



## Guidance document for processing PM-JAY packages

### Endoscopic Dacryocystorhinostomy (Endoscopic DCR)

Procedures covered: 1

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Endoscopic DCR	Endoscopic DCR	S200051	SL006A	19,300

**ALOS:** 1 Day

**Minimum qualification of the treating doctor:**

**Essential:** MS/ DNB/ PG Diploma or equivalent (in ENT)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Endoscopic dacryocystorhinostomy (DCR)**, 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 Surgery only if diagnosis made is backed by clinical signs, symptoms, examination and does not respond to conventional medical therapy.

**Endoscopic dacryocystorhinostomy (DCR)** is a minimally invasive technique used to treat patients diagnosed with nasolacrimal duct obstruction (NLDO). This can be caused by chronic infection or trauma and can also be congenital or acquired.

Chronic dacryocystitis is an inflammatory condition of the lacrimal sac most commonly associated with partial or complete obstruction of the nasolacrimal duct.

**Indications:** Stenosis of nasolacrimal duct refractory to conventional treatment such as warm compresses, massage, medication and repeated probing of the duct.

**Causes:**

- Anatomical abnormalities
- Chronic nasal infections
- Obstruction by tumors
- Trauma to the nose
- Dacryocystitis
- Nasal polyps
- Unknown reasons

**Risk factor:**

NLDO is found more commonly in women as compared to men due to the narrower width of the duct in them which gets stenosed or obstructed associated with dacryocystitis.

**Signs & Symptoms:** The most common complaint includes epiphora (excessive watering of eye). Other signs and symptoms include those of dacryocystitis such as swelling & tenderness near the medial canthus of eye, mucoid or mucopurulent discharge from the eye resulting in irritation and transient visual blurring due to mucoid strings over the cornea.

**Investigations at super specialty level hospital/ metro location where high-end technology is available:** Diagnostic nasal endoscopy, culture and sensitivity of the discharge in cases of orbital cellulitis or recurrent lacrimal abscess, CT scan to identify any facial skeletal anomalies like fractures or foreign bodies as the cause and to rule out occult malignancy / mass.

**PM-JAY guidance document on Dacryocystorhinostomy for Ophthalmology procedures may also be referred for further information.**

**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	Endoscopic DCR
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, indications for doing the procedure& advise for admission)	Yes
b. Examination/ investigation findings- Dye	Yes

disappearance test/ Probing & irrigation	
<b>ii. At the time of claim submission</b>	
a. Detailed Discharge summary	Yes
b. Indoor case papers	Yes
c. Procedure note/ operative note	Yes
d. Intraoperative photograph with time and date (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:**

- Did the clinical examination suggest presence of Chronic/ long standing epiphora (excessive watering from eye)? Yes
- Did the investigations performed confirm Chronic dacryocystitis/ the need for DCR? Yes

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

#### **References:**

- Endoscopic dacryocystorhinostomy, Interventional procedures guidance [IPG113], NICE Guidance, Feb 2005, <https://www.nice.org.uk/guidance>. Endoscopic Endonasal Dacryocystorhinostomy: Best Surgical Management for DCR
- Endoscopic Endonasal Dacryocystorhinostomy: Best Surgical Management for DCR, Indian Journal of Otolaryngology and Head & Neck Surgery, Dec 2012, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3477435/>
- Standard Treatment Guidelines Ophthalmology, Dacryocystorhinostomy, Ministry of Health & Family Welfare, Government of India, <http://clinicalestablishments.gov.in/WriteReadData/6251.pdf>