

## Guidance document for processing PM-JAY packages

### Removal of Submandibular Salivary Gland

Procedures covered: 2

Specialty: ENT

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Removal of Submandibular Salivary gland	Removal of Submandibular Salivary gland	S200089, S100124	SL022A	9,000
Removal of Submandibular Salivary gland	Removal of Submandibular Lymph node	S100133	SL022C	9,000

**ALOS (in Days): 2 days**

**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 **Removal of Submandibular Salivary Gland**, 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.

**Removal of Submandibular Salivary gland and Cervical Lymph node (excision) biopsy**

**Common Indications for submandibular gland excision**



- Recurrent submandibular sialadenitis (infective)
- Obstructive sialadenitis due to calculi or duct stenosis
- Drooling

**Contraindication-** suspected neoplasia of the submandibular gland where fine needle aspiration cytology or core needle biopsy should be carried out to confirm the diagnosis

#### **Complications-**

- marginal mandibular nerve paresis (transient/ permanent)
- Wound infection
- Bleeding/Hematoma
- Injury to lingual nerve

#### **Investigations:**

- X-ray occlusal view/ USG for suspected sialodocholithiasis/ Sialography /CT / FNAC

#### **COMMON INDICATIONS FOR CERVICAL LYMPH NODE BIOPSY**

- Unsuccessful/ inconclusive repeated FNAC reports from cervical lymph node
- Inadequate sampling by FNAC of the lymph node for tumour characterization
- Suspected Lymphoma

#### **Complications-**

- Wound infection
- Bleeding/Hematoma
- Injury to marginal mandibular nerve/ spinal accessory nerve/ hypoglossal nerve
- Injury to major blood vessels (IJV/ Carotid artery)

#### **Investigations**

UGS/ CT / previous FNAC report(s)

### **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>Removal of Submandibular salivary gland /Lymph node</b>
<b>i. At the time of Pre-authorization</b>	
a. Clinical notes (detailing signs, symptoms, examination findings, indications for doing the procedure & advice for admission)	Yes
b. Clinical photograph of the affected part	Yes

c. X-ray occlusal view/USG for suspected Sialodocholithiasis/Sialography/CT/FNAC report	Yes
<b>ii. At the time of claim submission</b>	
a. Detailed Indoor case papers (ICPs)	Yes
b. Detailed Procedure note/ operative note	Yes
c. Picture of the Gross specimen of the tissue removed	Yes
d. Histopathology report	Yes
e. Detailed Discharge summary	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:**

- I. Was the clinical notes, detailing history and Imaging reports indicative of surgery? Yes

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

### **References:**

1. Erbek, Selim Sermed, et al. "Submandibular gland surgery: our clinical experience." Turkish archives of otorhinolaryngology 54.1 (2016): 16.
2. Beahm, David D., et al. "Surgical approaches to the submandibular gland: a review of literature." International Journal of Surgery 7.6 (2009): 503-509.
3. <https://www.saintlukeskc.org/health-library/excisional-biopsy-neck-lymph-node>
4. <https://medicine.uiowa.edu/iowaprotocols/submandibular-gland-resection>