

Guidance document for processing PM-JAY packages

Surgery for Paediatric cataract

Procedures covered: 3

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Surgery for Pediatric cataract	Paediatric lensectomy	S300015	SE021A	9,200
Surgery for Pediatric cataract	Pediatric lens aspiration with posterior capsulotomy & anterior vitrectomy	S300015	SE021B	9,200
Surgery for Pediatric cataract	Paediatric Membranectomy & anterior vitrectomy	New Package	SE021C	9,200

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 **Surgery for Pediatric Cataract**, 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 for Pediatric Cataract** only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.



Definition: Pediatric cataract is a treatable leading cause of childhood blindness. Untreated cataracts in children lead to tremendous social, economic, and emotional burden to the child, family, and society. It accounts for 7.4%–15.3% of pediatric blindness. The prevalence is more in low income groups than high income ones. It has been found that during pregnancy, 67% of the mothers of such children had a history of illness and 22% had taken medications during pregnancy.

It is usually diagnosed during routine screening/ patient has leukocoria/ strabismus.

Etiology:

- Most cataracts are idiopathic in nature.
- Hereditary
- Metabolic cataract
- Congenital infections (Toxoplasma, rubella, cytomegalovirus, herpes, and syphilis infections- TORCH)
- Traumatic cataract
- Associated with other systemic conditions such as juvenile idiopathic arthritis (JIA)

Signs & Symptoms (one or more of the following):

- Leukocoria (lens opacity/ clouding)
- Not able to make eye contact
- Squint
- Microphthalmos (small eye)
- Buphthalmos (large eye)
- Nystagmus (abnormal movement of the eye)
- Difficulty in viewing distant objects (such as a blackboard)
- May also be associated with features of other systemic illnesses such as those of Down's syndrome

Examination & Investigations:

- Visual acuity assessment
- Direct ophthalmoscopy
- Screening of parent's eye esp. of mother
- Ultrasound biomicroscopy of the eye



- A scan
- Keratometry
- MRI/ Color doppler (if there is suspicion of Persistent fetal vasculature-PFV)
- X-ray / CT scan (in cases with h/o trauma)
- TORCH profile (Toxoplasma, rubella, cytomegalovirus, herpes, and syphilis infection) (in case of bilateral congenital cataract)
- Evaluation by Rheumatologist/ Neurologist/ Nephrologist (based on presence of features of systemic illness, if any)

Indications for surgery:

- Visually significant opacities
- Unilateral cataract (to be operated as early as possible)
- Bilateral cataract (to be operated as early as possible)
- Symmetric cataract (second eye is operated within 1 week of the first eye/ same sitting)

Complications:

- Amblyopia (lazy eye)
- Glaucoma
- Retinal detachment
- **Postoperative inflammation**
- Infection of eye

Post-op follow-up:

- Prescription of glasses
- Amblyopia therapy
- Suture removal and repeat refraction at 1 month post-op & at 3 months post-op

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	Paediatric lensectomy	Pediatric lens aspiration with	Paediatric Membranectomy &
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		posterior capsulotomy & anterior vitrectomy	anterior vitrectomy
i. At the time of Pre-authorization			
a. Clinical notes (detailing Indication for Lensectomy /pediatric lens aspiration/ membranectomy and supporting investigation)	Yes	Yes	Yes
b. Admission Notes	Yes	Yes	Yes
c. Clinical Photograph	Yes	Yes	Yes
ii. At the time of claim submission			
a. Detailed Discharge summary with visual outcomes	Yes	Yes	Yes
b. Procedure/ Operative notes	Yes	Yes	Yes
c. Intraoperative photograph with time and date (optional)	Yes	Yes	Yes
d. Barcode of IOL used	Yes	Yes/ No	Yes/ No

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 with history, etiology, clinical symptoms, examination and investigation details (visual acuity, direct ophthalmoscopy, ultrasound of eye, etc.)?
- Clinical photo of Affected part 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)

- Pre-anesthesia check-up notes available? Yes
- Do OT notes detail about General anesthesia, steps of surgery performed and outcomes of the surgery? Yes
- Are the documents available to show appropriate post-op care, advise including for follow-up advise? Yes



- d. Was the intra operative photograph submitted? Yes
- e. Is the barcode/ sticker of IOL available, if used? 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 history, clinical signs and symptoms and examination suggest presence of pediatric cataract? Yes

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

References:

- i. Pediatric cataract, Indian Journal of Ophthalmology, 2017,
<http://www.ijo.in/article.asp?issn=0301-4738;year=2017;volume=65;issue=12;spage=1340;epage=1349;aulast=Khokhar>
- ii. Pediatric Cataracts, American Association of Ophthalmology, Feb 2020,
<https://www.aao.org/eye-health/diseases/what-are-pediatric-cataracts>
- iii. Pediatric cataract, Kerala Journal of Ophthalmology, 2018,
<http://www.kjophthal.com/article.asp?issn=0976-6677;year=2018;volume=30;issue=3;spage=162;epage=171;aulast=Joseph>
- iv. Operational Guidelines, Clinical Protocol Guidelines, Ophthalmology Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>