



Guidance document for processing PM-JAY packages

Capsulotomy (YAG)

Procedures covered: 1

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Capsulotomy (YAG)	Capsulotomy (YAG)	S300003	SE022A	1,500

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 **Capsulotomy (YAG)**, 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 Capsulotomy (YAG) Surgery only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.

Yttrium-Aluminum-Garnet (YAG) laser is a solid-state laser with a wavelength of 1064 nm that can disrupt ocular tissues. YAG laser posterior capsulotomy is a technique for closed-eye, effective, and relatively safe opening of the opacified posterior capsule. Its an extracapsular technique in cataract surgery performed in patients with a history of prior cataract surgery.

Postoperative opacification of initially clear posterior capsules of the lens occurs frequently in patients after extracapsular extraction of senile cataracts. Time to opacification is highly

variable. Time from surgery to visually significant opacification varies from months to years in adults. Rate of opacification declines with increasing age. Phacoemulsification is associated with lower rates of opacification than extracapsular cataract extraction.

Indications: YAG laser capsulotomy is indicated for treatment of opacification of the posterior capsule resulting in decreased visual acuity or visual function, or both, for the patient.

Contraindications:

Absolute Contraindications	Relative Contraindications
<ul style="list-style-type: none"> • Corneal scars, irregularities, or oedema that interfere with target visualization or make optical breakdown unpredictable • Inadequate stability of the eye 	<ul style="list-style-type: none"> • Glass intraocular lens • Known or suspected cystoid macular oedema • Active intraocular inflammation • High risk for retinal detachment • Up to 6 months post op

Postoperative Care& Follow-up:

Medication:	Suggested Follow-Up Protocol:
<ul style="list-style-type: none"> • Apraclonidine immediately following capsulotomy • Optional: additional antiglaucoma therapy (beta-adrenergic antagonist, pilocarpine, carbonic anhydrase inhibitor, hyperosmotic agents) as needed for IOP control (<i>Patient's medical history, allergies, and current ocular therapy should be reviewed before determining the appropriate acute antiglaucoma therapy</i>) • Optional: cycloplegics (1% cyclopentolate at time of treatment); steroids (1% prednisolone or 0.1% dexamethasone 4 times a day tapered as needed); non-steroidal anti-inflammatory drops (nepafenac 0.1% or ketorolac 0.5% 3 times a day or bromfenac 0.09% twice a day over 1 week) 	<ul style="list-style-type: none"> • 1 hour–4 hours • Pressure rise to 5 mm Hg: Treatment should be given at 1 day, 1 week, 1 month and 3 months

Outcomes:

YAG laser posterior capsulotomy results in improved visual acuity in 83% to 96% of eyes.

Complications:

Complications include elevated intraocular pressure, macular edema, retinal detachment, IOL damage, endophthalmitis, iritis, vitritis, macular holes, and corneal edema.

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	Capsulotomy
i. At the time of Pre-authorization	
a. Clinical notes (detailing when was cataract surgery done & indications for doing the procedure with details of vision and fundus examination)	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary (optional)	Yes
b. Procedure note/ operative note	Yes
c. Intraoperative photograph with time and date (Optional)	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 (including when was cataract surgery done & indications for doing the procedure, details of vision and fundus examination), and clinical symptoms?

- b. 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)

- a. Do procedure notes detail the procedure performed and outcomes of the procedure?
- b. Are the documents available to show appropriate post-op care, advise including for follow-up, if required?
- c. Was the intra operative photograph submitted?
- d. Is the discharge summary available (optional)?

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. Does the patient have a history of cataract surgery in the same eye? Yes

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

References:

- i. Nd:YAG Laser Posterior Capsulotomy, American Academy of Ophthalmology, Nov 2013, <https://www.aao.org/munnerlyn-laser-surgery-center/ndyag-laser-posterior-capsulotomy-3>
- ii. Having a YAG laser capsulotomy following cataract surgery, NHS Foundation Trust, <https://www.guysandstthomas.nhs.uk/resources/patient-information/eye/having-a-Yag-laser-capsulotomy-following-cataract-surgery.pdf>
- iii. An Overview of Nd:YAG Laser Capsulotomy, Medical Hypothesis, Discovery & Innovation Ophthalmology Journal, Summer 2014, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4346677/>
- iv. Laser capsulotomy following cataract surgery: Comparing time to capsulotomy with implantation of two broadly used intraocular lenses, Indian Journal of Ophthalmology, Feb 2017, [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5381294/#:~:text=The%20mean%20interval%20between%20cataract,range%20%E2%80%93370%20months\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5381294/#:~:text=The%20mean%20interval%20between%20cataract,range%20%E2%80%93370%20months).)