



Guidance document for processing PM-JAY packages

Cataract Surgery (Phacoemulsification and SICS)

Procedures covered/ procedure count: 2

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
i. Cataract surgery	Phacoemulsification with foldable hydrophobic acrylic Intra Ocular Lens (IOL)	S300031	SE020A	7,500
ii. Cataract surgery	Small Incision Cataract Surgery (SICS) with non-foldable IOL	S300030	SE020B	5,000

ALOS: Day care

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:

ICMR has issued clinical guidelines for Cataract to be followed in country. For monitoring and administering the claim management process of Cataract surgery with foldable hydrophobic acrylic Intra Ocular Lens (IOL) by Phacoemulsification technique, Cataract surgery with non-foldable IOL by Small Incision Cataract Surgery (SICS) technique, 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 ICMR guidelines are also included in the document for better understanding of the SHA teams, Insurance companies and TPAs. 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 the ICMR poster and 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

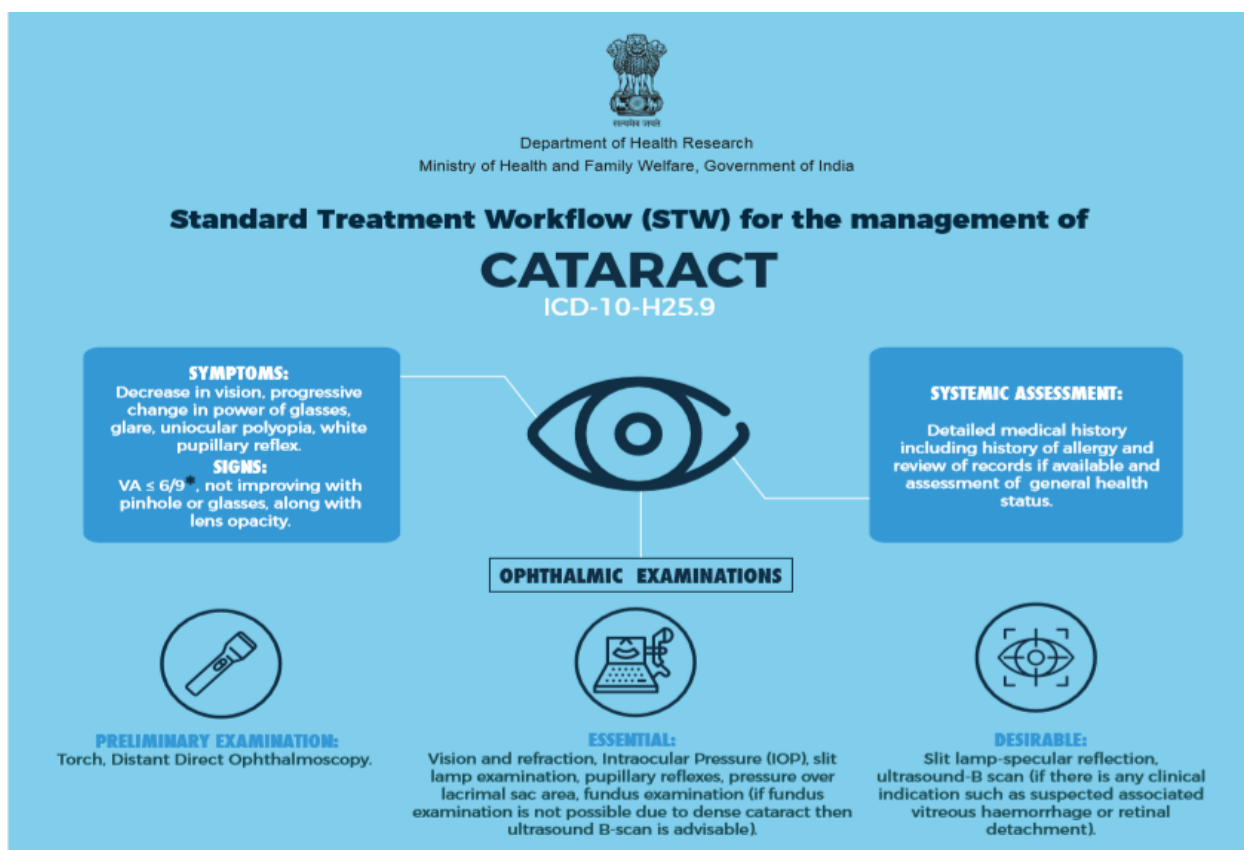
referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

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 Cataract Surgery only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination
- If vision does not improve with refraction, a clinical assessment must be made if this is purely due to cataract or ocular co-morbidity
- If Cataract is absent, do look for other causes of vision impairment and refer as necessary

1.3 STANDARD TREATMENT WORKFLOW (DHR-ICMR STW)ⁱ- For clinicians/ treating doctor



CATARACT PRESENT



ESSENTIAL INVESTIGATIONS:

- Blood pressure
- Blood sugar (FBS, PPBS/RBS)
- Ophthalmic biometry (Axial length and keratometry for IOL power calculation)

DESIRABLE INVESTIGATIONS:

- Lacrimal sac syringing
- ECG (only if any indication of heart disease)

OPTIONAL INVESTIGATIONS:

- Xylocaine sensitivity test dose if h/o allergy
- Specular microscopy
- Serology testing**
- Other investigations based on existing ocular & systemic disease.

