Annex B- Responses to Clinical Feedback from Ophthalmology Specialists

S/N	TOSP code(s)	Feedback	MOH's Reply
Queries on frequency limitation			
1	SL700R Retina, Laser Retinopexy, Complex (Subretinal Fluid, Vitreous Haemorrhage, Multiple Tears) SL705R Retina, Pan Retinal Photocoagulation SL805R Retina, Tears, Photocoagulation (Laser) (Unilateral)	The current claims indicators allow up to 2 claims but do not specify if they are 2 claims for the same eye or are meant to address the scenario where both eyes are treated.	We have clarified this in the CR.
2	SL700R Retina, Laser Retinopexy, Complex SL805R Retina, Tears, Photocoagulation (Laser) (Unilateral)	(For both codes) There are also rare patients who develop sequential tears of the retina. Does that mean that such tears are not eligible for treatment? (For SL805R) If patient develops new individual retinal tears in one eye every 3 months within a one year period requiring laser, does it mean he/she cannot claim for the last 3rd (or 4th) session? There should be no limiting the number of claims per year for these conditions when the number of occurrences of the pathology that needs treatment is NOT under the control of the patient, the attending doctor, the insurer and the Ministry of Health, Singapore.	We have amended the CR for clarity, to allow 2 claims per eye per patient, for SL705R and SL805R. For info, the frequency rules indicated are not exhaustive, and deviation from CR is allowed if found clinically justifiable by the Panel. The treating doctor should inform his patient of the deviation, perform relevant documentation, and be prepared to provide justification, if queried by payors or regulators should the claim be picked up for adjudication post claim submission.
	SL705R Retina, Pan Retinal Photocoagulation	Based on the frequency limit, does fractionated treatment have to be completed within 2 sessions?	

	SL804R Retina, Tears, Photocoagulation (Laser) (Bilateral)	If a patient is unable to tolerate PRP and requires 3 sessions to complete the procedure in 1 eye, does that mean he/she cannot claim the last session?	
	SL801I Iris, Various Lesions, Iridectomy/Iridotomy	There are some rare patients where PIs close up due to inflammation / scarring. Does that mean that repeat LPIs are not eligible for claims?	
3	SL833E Eyelids, Ptosis, Correction Levator Palpebrae Superioris Resection (Bilateral)	Ptosis correction should be accorded the same allowance as retinal surgery i.e. 2 surgeries per year. Under-correction, over-correction and asymmetry are known potential problems after ptosis repair. There are genuine cases where there has been an under-correction, over-correction and asymmetry that is significant enough to require correction at 4-6 months after surgery.	Ptosis correction procedures should be claimed only if they fulfil the claims indicators stated in the Claims Rules. Under MediShield Life, revision ptosis correction surgeries are generally viewed as a staged procedure and hence only the initial ptosis surgery should be coded and claimed.
Feedback on inappropriate coding			
4	SL700V Vitreous, Intravitreal Injections	This procedure is usually performed using a different site from those utilised during the vitrectomy, at the end of the vitrectomy surgery. It also requires separate consent for the procedure. As it is treated medico legally as a separate procedure, I would suggest that it should be billed as such also.	In the case where vitrectomy had already been performed, intravitreal injections should not be claimed separately.
5	SL813L Lens, Various Lesions, Removal Of Intra-Ocular Artificial Lens	- There are now an increasing number of patients with ICL implants. These would have to be removed before cataract surgery (SL807L; SL808L; SL809L, etc) How is this considered a standard part of cataract surgery? - There are patients with subluxed or dislocated	The CR have been amended to reflect the proposed changes. **To note**: Where lens removal and posterior vitrectomy are performed, SL801V (6B) *[Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/* ***Lensectomy-Extraction*** *With Intra-Ocular Lens Implant/*

