

**Dr. NTR Vaidya Seva Trust**  
**(Govt. of A.P)**

---

**C I R C U L A R**

**Dr.NTRVS/219/F-7/Operations/2017, Dated:23.10.2017**

Sub: Dr.NTRVST -S3-Ophthalmology Category-Guidelines for Amniotic Membrane Graft (S3.2.7) Procedure- issuing of instructions -Intimation-Reg.

\*\*\*\*\*

It is to inform that some of the Network Hospitals are mis-utilizing the Ophthalmic procedure -Amniotic Membrane Graft for Cornea / Sclera (S3.2.7) and raising Preauths on regular basis and claiming the amounts even for small Pterygium cases without using the Graft.

In this regard, as per the recommendations of Expert Technical Ophthalmic specialists, the following guidelines are hereby issued for strict implementation.

**Amniotic Membrane Graft for Cornea / Sclera - S3.2.7**

**The common Indications are:-**

- Chemical Burns.
- Descemetocoele/threatening or actual perforation of the corneal ulcer.
- Progressive Pterygium extending more than half way between Centre of the cornea and limbus.
- Fleshy Pterygium (progressive..... young patient)

Guidelines for utilization of Amniotic Membrane Graft for Cornea / Sclera (S3.2.7) for pterygium treatment:

1. If the Pterygium is small not extending on to the pupil of cornea, the case shall not be considered under the Amniotic Membrane Graft for Cornea / Sclera (S3.2.7) procedure (Grade – I Pterygium).
2. If the Pterygium is progressing i.e. more than 2 to 3 mm half way from the limbus nearer to the center of pupil then the case will be considered under the procedure (Grade 3 & 4).
3. Latent / Atrophic shall not be considered under the Scheme. Only advanced Pterygium encroaching on to the pupillary area or threatening visual Axis will be considered and Grade 1 to 2 may be referred to Government institutions.

4. If the procedure **Amniotic Membrane Graft for Cornea / Sclera - S3.2.7** is used for the treatment of pterygium, only Rs 7500/- will be paid as claim amount subject to the utilization of CLAG (Conjunctival Limbal Autograft) or Homograft.
5. If only excision of pterygium is done instead of Grafting, the claim will be rejected.

**Preauthorization / Claim evidences to be submitted:**

- Clear clinical photo of the eye with pterygium the patient looking straight in proper light with pre and post op vision.
- On table photo of the patient with face before draping
- Clear OT Notes mentioning AMG (Using Homograft or CLAG).
- Clear intra-OP photos showing AMG being applied.
- Clear closeup post-op Clinical photo of the face with lids wide open in proper Light showing the operated eye.
- Evidence/documents showing procurement if Homograft is used (AMG pouch/foil photo/bill).

All the Network Hospitals empaneled in Ophthalmic category are hereby note the above instructions / guidelines and act accordingly.

  
Chief Executive Officer

To

1. The Superintendents/MDs of Network Hospitals.
2. All the Panel Specialists of Trust.
3. All the Trust Officials
4. The District Coordinators of all districts for information.

Copy to:

1. The PS to CEO, Dr.NTR VST.