INDICATIONS FOR SURGERY:

1. Clinically significant cataract causing visual loss enough to warrant surgery (BCVA in affected eye < 6/18 or patient feeling visually handicapped even with BCVA > 6/18). Advanced cataracts with severe visual loss BCVA < 6/60 or worse should be operated on priority.
2. Clinically significant cataract enough to account for other visually disturbing symptoms such as glare, loss of contrast or polyopia which are bothersome enough for the patient to undergo surgery.
3. Significant cataract hampering visualization of fundus for examination or treatment of retinal disorders.
4. Cataract with narrow angle glaucoma where cataract surgery is required to improve control of IOP.

PROCEED FOR SURGERY IF INDICATED

Discussion with patient about cataract, need for surgery, possible surgical options, expected outcome and prognosis.

Advice for follow up as needed

CATARACT WITH CO-MORBIDITY

CATARACT WITH OCULAR COMORBIDITY

- Explain implications of associated corneal opacity/glaucoma/uveitis/retinal disease/optic nerve disease/amblyopia/squint/uncontrolled systemic disease
- Prioritize care according to the severity of the disease and need for treatment.
- Refer to specialist for consultation/opinion/management.

CATARACT WITH SYSTEMIC COMORBIDITY

- **Medicine specialist referral essential:**
 - Ischaemic heart disease (with request for monitored anaesthetic care and decision on withholding anticoagulant/fibrinolytics)
 - Systemic malignancy
- **Medicine specialist referral desirable:**
 - Hypertension
 - Diabetes mellitus
 - Chronic renal disease
 - Collagen vascular diseases
 - Thyroid disease

CATARACT ABSENT

LOOK FOR OTHER CAUSES OF VISION IMPAIRMENT AND REFER AS NECESSARY:

- Corneal pathology
- Glaucoma
- Retinal disease
- Optic nerve disease
- Amblyopia

MANAGEMENT

PHC/PRIMARY LEVEL

- Detailed examination
- Refraction for BCVA
- Preliminary diagnosis
- Referral to Ophthalmologist if BCVA, vision with pinhole \leq 6/12
- Postoperative follow up and compliance
- Timely referral in case of drop in vision or development of fresh symptoms after last follow up visit for post-operative complications such as VAO/PCO/CME/Corneal decompensation/raised intraocular pressure/uveitis/displaced IOL/delayed endophthalmitis/scleritis/wound dehiscence etc.

DISTRICT HOSPITAL

- Cataract surgery
- Diagnose, manage or refer comorbidities such as Glaucoma, Diabetic Retinopathy, Corneal opacity, etc.
- Postoperative follow up, refraction and ensure compliance
- Manage PCO/VAO/other complications or refer

TERTIARY CARE

- Cataract surgery
- Diagnose and manage comorbidities such as Glaucoma, Diabetic Retinopathy, Corneal opacity, etc.
- Postoperative follow up, refraction and ensure compliance
- Manage PCO/VAO/other complications

INDICATIONS FOR URGENT REFERRAL:
White cataract, shallow AC, sluggish pupil, sudden vision loss with cataract, bilateral advanced cataract.

FITNESS FOR SURGERY:

- General health stable
- BP \leq 150/90mm Hg
- Blood sugar (mg/dl) FBS < 140, PPBS < 180 / RBS < 200

PRE-OPERATIVE PREPARATION: Topical broad spectrum antibiotics, QID for 1-3 days advisable.

Surgery to be performed in sterile OT following strict aseptic procedures and universal precautions.

SURGICAL PREPARATION: Periocular cleaning with 10% povidone iodine followed by instillation of 5% povidone iodine in conjunctival sac, rinse after 3 minutes. sterile surgical eye drape to be used.

SURGICAL OPTIONS:

1. Small Incision Cataract Surgery (SICS) with PMMA IOL.
2. Phacoemulsification (Phaco) with Indian foldable IOL (as per expertise, feasibility and availability).
3. Phaco with imported or premium foldable IOL (wherever indicated, as per expertise, availability and feasibility).
4. ECCE (large incision) with PMMA IOL, if indicated.

QUALITY ASSESSMENT PARAMETERS TO BE RECORDED:

- Patient identifiers (age, gender, address).
- Preoperative vision, diagnosis.
- Date of surgery, procedure name, implanted IOL.
- Follow up vision.
- Post operative visit date (2-4 weeks post op visit), refractive status.
- Cause of BCVA less than 6/9.
- Positive indicator: BCVA \geq 6/9 at 2-4 weeks or regains full visual potential.
- Negative indicator: vision worse than pre-op or unexplained lack of improvement or serious complications (endophthalmitis/irreversible corneal decompensation/dropped nucleus/IOL).

