

## Guidance document for processing PM-JAY packages

### Enucleation/ Evisceration/ Exenteration/ Socket reconstruction

Procedures covered: 5

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)	ALOS (In days)
i. Enucleation	Without implant	S300009	SE035A	8,400	1
ii. Enucleation	With implant	S300010	SE035B	8,400*	1
iii. Evisceration	Evisceration	S300036	SE036A	3,800*	1
iv. Exenteration	Exenteration	S300011	SE037A	15,000	1
v. Socket Reconstruction including Amniotic Membrane Graft	Socket Reconstruction including Amniotic Membrane Graft	S300023	SE038A	11,200	1

\*Enucleation- Implant price additional; Evisceration- If Implant used, then implant price additional

#### Minimum qualification of the treating doctor:

**Essential:** MD/MS/ DNB/ PG Diploma or equivalent (in Ophthalmology)

**Special empanelment criteria/linkage to empanelment module:** Well equipped OT

#### Disclaimer:

For monitoring and administering the claim management process of **Enucleation/ Evisceration/ Exenteration/ Socket reconstruction**, 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 and does not respond to conservative medical therapy.

	Description	Indications
Evisceration	Removal of intraocular contents of the globe	Congenital defects, severe trauma and tumor of the eye (ocular defects)
Enucleation	Removal of the entire globe and its intraocular contents, with preservation of all other periorbital and orbital structures.	Intraocular malignancy; Trauma; Blind, painful eye; Sympathetic ophthalmia; Microphthalmos
Exenteration	Removal of the entire globe and its surrounding structures including muscles, fat, nerves, and eyelids	Orbital malignancies, painful or life-threatening orbital infections or inflammations

**Signs & Symptoms:** Vision loss/ deterioration of the vision, double vision (diplopia), pupillary abnormalities and ocular pain, etc.

**Examination & Investigations:** MRI/ CT scan of Head and orbits; USG of orbits; Blood investigations- Complete Blood Count, Erythrocyte Sedimentation Rate (ESR), Fine Needle Aspiration Biopsy (FNAB)

## 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	Enucleation (without implant)	Enucleation (with implant)	Evisceration	Exenteration	Socket Reconstruction including Amniotic Membrane Graft
<b>i. At the time of Pre-authorization</b>					
a. Clinical notes with indication	Yes	Yes	Yes	Yes	Yes
b. Recommendation/ opinion of 2 ophthalmologists for the procedure	Yes	Yes	Yes	Yes	Yes
c. Admission Notes	Yes	Yes	Yes	Yes	Yes
d. Clinical Photograph of	Yes	Yes	Yes	Yes	Yes

the affected eye					
e. CT-scan/ MRI of Head (including affected eye)	Yes	Yes	Yes	Yes	Yes
<b>ii. At the time of claim submission</b>					
a. Detailed Discharge summary	Yes	Yes	Yes	Yes	Yes
b. Procedure/ operative notes	Yes	Yes	Yes	Yes	Yes
c. Histopathology report/ filled specimen form sent for histopathology	Yes	Yes	Yes	Yes	No
d. Barcode/ sticker of the implant used	No	Yes	No	No	No

## **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:**

- Recommendation/ opinion of 2 ophthalmologists for the procedure? Yes

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

#### **References:**

- Enucleation, EyeWiki, American Academy of Ophthalmology, Apr 2020, <https://eyewiki.aao.org/Enucleation>
- Exenteration, EyeWiki, American Academy of Ophthalmology, Apr 2020, <https://eyewiki.org/Exenteration>
- Prosthetic rehabilitation of surgically treated orbital defects - evisceration, enucleation, and exenteration: A case series, Journal of Indian Prosthodontics Society, Apr-Jun 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4837766/>
- Operational Guidelines, Clinical Protocol Guidelines, Ophthalmology Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>