

Guidance document for processing PM-JAY packages

Dacryocystorhinostomy

Procedures covered: 4

Specialty: Ophthalmology

Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent	S300008	SE010A	8,000*
Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent	S300002	SE010B	8,000
Dacryocystorhinostomy with Silicon Tube / Stent	New Package	SE010C	8,000*
Dacryocystorhinostomy without Silicon Tube / Stent	New Package	SE010D	8,000

***Implant price additional**

ALOS: 1 Day

Minimum qualification of the treating doctor:

Essential: MD/MS/ DNB/ PG Diploma in (Ophthalmology)

Special empanelment criteria/linkage to empanelment module: None

Disclaimer:

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

Dacryocystorhinostomy (DCR) is a procedure done to manage Chronic dacryocystitis due to nasolacrimal duct obstruction. Studies have shown that Silicone intubation has been successful in the management of failed DCR and canalicular block. External DCR is still a preferred treatment of choice over endoscopic DCR due to higher success rate.

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

Incidence rate: Some large studies in the west suggest approx. 3% of all ophthalmic clinical visits and 1% of all emergency room visits are related to dacryocystitis. In India, the problem is expected to be more common due to eye infections and nasal causes.

Presenting complaints: The most common complaint includes Epiphora (excessive watering of eye). Other signs and symptoms include swelling & tenderness around the eye, irritation in the eye, mucous discharge from the eye and blurring of vision momentarily.

Causes:

- Anatomical problems
- Chronic nasal infections
- Obstruction from a tumor
- Trauma to the nose
- Conjunctivitis
- Nose polyps
- Unknown reasons

Risk factor:

It affects all ages, all social strata, women are more likely than men to develop Chronic Dacryocystitis (since in women the nasolacrimal duct are more narrower than men).

Differential Diagnosis:

- Bacterial conjunctivitis
- Pre-septal cellulitis
- Meibomitis
- Blepharitis
- Canaliculitis

Diagnosis & Management:



History - Chronic watering & matting of eye lashes on waking, discharge & redness of the eye.

Ocular examination- Measuring visual acuity, external eye examination, slit lamp biomicroscopy, Fluorescein Dye Disappearance test (usually performed in children), Diagnostic probing and syringing

At secondary level hospital/ non-metro hospital where technology & resources are limited:

Management- Dacryocystorhinostomy (DCR), intubation, use of adjunctive pharmacotherapy like mitomycin-C and canalicular trephining depending upon various factors.

Referral criteria-

- Lacrimal obstruction at multiple sites
- Failed Dacryocystorhinostomy
- Complications of chronic dacryocystitis like recurrent acute exacerbations or orbitalcellulitis.
- Chronic dacryocystitis associated with systemic diseases like sarcoidosis orwegenersgranulomatosis
- Chronic dacryocystitis associated with suspected dacryolithiasis.
- Chronic dacryocystitis where there is a suspicion of a lacrimal sac tumor

At super specialty level hospital/ metro location where high-end technology is available:

Investigations- 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, fractures or foreign bodies as the cause and to rule out occult malignancy / mass.

Management- External DCR, Endoscopic endonasal revision of past DCR. Endoscopic guided secondary intubations, Canalicular trephining and use of stents, Laser assisted DCR or Laser assisted revision of a failed DCR, Conjunctival DCR with tubes, Balloon assisted DCR revision, Balloon dacryoplasty and canaliculoplasty.

PM-JAY guidance document on Endoscopic DCR for ENT procedure 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-authorisation and claims submission:

Mandatory document	Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent	Canaliculo Dacryocystorhinostomy without Silicon Tube / Stent	Dacryocystorhinostomy with Silicon Tube / Stent	Dacryocystorhinostomy without Silicon Tube / Stent
i. At the time of Pre-authorisation				
b. Clinical notes	Yes	Yes	Yes	Yes
c. Admission Notes	Yes	Yes	Yes	Yes
d. Clinical Photograph	Yes	Yes	Yes	Yes
e. Dye disappearance test	Yes	Yes	Yes	Yes
f. Tear meniscus height measurement	Yes	Yes	No	No
g. Probing & irrigation	Yes	Yes	Yes	Yes
ii. At the time of claim submission				
a. Detailed Discharge summary	Yes	Yes	Yes	Yes
b. Operative/ Procedure notes	Yes	Yes	Yes	Yes
c. Histopathology report	No	No	Yes	Yes
d. Intraoperative photograph with time and date (Optional)	Yes	Yes	Yes	Yes
e. Invoice/ barcode/ sticker of implant	Yes	No	Yes	No

PART II: GUIDELINES FOR PROCESSING TEAM

2.1 Objective: To provide guidance to the pre-authorisation 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, clinical symptoms (especially long standing epiphora) and examination (visual acuity, dye disappearance test, probing and irrigation)? Yes
- b. Clinical photo of Affected part with Proper labelling 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 was the surgery successful? Yes
- b. Are the documents available to show appropriate post-op care, advise including for follow-up? Yes
- c. Was the intra operative photograph submitted (Optional)? Yes
- d. For procedures requiring silicon tube/ stent/ implant - Barcode/ sticker of the stent/ tube/ implant used available? 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 clinical examination suggest presence of Chronic/ long standing epiphora (excessive watering from eye)? Yes
- b. Did the investigations performed confirm Chronic dacryocystitis/ the need for DCR? Yes
- c. In case silicon tube/ shunt used, was the barcode/ sticker submitted? Yes

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

References:



- i. Standard Treatment Guidelines Ophthalmology, Ministry of Health & Family Welfare, Government of India, <http://clinicalestablishments.gov.in/WriteReadData/6251.pdf>
- ii. Evaluation of Functional Outcome of Silicone Intubation on Patency of Lacrimal System in Canalicular Obstruction and Revision Surgeries, Delhi Journal of Ophthalmology, Mar 2018, <https://www.djo.org.in/articles/28/3/EvaluationofFunctionalOutcomeofSiliconeIntubationonPatencyofLacrimalSysteminCanalicularObstructionandRevisionSurgeries.html>
- iii. Step-by-step dacryocystorhinostomy for beginners: An expert's view, Journal of Clinical Ophthalmology & Research, 2014, <http://www.jcor.in/article.asp?issn=2320-3897;year=2014;volume=2;issue=3;spage=161;epage=165;aulast=Deshpande>
- iv. Dacryocystorhinostomy, John Hopkins Medicine, [https://www.hopkinsmedicine.org/health/conditions-and-diseases/dacryocystorhinostomy#:~:text=A%20dacryocystorhinostomy%20\(DCR\)%20is%20a,pushes%20tears%20into%20these%20openings.](https://www.hopkinsmedicine.org/health/conditions-and-diseases/dacryocystorhinostomy#:~:text=A%20dacryocystorhinostomy%20(DCR)%20is%20a,pushes%20tears%20into%20these%20openings.)