eye	Yes	Yes
<b>ii. At the time of claim submission</b>		
a. Detailed Discharge summary	Yes	Yes
b. Operative/ procedure notes	Yes	Yes
c. Microbiology report of the host tissue	No	Yes (Optional)
d. Investigation reports- Fundus examination/ B-scan	Yes	Yes
e. Intraoperative photograph with Patient ID, time and date(optional)	Yes	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-authorisation processing doctor (PPD):**

- Detailed Clinical notes (with h/o myopia, diabetes, trauma to head/ eye, retinal detachment in the other eye; previous scleral buckling surgery in the same eye (in case of scleral buckle removal), etc.), clinical symptoms (floaters, flashes, visual distortion, etc.) and visual acuity? Yes
- Clinical photo of Affected eye with Proper labelling of Affected Eye whether R or L with full face photograph.
- Detailed admission notes?

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

- Do OT notes detail the steps of surgery performed and was the surgery successful?
- Are the documents available to show appropriate post-op care, advise including for follow-up?
- Was the intra operative photograph submitted?
- For scleral buckle removal surgery, is there a documentary evidence that the specimen has been sent for Microbiology examination?
- Are relevant investigation reports submitted like B-scan / Fundus examination? 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. Do the clinical symptoms (like shadow/ curtain effect in vision), history, examination findings, investigations (B-scan/ Fundus examination), suggest Retinal detachment? Yes
- b. In case of Scleral buckle removal, does the patient have a history of scleral buckling surgery performed in the same eye? Yes

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

#### **References:**

- i. Rhegmatogenous Retinal Detachment: Features, Part 1, Ophthalmic Pearls, American Academy of Ophthalmology, EyeNet Magazine, Dec 2018, <https://www.aao.org/eyenet/article/rhegmatogenous-retinal-detachment-features-part-1>
- ii. Rhegmatogenous Retinal Detachment: Features, Part 2, Ophthalmic Pearls, American Academy of Ophthalmology, EyeNet Magazine, Jan 2019, <https://www.aao.org/eyenet/article/rhegmatogenous-retinal-detachment-management>
- iii. Management of recurrent rhegmatogenous retinal detachment, Indian Journal of Ophthalmology, Dec 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6256876/>
- iv. Vitreoretina- Retinal Detachment, Sankara Eye Foundation India, <https://www.sankaraeye.com/services/vitreotina-services/retinal-detachment/>
- v. Scleral Buckle Removal: Indications and Outcomes, Survey of Ophthalmology, May-Jun 2012, <https://pubmed.ncbi.nlm.nih.gov/22516538/>
- vi. Operational Guidelines, Clinical Protocol Guidelines, Ophthalmology Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>