



## Guidance document for processing PM-JAY packages

### Iridectomy

Procedures covered: 1

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Iridectomy	Iridectomy	S300024, S300025	SE026A	2,000

**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:** Availability of Ophthalmic Laser equipment (if laser iridectomy is being performed)

#### Disclaimer:

For monitoring and administering the claim management process of **Iridectomy**, 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 **Iridectomy** only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.

Iridectomy is a procedure involving removal of a small, full-thickness piece of the iris. In recent years, lasers have also been used to perform iridectomies.

#### **Indications:**

- Closed-angle glaucoma- primary or secondary to prior ocular surgery (*peripheral iridectomy*)
- Melanoma of the iris (Malignant tumor of the iris)
- Prior to cataract surgery in some cases (*preparatory iridectomy*)

#### Investigations:

*Closed angle Glaucoma:* Tonometry, Gonioscopy

*Melanoma:* B-scan Ultrasound, Gonioscopy, Fundus Fluorescein Angiography (FFA)

#### Complications:

- Infection
- Bleeding
- Scarring in the area of the incision
- Failure to relieve fluid pressure
- Formation of a cataract

(For more details on Glaucoma and Melanoma of iris , Guidance document on Glaucoma surgery and Melanoma may be referred).

### 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	Iridectomy
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes	Yes
b. Admission Notes	Yes
c. Clinical Photograph of the affected eye	Yes
d. Tonometry report	Yes
e. Gonioscopy report	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Discharge summary	Yes
b. Procedure/ operative note	Yes
c. Histopathology report (incase of Melanoma of iris)	Yes
d. Intraoperative photograph with patient ID, 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-authorization processing doctor (PPD):**

- a. Detailed Clinical notes including clinical symptoms, indications (such as closed angle Glaucoma/ Melanoma of iris, etc.) and examination/ investigations (Tonometry/ Gonioscopy)? Yes
- b. Clinical photo of Affected Eye whether R or L with full face photograph? Yes
- c. Detailed admission notes? Yes

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

- a. Do OT notes detail the steps of surgery performed and outcomes of the surgery? Yes
- b. Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- c. Was the intra operative photograph submitted (Optional)? Yes
- d. HPE report of the specimen of Melanoma? 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 clinical examination suggest presence of Closed angle Glaucoma/ Melanoma as the reason for conducting Iridectomy? Yes, please specify whether Glaucoma/ Melanoma
- b. If answer to 3.2 a. is No then please specify other reasons

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

### **References:**

- i. Iridectomy, Encyclopedia of Surgery, <https://www.surgeryencyclopedia.com/Fi-La/Iridectomy.html>
- ii. IOC Guidelines for Glaucoma Eye Care, International Council of Ophthalmology, 2015, <http://www.icoph.org/downloads/ICOGlaucomaGuidelines.pdf>



- iii. National Institute for Health & Care Excellence (NICE) guideline [NG81], Glaucoma: Diagnosis and Management, November 2017,  
<https://www.nice.org.uk/guidance/ng81/chapter/Recommendations>
- iv. Standard Treatment Guidelines, Ophthalmology, Ministry of Health & Family Welfare, Government of India, <http://clinicalestablishments.gov.in/WriteReadData/6251.pdf>