



## Guidance document for processing PM-JAY packages

### Squint correction

Procedures covered: 2

Specialty: Ophthalmology

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Squint correction	Minor - upto 2 muscles	S300040	SE008A	4,000
Squint correction	Major - 3 or more muscles (complex surgery involving four muscles or oblique muscles)	S300040	SE008B	14,000

**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 **Squint correction**, 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 **Squint correction** surgery only if diagnosis made is backed by clinical signs, symptoms, ophthalmic examination and does not respond to conservative medical therapy.



A squint/strabismus, is where the eyes point in different directions. It's particularly common in young children, however can occur at any age. It may happen all the time or it may come and go. It usually doesn't get better on its own and must be treated to correct the problem timely.

### **Types of Squint/ Strabismus:**

- eso- = Nasal horizontal deviation (relative to fixing eye)
- exo- = Temporal horizontal deviation (relative to fixing eye)
- hyper- = Superior vertical deviation (relative to fixing eye)
- hypo- = Inferior vertical deviation (relative to fixing eye)
- tropia = Manifest disorder of ocular alignment
- phoria = Latent disorder of ocular alignment
- comitant = Ocular deviation present in all directions of gaze
- incomitant = Ocular deviation only present in specific directions of gaze
- amblyopia = Clinically defined as a 2-line difference from best corrected visual acuity in a structurally healthy eye

### **Etiology:**

- Congenital
- Hereditary
- Develops later in life- In children a squint is often caused as a result of an untreated vision problem, such as short-sightedness, long-sightedness, astigmatism
- Rare causes- measles, down's syndrome, developmental delays, cerebral palsy, any other neurological problem, Retinoblastoma

### **Risk factors:**

- Increased prevalence is associated with assisted delivery (forceps or caesarean section), low birth weight (including premature infants), neuro-developmental disorders.

### **Examination & Investigations:**

- Assessment of visual acuity and fixation pattern
- Ocular alignment and motility for near and distance
- Extraocular muscle function (ductions and versions including incomitance, such as A and V patterns)
- Detection of nystagmus



- Sensory testing
- Red reflex or binocular red reflex (Brückner) test
- Pupil examination
- External examination
- Anterior segment examination
- Cycloplegic retinoscopy/refraction
- Funduscopy examination
- Binocularity/stereoacuity testing
- MRI/ CT Head incase other associated neurological disorders are suspected

#### **Indications for management of Squint:**

- Child has a squint all the time
- Child is > 3 months of age and has a squint that comes and goes. (In babies  $\leq 3$  months, squints that come and go are common and are not usually a cause for concern)
- Child regularly turns its head to one side or keeping one eye closed when looking at things
- Squint or double vision later in life

#### **Management:**

- Glasses- incase squint develops as a result of eyesight problems such as farsightedness.
- Eye exercises- for muscles that control eye movement
- Surgery- in cases when glasses are not completely effective

#### **Indications for Surgery:**

- Recommended if other treatments are not suitable or do not help.

### **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:

<b>Mandatory document</b>	<b>Squint correction</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes detailing which muscle is affected	Yes
b. Admission Notes	Yes
c. Clinical Photograph	Yes

d. Indication for GA, if required	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Discharge summary	Yes
b. Procedure notes/ operative notes	Yes
c. Intraoperative photograph with patient ID, date and time (optional)	Yes

## **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:**

- Is there an evidence that other conservative methods for management of squint have been tried but squint has not been completely treated and requires surgical management? Yes

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

### **References:**

- Guidelines for the Management of Strabismus in Childhood, The Royal College of Ophthalmologists, March 2012, <https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2012-SCI-250-Guidelines-for-Management-of-Strabismus-in-Childhood-2012.pdf>
- Squint Overview, NHS, <https://www.nhs.uk/conditions/squint/>
- Evaluating squints in children, Australian Family Physician, Juggling Resources, Dec 2013, <https://www.racgp.org.au/afp/2013/december/evaluating-squints/>
- Diagnosis and management of childhood squints: investigation and examination with reference to red flags and referral letters, British Journal of General Practice, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5198597/>
- Standard Treatment Guidelines, Ophthalmology, Ministry of Health & Family Welfare, Government of India, <http://clinicaestablishments.gov.in/WriteReadData/6251.pdf>
- Operational Guidelines, Clinical Protocol Guidelines, Ophthalmology Surgery, Mahatma Jyotiba Phule Jan Arogya Yojana, Government of Maharashtra, <https://www.jeevandayee.gov.in/>