		IOLs where salvage of the existing IOL is not possible and the artificial lens has to be explanted. This is a separate surgical step for Vitrectomy surgery (SL801V). Removal of lens implant is not mentioned in the description of SL801V, yet the two procedures cannot be claimed in combination. - SL800V (Vitreous, Various Lesions, Simple Vitrectomy (Pars Plana Or Vitreous Washout)) and SL802V (Vitreous, Various Lesions, Vitrectomy (Pars Plana/Removal Of Silicone Oil)) both make no mention of any lens related procedures in the description, yet cannot be used in conjunction with this code. Why is this so? Can I take this to mean that SL801V is the more appropriate code to use?	*Endolaser/ Membrane Peels)]* should be used. Where lens removal and anterior vitrectomy are performed, the following codes may be used: SL813L (2B) Lens, Various Lesions, Removal of Intra-Ocular Artificial Lens and SL802A (3B) Anterior Chamber, Various Lesions, Vitreous Removal.
Feedback on indications			
6	SL804R Retina, Tears, Cryotherapy or Photocoagulation (laser) (Bilateral) SL805R Retina, Tears, Photocoagulation (Laser) (Unilateral)	- Consider adding high myopia as a high-risk ocular factor. - Consider including laser retinopexy for lattice degeneration with hole(s) or atrophic hole.	The CR for SL804R and SL805R have been amended to include the suggestions as follows: "b) High-risk ocular factors such as Stickler's syndrome, vitreo-retinal traction or family history of retinal tears and/or detachments, **high myopia, aphakia, pseudophakia**
7	SL807L Lens, Cataract, Extraction With Intra-Ocular Lens Implant (Bilateral)	Under indications: a) Indicator 1 "*decline in visual function*" could stand to be more explicit. Indicators 1, 3 "lens opacity interfering *with optimal diagnosis or management of posterior segment*	The CR have been amended to reflect the proposed changes.

		pathology" and 5 – "*inducing primary angle closure*" are quite easy to add to the notes and nearly impossible to audit. b) Indicator 2 "*clinically significant anisometropia in the presence of cataract*" needs better definition. If the anisometropia is because the cataract is more significant in one eye than the other, unilateral cataract surgery is sufficient. On the other hand, the more accepted indicator for bilateral cataract surgery would be clinically significant anisometropia (and this needs a numerical definition) that would result from cataract surgery on only one eye. Under additional notes: a) Why "*bilateral cataract surgery should not be claimed if the patient has no perception of light*" is not clear b) It seems unusual that the surgery should have to be performed as a separate procedure for only the 3 scenarios listed and not for all patients undergoing bilateral cataract surgery c) What is the purpose of including which patients may undergo second-eye surgery? It would be odd to claim this code when a patient had been brought back the next day.	

8	SL810L Lens, Cataract, Extraction with Intra-ocular Lens Implant and Trabeculectomy with/without antimetabolites	- Kindly add diagnosis of glaucoma on anti-glaucoma medical intervention To Criteria 2 - In the case of MIGS, the code should not be limited to just SC surgery and trabecular bypass stents but also include subconjunctival draining devices and suprachoroidal space draining devices.	The CR have been amended to reflect the proposed changes.
9	SL814L Lens, Various Lesions, Secondary Intra-ocular Lens Implantation Without Vitrectomy	- I would like to clarify about SL814L for ICL implantation. I understand that claims cannot be made for ICL implantation for routine cases as it is a cosmetic procedure. - But what about patients with anisometropia of more than -3.0D who are unsuitable for laser procedures. - I think the rules should be similar like for SL809C for those with anisometropia of more than -3.0D	TOSP RC had reviewed and assessed that implantable collamer lens (ICL) is not claimable under MediShield Life because clear medical indications for ICL are not well established.
Feedback on setting			
10	SL801V Vitreous, Various Lesions, Posterior Vitrectomy (Pars Plana/ Sclerotomy/ Lensectomy-Extraction With Intra-Ocular Lens Implant/ Endolaser/ Membrane Peels)	Post-GA is a common indication for admission.	The CR have been amended to reflect the proposed changes.