



Guidance document for processing PM-JAY packages

Orbitotomy

Procedures covered: 1

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Orbitotomy	Orbitotomy	S300039	SE039A	14,000

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: None

Disclaimer:

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

Orbitotomy is a surgical incision made into the orbit to allow the removal of a tumour or foreign body, to treat a lesion, or to drain an abscess.

The size, location, and consistency of an orbital mass is used to decide the surgical approach chosen. Various approaches include lateral orbitotomy, medial orbitotomy, combination lateral-medial orbitotomy, simple anterior orbitotomy and transfrontal intracranial approach.

Indications: Space occupying lesion/ tumor/ foreign body/ abscess in the orbit.

Orbital tumors can be benign or malignant and arise primarily within the orbit or secondarily from an adjacent source, such as the eyelid, paranasal sinus, or intracranial compartment. Orbital tumors can also be metastatic from distant sites.

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

Examination& Investigations:

- History including history of allergies, sinus infections, recent trauma to rule out all non-neoplastic etiologies
- Other medical conditions that may be associated with proptosis or other ocular manifestations, such as thyroid disorders, granulomatous diseases, and autoimmune disorders
- Laboratory evaluation with a complete blood count, Erythrocyte sedimentation rate and thyroid function tests
- CT scan/ MRI/ B-scan
- Fine needle aspiration biopsy, histopathology/ microbiology examination

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	Orbitotomy
i. At the time of Pre-authorization	
a. Clinical notes with indication	Yes
b. Admission Notes	Yes
c. CT scan of Head (including affected eye)	Yes
d. Clinical Photograph of the affected eye	Yes
ii. At the time of claim submission	
a. Detailed Discharge summary	Yes
b. Procedure/ operative notes	Yes
c. Histopathology report	Yes
d. Intraoperative photograph with patient ID, time and date (optional)	Yes
e. Still image of the gross specimen removed	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 with history (of trauma, associated medical condition, etc.), clinical symptoms, examination and investigations (CT scan/ MRI brain & orbit/ USG B-scan/ blood investigations)? 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. Is the document evidence present for the specimen being send for the Histopathology/ microbiology examination? 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 patient present with sign and symptoms of Orbit tumors confirmed on MRI (Brain + Orbit) / B-scan? Yes/ No
- b. If the answer to 3.2a. is No, then did the patient present with signs and symptoms of Trauma to the eye with confirmation of a foreign body/ fracture to the orbit on MRI (Brain + Orbit)/ B-scan? Yes

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

References:

1. Individual Orbital Tumors, American Academy of Ophthalmology,
<https://www.aao.org/focalpointssnippetdetail.aspx?id=71900ef3-5f66-4a06-ade5-ee45f87d63f8>



2. Orbital Tumors, Skull base institute, <http://www.skullbaseinstitute.com/head-and-neck-tumors/orbital-tumors-endoscopy.html>
3. Tumors of the orbit, MSD Manual, Apr 2019, <https://www.msdmanuals.com/professional/eye-disorders/orbital-diseases/tumors-of-the-orbit>
4. Surgical techniques for Orbital Tumors, Surgical Ophthalmic Oncology, Oct 2019, https://link.springer.com/chapter/10.1007/978-3-030-18757-6_11
5. Simple Anterior Orbitotomy, Minimal Invasive Neurosurgery, Apr 2004, <https://pubmed.ncbi.nlm.nih.gov/15257486/>
6. Principles of Orbit Surgery, Clinical Ophthalmic Oncology: Orbital tumors, Nov 2014, [https://www.researchgate.net/publication/294286350 Principles of Orbital Surgery](https://www.researchgate.net/publication/294286350_Principles_of_Orbital_Surgery)
7. Operational Guidelines, Clinical Protocol Guidelines, Ophthalmology Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>