POST OP CARE:

- Broad spectrum antibiotics, QID for 1-2 weeks or longer if required.
- Topical steroids 4-6 times per day for 2 Weeks then taper over 2-4 weeks.
- Follow up: 1 day, 1-2 weeks (optional) & 2-4 weeks after cataract surgery.
- Prescription of glasses at 2-4 weeks after cataract surgery.
- Refer to higher centre in case of adverse event.

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES.

* If vision does not improve with refraction, a clinical assessment must be made if this is purely due to cataract or ocular co-morbidity such as corneal pathology, glaucoma, retinal disease, optic nerve pathology or amblyopia. A decision must be taken based on history and clinical features and further referral to higher centre if necessary.

• Any patient with cataract and BCVA less than 6/18 in better eye qualifies as visually impaired and should be offered surgery.

• Patients with cataract and BCVA equal to or better than 6/18 may also be offered surgery if indicated depending on symptoms and visual needs.

** A risk assessment by history and review of any risk factors for possible carrier of transmissible diseases such as HIV/HBsAg/HCV should be done and serology testing may be done if any risk factor identified. In general, standard universal precautions must be taken in all cases.

ABBREVIATIONS:

- PCO: Posterior Capsular Opacification
- BCVA: Best Corrected Visual Acuity
- SICS: Small Incision Cataract Surgery
- PPBS: Post Prandial Blood Sugar

- ECCE: Extra Capsular Cataract Surgery
- PMMA: Polymethyl Methacrylate
- IOL: Intraocular Lens
- IOP: Intraocular Pressure

- CME: Cystoid Macular Edema
- VAO: Visual Axis Opacification
- RBS: Random Blood Sugar
- FBS: Fasting Blood Sugar

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. Kindly visit the website of DHR for more information: <https://dhr.gov.in/>
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1.4 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorisation and claims submission:

Mandatory document	Cataract surgery with foldable acrylic IOL by Phacoemulsification technique	Cataract surgery with hydrophobic IOL by SICS technique
i. At the time of Pre-authorisation		
a. Clinical notes	Yes	Yes
b. Ocular biometry (A scan and keratometry)	Yes	Yes
c. Slit lamp examination	Yes	Yes
d. Clinical photograph of the affected part with full face picture of the patient	Yes	Yes
e. Other essential investigations- Blood Pressure & Blood Sugar (Fasting, PP and Random)	Yes	Yes
ii. At the time of claim submission		
a. Still image of the patient undergoing the procedure with patient ID and date	Yes	Yes
b. Operative notes	Yes	Yes
c. Detailed discharge summary	Yes	Yes
d. Barcode of IOL	Yes	Yes

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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):

Cataract surgery with foldable hydrophobic acrylic IOL by Phacoemulsification technique/ Cataract surgery with non-foldable IOL using SICS technique

- a. Clinical notes detailing visual impairment (Best Corrected Visual Acuity- BCVA \leq 6/9 not improving with pinhole or glasses)
- b. Ocular Biometry (A scan and keratometry), slit lamp examination
- c. Blood Pressure
- d. Blood Sugar (fasting, PP and random)
- e. Clinical photo of Affected part with Proper labelling of Affected Eye whether R or L with full face photograph.

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

Cataract surgery with foldable hydrophobic acrylic IOL by Phacoemulsification technique/ Cataract surgery with non-foldable IOL using SICS technique

- a. Does the patient have indications (documentary evidence, physical eye examination) of cataract i.e. h/o Decrease in vision, progressive change in power of glasses, glare, unocular polyopia, white pupillary reflex, VA \leq 6/9, not improving with pinhole or glasses, along with lens opacity?
- b. Do OT notes detail the steps of Cataract surgery performed (Phacoemulsification technique/ SICS technique), barcode & details of the implant used (foldable IOL/ non-foldable IOL) and was the surgery successful?
- c. Are the documents available to show appropriate post-op care, advise including for follow-up (at 1 day, 1-2 weeks (optional) & 2-4 weeks **after cataract surgery**)?

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:

Cataract surgery with foldable hydrophobic acrylic IOL by Phacoemulsification technique/ Cataract surgery with non-foldable IOL using SICS technique:

- a. Best Corrected Visual Acuity (BCVA) $<$ 6/9- Yes
- b. Previous cataract surgery done in the same eye- No

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

Acknowledgment:

ⁱ Standard Treatment Workflows of India. 2019 Edition, vol. 1, New Delhi, Indian council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, Government of India. These STWs have been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the web portal (stw.icmr.org.in) for more information. © Indian Council of Medical Research and Department of Health Research, Ministry of Health & Family Welfare, Government of India.